**CUMMINGS MEMORIAL FUND QUESTIONNAIRE**

**Please Note:** This questionnaire has been formatted so that it may be completed on a computer using Microsoft Word. Click on the appropriate gray box and enter the response.

**I. GENERAL INFORMATION:**

1. Organization (Legal Name):       EIN:
2. Address:
3. Telephone Number:       Fax Number:       Website:
4. Information for agency head (Executive Director, President or CEO):

 Name:       Title:

 Tel:       Ext.:       Email address:

Cell phone (only for emergencies):

1. Information for development department:

 Name:       Title:

 Tel:       Ext.:       Email address:

Cell phone (only for emergencies):

**II. PROGRAM INFORMATION:**

1. What geographic areas does your organization seek to serve? (Check all that apply)

Please list neighborhoods for NYC and municipalities for NJ counties, only if relevant.

 New York City:

 Borough Neighborhoods

 Manhattan [ ]

 Brooklyn [ ]

 Bronx [ ]

 Queens [ ]

 Staten Island [ ]

 Northern New Jersey:

 County Municipalities

 Bergen [ ]

 Essex [ ]

 Hudson [ ]

 Passaic [ ]

 Union [ ]

Other Areas (Please specify):

1. **With respect to the proposal(s) your organization submitted to the Cummings Fund**, please list below which other organizations, if any, do the same or similar work in your geographic area.
2. Please list below.

1. How are your programs distinctive?

1. Based upon the total Project Budget(s) now being submitted, **(not only the portion being requested from Cummings)** please calculate the “cost per client served” under the proposal(s), indicating how the results were derived. (Do not calculate the cost per client served based solely upon the funds requested from Cummings.) If no such calculation appears feasible, please explain why.

**III. FACILITIES:**

1. Does your organization own the facility or facilities that it is using? Yes [ ]  No [ ]
2. Are your current facilities adequate for your needs? Yes [ ]  No [ ]

 If no, please explain.

**IV. BOARD OF DIRECTORS:**

1. How many persons serve on the Board of Directors?
2. What criteria are used for the Board’s selection?

1. How many Board Meetings are held annually?

 Entire Board:       Usual attendance:

1. Please indicate below the Committees which the Board currently operates:

 Executive: [ ]  Program: [ ]  Fund Development: [ ]

 Audit: [ ]  Personnel: [ ]  Special Events: [ ]

 Finance/Budget: [ ]  Strategic Planning: [ ]  Marketing/PR: [ ]

 Investments: [ ]  Nominating: [ ]  Building: [ ]

 Other(s) -- Please List:

1. How much financial support did the Board provide within the past 12 months? (If that is not feasible, then within the past fiscal year.)

 a. Total personal contributions of the Board: $

 (not including their employer matching gifts)

 b. Dollar range of Board Members’ personal gifts: $      to $

 c. Percentage of Board Members contributing:      %

 (if not 100 percent, please explain why)

 d. Total solicited from personal/business contacts: $

 (including employer gifts, matching or otherwise)

 e. Percentage of total budget’s (private, non-governmental) funds raised by the Board:      %

1. Does any Staff Member serve as a voting member\* of the Board? Yes [ ]  No [ ]

 or as a non-voting member\*? Yes [ ]  No [ ]

\* If yes, please explain.

1. Should we have any further questions regarding the Board, please indicate the name, phone number, and email address of a key Board Member whom we might contact.

**V. FUND RAISING:**

1. Who is in charge of fund raising for your organization?

 Development Director [ ]  Outside Consultant(s) [ ]

 Other staff member(s) --Please indicate:

1. What methods of fund raising does your organization employ?

Foundation and Corporate Requests: [ ]  Government RFP Responses: [ ]

Major Donor Solicitation: [ ]  Planned Giving: [ ]

Annual Appeals: [ ]  Federated Campaign: [ ]

Special Events: [ ]  Direct Mail: [ ]

Other (Please list):

1. How many cents did your organization spend last year to raise each private dollar (not including government grants)?

**VI. ADDITIONAL INFORMATION:**

1. Does your organization have a written agency-wide Strategic Plan? Yes [ ]  No [ ]

a. If yes, please attach a copy. If lengthy, an Executive Summary will suffice.

b. If no, please attach a brief description of your organization’s future plans.

1. Is endowment building/creating a present priority for your organization? Yes [ ]  No [ ]
2. Does your organization presently have one or more (donor-restricted)

permanent endowment funds? Yes [ ]  No [ ]

 If yes, has endowment principal been invaded within the past ten years? Yes [ ]  No [ ]

 If yes, please explain the nature and scope of the invasion(s):

 b. Does your organization presently have one (or more) board-restricted funds? Yes [ ]  No [ ]

 (These are often referred to as “quasi-endowments”.)

1. To what extent do your organization’s present by-laws/policies prohibit the invasion of endowment principal?

1. How is your endowment’s annual income utilized?

 Submitted by:

 Name:       Title:       Date:

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