



Questionnaire for Soliciting Nonprofit Organizations GOLDEN GATE BETTER BUSINESS BUREAU

Organization
Name: _____

Address: _____

Phone: (____) _____ Fax : (____) _____ Website: _____
Email: _____

Use of Information

To assist the Better Business Bureau serving San Francisco Bay Area and Northern Coastal California in responding to inquiries about your organization, please complete the following questionnaire and submit the requested materials. Attach separate sheets as necessary. All of the items provided will be considered public information and made available, upon request, to inquirers. We believe both the public and soliciting organizations will benefit from voluntary disclosure of an organization's activities, finances, fund raising practices and governance.

If your organization is a charity or solicits for charitable contributions, the information provided may be used to determine if your organization meets the 20 voluntary *BBB Standards for Charity Accountability*. Please note: It is important to submit all of the requested information and the questionnaire as one complete package. If a charity evaluation is completed, it will be based on the information received with this package or on file with the BBB. The omission of any of the requested information or item(s) could affect this evaluation and may result in not meeting some of the mentioned voluntary charity standards. If a report is written, your organization will be provided with a draft copy for review prior to distribution.

If your organization is in the midst of completing a more current annual report, financial statement, and/or IRS Form 990, please submit the latest available copy of these items with your completed questionnaire and forward the more current reports when available.

Use of the Better Business Bureau Name

The name "Better Business Bureau" and the BBB torch logo are federally registered service marks owned by the Council of Better Business Bureaus, Inc. Unless licensed for use, others may not use the Better Business Bureau service marks.

The completion of this form and the submission of information to the Better Business Bureau does not imply any form of endorsement, approval or membership. The information is provided solely to help us assist donors in their contribution decisions.

Signing this form indicates your organization's agreement to the above conditions regarding use of submitted information. In addition, by signing below your organization agrees that it will not use the BBB name, evaluation conclusions, or make any reference to whether your organization meets the *BBB Standards for Charity Accountability*.

Signature

Date

Name and Title

Organization

If you have any questions, please contact the BBB at **888-253-3385**.

CHECKLIST OF ENCLOSURES: Please provide a copy of the following items.

Enclosed?

Yes No

- _____ 1. Annual Report (This is an annually produced fact sheet, brochure, or other publication that summarizes your mission, programs, finances, and governance for the past year.)
If not available, please clarify _____
- _____ 2. Latest audited Financial Statements (If not audited, send unaudited/statements)
If not available, please clarify _____
- _____ 3. Complete IRS Form 990 (with Schedule A, if applicable)
If not available, please clarify _____
- _____ 4. Budget for the current fiscal year in progress
If not available, please clarify _____
- _____ 5. Fund Raising Contracts/Agreements
Please enclose a copy of the complete written fund raising agreement with each fund raising firm(s) or consultant(s) used in the past year.
- _____ 6. Board Roster, specifying the officers (i.e., who serves as chairman, secretary, treasurer) and the professional affiliations of each board member (i.e., John Jones, marketing director, XYZ Bank)
- _____ 7. Fund Raising Requests (Please check all fund raising methods used in the past year and please include a copy of all versions of appeals used for each applicable item.)
a) _____ direct mail appeals
b) _____ telephone appeal scripts
c) _____ invitations to fund raising events
d) _____ print advertisements (newspapers, magazines, etc.)
e) _____ scripts of television or radio appeals
f) _____ grant proposal (only one recent sample needed for this)
g) _____ planned giving
h) _____ internet appeals
i) _____ other, please specify _____
- _____ 8. Cause Related Marketing Promotions. Some charities have promotions that involve arrangements with for-profit firms that sell consumer goods or services that state the charity will benefit from sales (for example, affinity credit cards, household products, breakfast cereals, merchandise catalogs, etc.).
a) If applicable, please enclose copies of such promotions from the past year.
b) Did your organization have any written agreements/contracts with these companies?
Yes _____ No _____
If yes, please provide copies of these arrangements. If there are any privacy restrictions regarding these marketing arrangements, please contact the BBB.
- _____ 9. Board-Approved Conflict of Interest Policy.
If not available, please clarify _____

If you have not submitted the following information to the BBB in the past, please answer items 10 through 15. If you have, proceed to question 16.

Enclosed?

Yes No

- _____ 10. Informational brochures and other materials that describe your organization's activities.
- _____ 11. IRS Determination Letter (This is the 2-page letter that confirms your tax-exempt status.) If not available, please clarify.
- _____ 12. Bylaws
- _____ 13. Articles of Incorporation
- _____ 14. If applicable, Agreements with Affiliate(s) and/or a National Office
15. Year and State Incorporated _____

16. Please state your organization's purpose(s).

17. On a separate sheet, please summarize your organization's principal program service activities. So that we may include this program description in our report, it would be helpful if it is no more than 250 words, includes objective language, and appropriate statistics.

18. Have there been any significant changes in your organization's purpose(s) and/or program activities in the past year? (For example, amending of the official stated mission, adding or terminating a major program, etc.)

Yes_____ No_____ If yes, please explain

19. Did your organization use any outside fund raising firm(s) and/or consultant(s) in the past year?
Yes _____ No _____.

If yes, please answer (a) through (c) below:

(a) How many fund raising firms or consultants were used in the past year? _____

(b) Did your organization have written agreements with each of these firms?

Yes _____ No _____

(c) Was the board of directors informed of the financial terms of these agreements?

Yes _____ No _____

20. What is the scope of your organization's fund raising activities?

National, Regional, or Local? _____

21. Does your organization have affiliates, chapters, subsidiaries, and/or other related entities?

Yes _____ No _____

If yes, (a) please provide a list of the names and addresses of these organizations and/or businesses, and (b) briefly describe the nature of the relationship with the affiliates and/or other entities listed. In answering this question, please describe any program, financial, fund raising, and/or governing board relationship.

22. In regard to your organization's fund raising activities, does any city, county or state either (a) have any currently pending legal action against your organization and/or (b) have any concluded legal action within the past three years? Yes_____ No _____ If yes, name the places and briefly describe the nature and status/resolution of the action(s).

23. If applicable, please provide the following information based on your most recent financial statements:

(a) the total amount of donated goods and/or services included as part of income,

- (b) the total amount of donated goods and/or services that were recognized as part of expenses. Also, identify the portion of this amount that was allocated to fund raising, administrative and each major program service expense category,
 - (c) a breakdown that shows the nature of the recognized in-kind expenses (e.g., how much of this total consisted of food, clothing, medical equipment, pharmaceuticals, legal services, accounting services, etc.) and
 - (d) briefly describe how your organization determined the value of these in-kind contributions.
24. Do any compensated staff members serve as voting members of the board? Yes ____ No ____
If yes, please provide name(s), title(s) and total compensation during the past fiscal year?
25. Are any members of the board of directors relatives of fellow board members or staff members of the organization? Yes ____ No ____
If yes, attach schedule identifying the name(s), title(s) and relationship(s).
26. Other than paid staff members who may serve on the board, are there any other members of the board of directors who receive some type of direct compensation (for example, fixed expense accounts or honoraria)? Yes ____ No ____.
If yes, please answer (a) and (b) below.
(a) Please describe the nature of the compensation and identify the board member(s) and amount(s) involved.
(b) Please also let us know if there are any board members who are relatives (for example, spouse, parent, sibling or child) of the individual(s) named in (a) above.
27. Does your organization have a board policy to appraise the CEO's performance, at least once every two years? Yes ____ No ____
28. Does your organization have a board policy of assessing, no less than every two years, the organization's performance and effectiveness and of determining future actions required to achieve its mission? Yes ____ No ____
If yes, please provide a copy of the policy.
29. Does your organization submit a written report to its governing body outlining the results of the aforementioned performance and recommendations for future actions? Yes ____ No ____
30. Does the board of directors formally approve the annual budget? Yes ____ No ____
31. In the past year, has your organization purchased goods and/or services from either:
(a) any member of the board, and/or professional staff?
(b) any firm, organization or institution with which this member of his/her direct family relation is affiliated? Yes ____ No ____
- If yes, on a separate sheet, please:
- a) provide names and titles of individuals, and identify their relationship to the related party,
 - b) identify goods or services purchased,
 - c) list amounts paid for such goods or services,
 - d) identify the size of the transaction relative to like expenses of the charity (for example, if the transaction is for printing expenses, what portion of the total printing expenses in the past year were purchased through the board member related entity?)
 - e) state if at least two other competitive bids were considered,
 - f) state if the interested board member(s) participated in the vote to hire the related firm(s),
 - g) describe if the transaction is one-time, recurring or ongoing, and
 - h) identify any other steps taken to ensure arm's length transactions.
32. In the past year, has your organization made any grants, contributions or loans to
(a) any member of the board member and/or professional staff, or to
(b) any firm, organization or institution with which this member or his/her direct family relation is affiliated?
Yes ____ No ____

If yes, on a separate sheet, please:

- a) provide names and titles of individuals, and identify their relationship to the related party,
- b) provide details of the arrangements,
- c) list the amount of the award or loan,
- d) identify the size of the transaction relative to other grants, contributions, or loans made by the charity (for example, if the transaction is for grants, what portion of the total grant expenses in the past year were purchased through the board member related entity?),
- e) state if the interested board member(s) participated in the vote to hire the related firm(s),
- f) describe if the transaction is one-time, recurring or ongoing, and
- g) identify any other steps taken to ensure arm's length transactions.

33. Total number of (full-time plus part-time) employees: _____

34. Please identify the total past year's compensation for your organization's chief paid executive. This total compensation should include annual salary and, if applicable, benefit plans, expense accounts and other allowances. If this person is not the highest paid executive, please also provide the name, title and compensation for that person. (It is not necessary to answer this question if all this information is contained within an IRS Form 990 that is enclosed with this questionnaire.

35. If your organization has a website, please identify the internet address for the specific page on the website where the following information can be found, where applicable:

Annual report: _____

Organization's mission statement: _____

Program service accomplishments of the past year: _____

Most recent roster of the officers and members of the board of directors: _____

Most recent financial information: _____

Most recent IRS Form 990: _____

Donation/contribution information: _____

Organization's mailing address: _____

Internet Privacy Policy: _____

36. Regarding written appeals; does your organization rent, exchange, or sell names, addresses, or other donor information with outside organizations? Yes ____ No ____

If yes, please provide solicitations from the past year indicating how donors can "opt out" if they do not want their information shared outside your organization.

Please also indicate how often this option is offered: _____

37. Does the board of directors receive, on an annual basis, the following documents?

Most recent IRS Form 990 Yes ____ No ____

Most recent audited financial statements Yes ____ No ____

Auditor's management letter (if one was issued) Yes ____ No ____

If there is no audited statement, then the charity's unaudited financial statement Yes ____ No ____

38. Has your organization received any complaints brought to your attention by local Better Business Bureaus in the past three years? Yes ____ No ____

If yes, please let us know which Bureau and provide details on actions taken, if applicable.

39. On the following chart, please list the dates of all board of directors meetings held during the past year and indicate the number of voting members who attended the meeting and the total voting membership at the time of the meeting. Please do not include meetings of the executive committee or other interim governing body that meets between meetings of the full board. Attach additional sheets as necessary. If any of the members included in the meeting attendance chart did not participate in person, on a separate sheet, please identify the member(s) and how they participated (for example, by proxy, telephone, video conferencing, internet, etc.)

40. Board of Directors Meeting Attendance

Fiscal Year Ended: Month _____
Year _____

Name of Board Member	Dates of Board of Directors Meetings			