

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-Proi	at Status:
	$\square Yes \ \square No$	Reserve a name with Secretary of State?
	$\square Yes \ \square No$	Select individuals to serve on its board of directors?
	$\square Yes \ \square No$	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?
	$\square Yes \ \square No$	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
	$\square Yes \square No$	File Form 1023 with IRS to obtain 501c3 tax exempt status
		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
	$\square Yes \ \square No$	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:		
\Box Yes \Box No	Establish a bud	get
	□Organ	nizational
	□Progra	am
	□Grant	, if necessary
\Box Yes \Box No	Establish financ	cial management, auditing and internal control systems
\Box Yes \Box No	Establish a gene	eral ledger and bookkeeping system (either manual or computerized)
	to account for ca	ash receipts and cash disbursements, assets and liabilities
□Yes □No	Set up a chart o	f accounts to record financial transactions
□Yes □No	Register with st	ate as an Employer, if applicable
Administration Activit	ties:	
		for mandatory and optional insurance:
	□Yes □No	Directors & Officers (D&O) liability insurance
	□Yes □No	General Liability
	□Yes □No	Professional Liability
	□Yes □No	Property/Fire Liability
	□Yes □No	Workers' Compensation
	□Yes □No	Unemployment insurance
	□Yes □No	Auto Liability
	□Yes □No	Short-term Disability, if applicable
	□Yes □No	Key Man Insurance
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Other:		
	$\square Yes \ \square No$	Medical and Dental Coverage
	$\square Yes \ \square No$	Establish a volunteer program
		How will you recruit volunteers?
	□Yes □No	Establish a donation policy
	□Yes □No	Establish a system for providing receipts for gifts of over \$250 to comply with IRS substantiation requirements
	□Yes □No	Lease, or purchase, office space
	□Yes □No	Lease a postage meter and apply for a nonprofit permit number in
		order to mail at the reduced nonprofit bulk rate
	$\square Yes \square No$	Lease or buy computer equipment
	$\square Yes \square No$	Lease or buy office equipment: copy machine, fax machine, desks,
		chairs, file cabinets, conference room tables and chairs, etc.
Human Resources:		
	$\square Yes \ \square No$	Create organizational chart
	$\square Yes \square No$	Compose job descriptions for staffing needs
	$\square Yes \ \square No$	Create salary chart and set compensation levels
	$\square Yes \ \square No$	Prepare a personnel manual
	$\square Yes \ \square No$	Establish a payroll system (manual or automated), including:
		□Yes □No Withholding requirements (federal, state & city)
		☐Yes ☐No Requirements for payment of funds withheld (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
	□Yes □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.
	\Box Yes \Box No	Hire staff
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Program Activities	3•	
What types	of services will yo	our organization provide?
•	•	organization in your area that is providing the same types of services or f activities that you plan to conduct? □Yes □No
If yes, have services?		any of these organizations to discuss how you will avoid duplicating
How will y	ou provide these so	ervices?
Will you lin	mit your services to	o a particular group of people? □Yes □No
If so, which	n groups will recei	ve your services?
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	y providing s	services to your target population? □Yes □No			
What services are you currently offering?					
	lYes □No lYes □No	Create program policies and procedures Create and/or modify client documentation and intake forms			
raising and Sustai	nability:				
How will your o	rganization b	e funded?			
From whom do	ou plan to se	eek grants?			
Please provide a	detailed desc	cription of how you will raise funds.			
	atain tha c	anization in the interim?			
How will you su	stain the orga	anzadon in the interim:			
How will you su	stain the orga				
How will you su	stain the orga				
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ng Activities: □Yes □No B	usiness Loan	s or Credit Application			
ng Activities: □Yes □No B					
ng Activities: □Yes □No B □ □Yes □No G	usiness Loan ∃Yes □No	s or Credit Application			