

## **Readiness Checklist for Non-Profits**

As a non-profit seeking funding, you should have most if, not all this information complete before you begin seeking grants, sponsorships, or corporate funding. If you do not have this information, and you are not sure where to begin, contact us for assistance!

Establishi	ng Non-Prof	iit Status:
	□Yes □No	Reserve a name with Secretary of State?
	$\Box Yes \ \Box No$	Select individuals to serve on its board of directors?
	$\Box Yes \ \Box No$	Designate officers to serve on the board?
	□Yes □No	Develop a mission statement? If so, what is it?
	□Yes □No	Description of programs activities.
	□Yes □No	Establish board committees, if necessary
	□Yes □No	Organization incorporates or forms a trust to protect its founders and principals from personal liability
	$\square Yes \ \square No$	Board meets to finalize organizational decisions? If so, when?
		Board adopts bylaws? If so, when?
	$\square Yes \ \square No$	Apply to IRS for an employer identification number (E.I.N.)
	$\Box Yes \ \Box No$	Establish a bank account and establish check signing procedures
	$\square Yes \ \square No$	Designate which officer(s) have the power to sign checks
	$\Box Yes \ \Box No$	File Form 1023 with IRS to obtain 501c3 tax exempt status
	$\Box Yes \ \Box No$	File for state and local tax exemptions
	□Yes □No	Register with the agencies that regulate nonprofit organizations such as the state attorney general and secretary of state, and tax authority and establish a calendaring system to make sure it complies with the following (and in most cases mandatory) reporting requirements:
	$\square Yes \ \square No$	Annual information return to the Internal Revenue Service
	$\Box Yes \ \Box No$	IRS Form 990
	□Yes □No	Annual report to the state agencies
Other:		
		Draft and implement a strategic plan.
	$\Box$ Yes $\Box$ No	Draft and implement a development plan to include a fund raising strategy.



Accounting:			
□Yes □No	Establish a bud	lget	
	□Orgaı	nizational	
	$\Box$ Progr	ram	
	□Grant	t, if necessary	
□Yes □No	Establish finan	cial managemen	t, auditing and internal control systems
$\Box$ Yes $\Box$ No	Establish a gen	eral ledger and b	bookkeeping system (either manual or computerized)
	to account for c	ash receipts and	cash disbursements, assets and liabilities
$\Box$ Yes $\Box$ No	Set up a chart of	of accounts to re-	cord financial transactions
$\Box$ Yes $\Box$ No	Register with s	tate as an Emplo	yer, if applicable
Administration Activi		1.0	1 2 1
⊔Yes ⊔No		•	and optional insurance:
	□Yes □No		ficers (D&O) liability insurance
	□Yes □No	General Liabili	•
	□Yes □No	Professional Li	· · · · · · · · · · · · · · · · · · ·
	□Yes □No	Property/Fire I	•
	□Yes □No	Workers' Com	
	□Yes □No	Unemploymen	tinsurance
	□Yes □No	Auto Liability	
	$\Box$ Yes $\Box$ No		ability, if applicable
	□Yes □No	Key Man Insur	rance
Other:			
o their	□Yes □No	Medical and D	ental Coverage
	□Yes □No		unteer program
			recruit volunteers?
		T . 11: 1 1	
	□Yes □No	Establish a dor	* ·
	□Yes □No		tem for providing receipts for gifts of over \$250 to RS substantiation requirements
	□Vag □Na	* *	•
	□Yes □No □Yes □No		nase, office space
			e meter and apply for a nonprofit permit number in the reduced nonprofit bulk rate
	□Yes □No		•
	□ Yes □No		omputer equipment  ffice equipment: copy machine, fax machine, desks,
			inets, conference room tables and chairs, etc.
Human Resources:		chairs, file cab	mets, conference room tables and chairs, etc.
Human Resources.	□Yes □No	Create organiza	ational chart
	□Yes □No	_	lescriptions for staffing needs
	□Yes □No		hart and set compensation levels
	□Yes □No	Prepare a perso	<u>-</u>
	□Yes □No		roll system (manual or automated), including:
	_ 1 05 _110	□Yes □No	Withholding requirements (federal, state & city)
		□Yes □No	Requirements for payment of funds withheld
		_ 1 05 _110	(federal, state & city)



		☐Yes ☐No Reporting requirements for funds withheld (federal, state & city)
	□Yes □No	Establish a system for determining whether individuals performing
		services for it are employees or independent contractors.
	$\Box Yes \ \Box No$	Establish a system for preparing and filing Form 1099s on behalf of
		independent contractors.
	□Yes □No	Establish a mandatory system for maintaining records for each employee which include:
		☐Yes ☐No Names and social security numbers
		□Yes □No W-4 and I-9 forms
	$\square Yes \ \square No$	Established Payroll period:
		□Yes □No Payroll calendar, including beginning and ending dates
		☐Yes ☐No Timesheets or timecards, which include the days, or weeks, for each employee worked
	□Yes □No	Overtime, bonuses, sick leave, and vacations, etc.
	$\square Yes \ \square No$	Hire staff
ram Activities	•	
What types	of services will yo	our organization provide?
What types	of services will yo	our organization provide?
Are you aw	are of any other	our organization provide?  organization in your area that is providing the same types of services or factivities that you plan to conduct?   Yes  No
Are you aw	are of any other	organization in your area that is providing the same types of services or
Are you aw conducting	rare of any other of the same types o	organization in your area that is providing the same types of services or f activities that you plan to conduct? □Yes □No
Are you aw conducting  If yes, have	rare of any other of the same types of any other of the same types	organization in your area that is providing the same types of services or
Are you aw conducting	rare of any other of the same types of any other of the same types	organization in your area that is providing the same types of services or f activities that you plan to conduct? □Yes □No
Are you aw conducting  If yes, have services?	rare of any other of the same types of any other of the same types	organization in your area that is providing the same types of services or of activities that you plan to conduct?   Yes  No  any of these organizations to discuss how you will avoid duplicating
Are you aw conducting  If yes, have services?	rare of any other of the same types of any other of the same types	organization in your area that is providing the same types of services or of activities that you plan to conduct?   Yes  No  any of these organizations to discuss how you will avoid duplicating
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	Are you currently providing services to your target population? □Yes □No
	What services are you currently offering?
	□Yes □No Create program policies and procedures □Yes □No Create and/or modify client documentation and intake forms
undr	aising and Sustainability:
	How will your organization be funded?
	From whom do you plan to seek grants?
	Please provide a detailed description of how you will raise funds.
	How will you sustain the organization in the interim?
undin	ng Activities:
	□Yes □No Business Loans or Credit Application □Yes □No Duns & Bradstreet Number ( <a href="https://www.dnb.com/duns-number.html">https://www.dnb.com/duns-number.html</a> )
	☐Yes ☐No Government Grants or Vendor Contract
	☐ Yes ☐ No System for Award Management (SAM) Registration (www.sam.gov)