



The Advocacy Foundation, Inc.

Preparing Individuals, Organizations and Communities to Achieve Their Full Potential

The Nonprofit Advisors Group

Turning Your Nonprofit Into A Powerhouse!



*"Preparing Individuals, Organizations & Communities
Achieve Their Full Potential"*

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www.TheAdvocacyFoundation.org

Accountability Statement

The Advocacy Foundation, Inc. is comprised of individuals who are proven competent and uniquely talented in comprehending highly complex matters, and developing Point-of-Need methods of mediation and problem solving.

The high achievements of each respective principle are the direct result of adherent devotion to practicing and maintaining the highest level of integrity: Accountability, transparency, compliance and transformation management are synergistic principles, by which we achieve impeccable outcomes.

Pre-Assessment Survey

The Nonprofit Advisors Group is a community based / community involved subdivision of The Advocacy Foundation, Inc., which is dedicated providing the highest level of integrity and accountability to assure best practices to sustain Philanthropic success.

This form is designed to develop a pre-consultation snapshot of your Organization/Business in the areas of engagement, stability, sustainability, compliance, governance, accountability, corporate culture and growth potential. The Advocacy Foundation, Inc. guarantees the highest level of confidentiality, and will in no way distribute or share the information contained within this pre-assessment in any manner written, virtual, verbal or otherwise. In the event that information needs to be shared, for the sole purpose of collaborative consultation, The Advocacy Foundation, Inc. will require mutuality with written consent from you the client.

Pre-Assessment Survey

Type of Organization/Business For-profit Non-profit Foundation | Incorporated as a _____

Name of Organization/Business _____

Address _____

Contact Name _____ <i>Please Print</i>
Title _____
Phone _____
Email _____
Website _____

Community/Industry Served _____

Country _____

City _____ County/Province _____ State _____ Zip Code _____

Please complete all sections, and when completed sign on page 6, scan and return to us via “reply all” e-mail.

1. Is the purpose of your Organization to fill an immediate need in a community/Industry? Yes__ No__

If yes:

a. What is the immediate need? _____

b. How has the immediate need been identified? _____

c. Do you have supportive assessment data that identifies and qualifies the immediate need?

Yes No

d. Is the community/Industry aware of the immediate need? Yes No

If no:

e. What is the primary purpose of your Organization/Business? _____

f. Is there a need for your Organization/Business in the community/Industry? Yes No Not sure

g. How has your Organization/Industry identified the need? _____

h. Do you have supportive assessment data that identifies and qualifies the need? Yes No

2. Is your Organization/Business structured to attract funding? Yes No don't know

3. Is your Organization/Business's legal and accounting documentation in good standing? Yes No

4. Does your Organization/Business have an active governance board? Yes No
5. Does your Organization/Business have a comprehensive compliance plan? Yes No
6. Does your Organization/Business have a well defined and implemented corporate culture? Yes No
7. Does your Organization/Business have proactive internal and external assessment processes? Yes No
8. Does your Organization/Business have a records/documents management/security system? Yes No
9. Does your Organization/Business have a professional web identity and presence? Yes No
10. Does your Organization/Business have a comprehensive marketing strategy? Yes No
11. Does your Organization/Business conduct an annual fiscal audit performed by an independent CPA?
 Yes No
12. Is your non-profit 501(c)[#] status (990) reporting current and in good standing with the I.R.S.? Yes No
If "No" please give brief explanation why _____

Budget -----

Section 3	Score
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1. Does your Organization/Business have a development budget? Yes No
2. Does your Organization/Business have a marketing budget – inclusive of virtual, social and viral marketing?
 Yes No
3. Does your Organization/Business have written fiduciary policies and procedures in place? Yes No
4. Does your Organization/Business have a financial committee, chaired by your governance board’s treasurer?
 Yes No
5. Is your Organization/Business under, balanced or over budget? Under Balanced Over

Community Engagement -----

Section 4	Score
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1. Is your Organization/Business engaging the community by garnering community support and establishing community/Industry partnerships? Yes No
2. Does the community/Industry have a clear understanding of the purpose, services, availability and engagement process of your Organization/Business? Yes No
3. Has your Organization/Business established relationships with local and regional press and media outlets?
 Yes No

General -----

Section 5	Score
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1. What service/s does your Organization/Business provide to the community/Industry? _____

2. How long has your Organization/Business been in business? _____
3. Is your Organization/Business producing quantifiable outcomes? __ Yes __ No
4. Is your Organization/Business's current state - meeting, exceeding or lacking in accordance with the Organization/Business's forecasted five year business plan? __ Meeting __ Exceeding __ Lacking

Funding -----

Section 6	Score
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1. Does your Organization/Business find it difficult to attract funders? __ Yes __ No
2. Has your Organization/Business received invitee RFP's? __ Yes __ No
3. Does your Organization/Business have an accomplished grant writer? __ Yes __ No
4. Does your Organization/Business have a fund raising committee? __ Yes __ No

Additional Information _____

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Pre-assessment completed by: _____ Date _____
Please Print

Name and Title: X _____,
Signature

Thank you for completing The Nonprofit Advisors Group Pre-assessment Survey. The Advocacy Foundation's team will review, and reply with your results and recommendations within one (1) business week. We look forward to working with you in - "Turning your organization/business into a Powerhouse!"

The Advocacy Foundation, Inc.: _____ Date _____
Please Print

Name and Title: X _____,
Signature

This section to be completed by *The Advocacy Foundation, Inc.* | Date received: _____

INTAKE: ___ Mailed ___ Email (Invitee) ___ Email direct link ___ In person ___ Referred, By _____

Deficiencies _____

Proficiencies _____

Recommendations: _____

Scores			
Sec 1		Sec 4	
Sec 2		Sec 5	
Sec 3		Sec 6	
FINAL			

Date received _____ TBC _____ Completed _____ Appointment date _____