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NONPROFIT DEVELOPMENT INVENTORY

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CONFIDENTIAL – Nonprofit Development Inventory

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The Nonprofit Development Inventory (NDI) is a detailed inventory of your organization that not only assists DSI in understanding your agency but also lays a foundation for future expansion in development. The NDI is divided into eight sections. They are as follows:

- I. Basic Institutional Data**
- II. Programs/Services**
- III. Staff/Administration/Volunteers**
- IV. Income/Disbursements/Finances**
- V. Fund Raising/Development**
- VI. Polity/Governance**
- VII. Heritage/History**
- VIII. Upcoming Projects/Conclusion**

Please fill out the NDI as completely as possible and note the special requests for any attached documents you can provide. PLEASE FAX BACK TO JIMMY LAROSE AT 803-808-0537. YOUR DSI TEAM WILL EVALUATE YOUR ORGANIZATION'S FUNDRAISING POTENTIAL AND CONTACT YOU REGARDING OPPORTUNITIES TO ADVANCE YOUR DEVELOPMENT EFFORTS. Please feel free to call a DSI representative for any assistance you may require.

I. Basic Institutional Data

Name and position of individual filling out Non-Profit Development Inventory:

Name: _____ Position _____

Legal Name of Organization: _____

Physical Address:

City: _____ State: _____ Zipcode: _____

Mailing Address:

City: _____ State: _____ Zipcode: _____

Voice Phone: _____ Fax Phone: _____

Website Address: _____ E-Mail: _____

II. Programs/Services

Please describe the purpose of your organization and whom you serve:

Please list and briefly describe the different programs your organization provides:

1.

2.

3.

4.

5.

6.

7.

III. Administration/Staff/Volunteers

Please list the titles/names of all full time positions:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

How many people are employed part-time:

How many volunteers serve the organization:

Please provide a brief description of how volunteers serve your organization:

IV. Income/Disbursements/Finances

What is your total annual income:

Current year-to-date: \$ _____ Last year's total: \$ _____

Three previous years: \$ _____ \$ _____ \$ _____

On an annual basis what percentage of your income is derived from fee-for-service/tuition/sales:

% _____ Actual amount for last fiscal year: \$ _____

On an annual basis what percentage of your income is derived from philanthropy:

% _____ Actual amount for last fiscal year: \$ _____

On an annual basis what percentage of your reported income is designated gift-in-kind:

% _____ Actual amount for last fiscal year: \$ _____

On an annual basis what percentage of your income is spent on salary/benefits:

% _____ Actual spent amount for last fiscal year: \$ _____

Please fill in below the pertinent data regarding your income sources from the last fiscal year:

| Source: | Amount: | Percentage of total income: |
|------------------------------------|----------------|------------------------------------|
| Special Events: | \$ _____ | % _____ |
| Individuals: | \$ _____ | % _____ |
| Churches: | \$ _____ | % _____ |
| Foundations: | \$ _____ | % _____ |
| Local Business: | \$ _____ | % _____ |
| Corporations: | \$ _____ | % _____ |
| Conference/Denominational Support: | \$ _____ | % _____ |
| Fees-For-Service | \$ _____ | % _____ |
| Tuition | \$ _____ | % _____ |
| Sales of Products | \$ _____ | % _____ |
| Gifts-In-Kind | \$ _____ | % _____ |
| Government Grants | \$ _____ | % _____ |
| Others | \$ _____ | % _____ |

IMPORTANT! Please attach a copy of your last fiscal year's budget. Please iNDIcate below if you ended that year with or without a deficit:

V. Fund-raising/Development

How many INDIVIDUALS are in your NAME ENTRY FILE:

How many CHURCHES are in your NAME ENTRY FILE:

How many LOCAL BUSINESSES are in your NAME ENTRY FILE:

How many CORPORATIONS are in your NAME ENTRY FILE:

How many FOUNDATIONS are in your NAME ENTRY FILE:

How many MISCELLANEOUS entries are in your NAME ENTRY FILE:

TOTAL number of names in your NAME ENTRY FILE:

ACTIVE DONORS...

are donors who have given a gift in the last twelve months:

LAPSED DONORS...

are donors who have given a gift in the last twenty-four months but have not given in the last twelve.

INACTIVE DONORS...

are donors who have given a gift but have not given in the last twenty-four months.

PROSPECTIVE DONORS...

are individuals, churches, foundations, local businesses, corporations, etc. who have never given a gift.

Of the INDIVIDUALS in your file how many are:

Active: _____ Lapsed: _____ Inactive: _____ Prospective: _____

Of the CHURCHES in your file how many are:

Active: _____ Lapsed: _____ Inactive: _____ Prospective: _____

Of the LOCAL BUSINESSES in your file how many are:

Active: _____ Lapsed: _____ Inactive: _____ Prospective: _____

Of the CORPORATIONS in your file how many are:

Active: _____ Lapsed: _____ Inactive: _____ Prospective: _____

Of the FOUNDATIONS in your file how many are:

Active: _____ Lapsed: _____ Inactive: _____ Prospective: _____

Total: _____ **Total:** _____ **Total:** _____ **Total:** _____

What are the amounts of the three largest gifts given to your organization in the last twelve months:

\$ _____ \$ _____ \$ _____

What is the average amount of money allocated annually for fund-raising/development:

\$ _____

Does your organization receive planned and deferred gifts?

If yes, how many planned gifts were received in your last fiscal year?

How many planned gifts have been received year-to-date?

Have you ever conducted a capital campaign in the past?

If yes, what was your campaign goal?

Did you reach your campaign goal?

If no, what was your shortfall?

Over how many years or months was the campaign conducted?

Please list below all special events (auction, banquets, receptions, golf, open house, etc.) and in what month of the year they are normally held.

- 1.
- 2.
- 3.
- 4.
- 5.

Do you solicit your donors by phone on an annual basis?

Do you send a newsletter to your name entry file?

If yes, how often is it sent, monthly, quarterly, annually, other?

What are your print, postage, and mailing costs for your newsletter annually?

Do you send appeal letters to your name entry file?

If yes, how often are they sent, monthly, quarterly, annually, other?

What are your print, postage, and mailing costs for your appeal letters annually?

Do you have a formal giving program with annual or monthly participation?

IMPORTANT! Please attach a copy of your three most recent newsletters and appeal letters

VI. Polity/Governance

Is your governing entity named a board of directors, board of trustees, or other?

Is the head of your governing entity named chairman, president, or other?

Is the founder the current chairman/president of the board?

How many individuals have served as board members since the organizations inception?

How many individuals are currently serving as board members?

Are board member's terms rotating or self-perpetuating?

Who is responsible to see that new individuals join the governing entity?

Do board members live locally, regionally, nationally, or internationally?

Are all board members participating with annual gifts?

If no, how many are? How many are not?

Does the board meet annually, quarterly, or monthly?

Does the board have an annual strategic planning retreat?

Has the board been active in fund raising?

If yes, please describe their involvement:

Does your board have an executive committee?

Please provide a list of all other board sub-committees and their purpose:

1.

2.

3.

4.

5.

6.

7.

8.

Please list the names of your current board members, their occupation, and years of service to agency:

Name and Occupation:

Years of service:

| | |
|-----------|----------------|
| 1. _____ | _____ to _____ |
| 2. _____ | _____ to _____ |
| 3. _____ | _____ to _____ |
| 4. _____ | _____ to _____ |
| 5. _____ | _____ to _____ |
| 6. _____ | _____ to _____ |
| 7. _____ | _____ to _____ |
| 8. _____ | _____ to _____ |
| 9. _____ | _____ to _____ |
| 10. _____ | _____ to _____ |
| 11. _____ | _____ to _____ |
| 12. _____ | _____ to _____ |
| 13. _____ | _____ to _____ |
| 14. _____ | _____ to _____ |
| 15. _____ | _____ to _____ |
| 16. _____ | _____ to _____ |

IMPORTANT! Please attach a copy of your institution's organizational chart.

VII. Heritage/History

Organization's Mission Statement:

Year 501c3 status was established:

Was the organization established by a group of individuals or a single person?

Founder(s) Name:

Did the founder serve as agency head: If so, how many years?

Is the original founder living or deceased? If living, what is his/her age?

How many Executive Directors/Presidents has the organization had?

List names of Executive Directors/Presidents and their years of service:

| Name: | Years of service: |
|-------|-------------------|
| _____ | _____ to _____ |
| _____ | _____ to _____ |
| _____ | _____ to _____ |
| _____ | _____ to _____ |
| _____ | _____ to _____ |
| _____ | _____ to _____ |
| _____ | _____ to _____ |
| _____ | _____ to _____ |
| _____ | _____ to _____ |
| _____ | _____ to _____ |

IMPORTANT! Please attach a brief historical account of the organization's formation and growth over the years. Include denomination affiliation (if applicable), original vision, memorable points of growth, fuNDIng initiatives, etc. If your agency has a case statement that covers this material please include that in lieu of the above request.

VIII. Upcoming Project/Conclusion

Briefly describe the current project or needs for which DSI may be able to provide assistance.