

Nonprofit Counseling Template

Description	Short Description and Any Documentation	Date Start/ Complete
Service & Mission	Mission: _____ Services: _____ Clients: _____ Location: _____ Skills: _____ Experience: _____ Value Added: _____	____/____ ____/____ ____/____ ____/____ ____/____ ____/____
Customers How & Where you get money	Key Donors: _____ Grants: _____ Fund Raisers: _____ Fees: _____	____/____ ____/____ ____/____ ____/____
Clients How do you reach & help them	Marketing: _____ Location: _____ Staff: _____ Volunteers: _____	____/____ ____/____ ____/____ ____/____
Reality check, Assumptions Risk Assessment & Data Gathering	Barriers: _____ Skills needed: _____ Training needed: _____ Competition: _____ Information needed: _____	____/____ ____/____ ____/____ ____/____ ____/____
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	Income projection: _____ Cash Flow: _____ Budget: _____ Savings: _____ Other: _____	____/____ ____/____ ____/____ ____/____ ____/____

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 _____
