

## Nonprofit Counseling Template

Description	Short Description and Any Documentation	Date Start/Complete
Service & Mission	<b>Mission:</b> _____ <b>Services:</b> _____ <b>Clients:</b> _____ <b>Location:</b> _____ <b>Skills:</b> _____ <b>Experience:</b> _____ <b>Value Added:</b> _____	____/____ ____/____ ____/____ ____/____ ____/____ ____/____
Customers How & Where you get money	<b>Key Donors:</b> _____ <b>Grants:</b> _____ <b>Fund Raisers:</b> _____ <b>Fees:</b> _____	____/____ ____/____ ____/____ ____/____
Clients How do you reach & help them	<b>Marketing:</b> _____ <b>Location:</b> _____ <b>Staff:</b> _____ <b>Volunteers:</b> _____	____/____ ____/____ ____/____ ____/____
Reality check, Assumptions Risk Assessment & Data Gathering	<b>Barriers:</b> _____ <b>Skills needed:</b> _____ <b>Training needed:</b> _____ <b>Competition:</b> _____ <b>Information needed:</b> _____	____/____ ____/____ ____/____ ____/____ ____/____
Short-term plan 6 to 12 months Fundraising & Grants	1. _____ 2. _____ 3. _____ 4. _____	____/____ ____/____ ____/____ ____/____
Longer term plan 1 to 3+ years	1. _____ 2. _____ 3. _____	____/____ ____/____ ____/____
Financial needs and projected needs	<b>Income projection:</b> _____ <b>Cash Flow:</b> _____ <b>Budget:</b> _____ <b>Savings:</b> _____ <b>Other:</b> _____	____/____ ____/____ ____/____ ____/____ ____/____

Bring all relevant material and questions. Each session is approximately 50 minutes.  
You may schedule as many sessions as you want for continuing counseling assistance.

Write out what you want from today's session \_\_\_\_\_  
 \_\_\_\_\_