

Planning For Good
Organizational Assessment Tool

Organization Name: _____

Person Completing: _____

Title: _____

Data from _____ (year)

Annual Operating Budget: \$ _____

Income:

Annual Fund Gifts: \$ _____ or _____ % of total

Grants from Foundations: \$ _____ or _____ % of total

Endowment funds drawn: \$ _____ or _____ % of total

Other sources of operating
Funds: _____ \$ _____

_____ \$ _____

_____ \$ _____

Total: _____ \$ _____

Date of current strategic Plan: _____

Period covered: from _____ to _____

Provision pertaining to endowment support (goals or otherwise) in Plan (Describe here) :

Current Endowment Fund balance(s):

Purpose/ Spending Restriction: _____ \$ _____

Purpose/ Spending Restriction: _____ \$ _____

Known Planned Gifts:

Types&

Amounts:

_____ \$ _____ calc. method: _____

_____ \$ _____ calc. method: _____

_____ \$ _____ calc. method: _____

Attach copy of:

Investment Policy

Spending Policy

Gift Acceptance Policy

Current materials encouraging planned gifts

Current materials encouraging gifts to endowment