

# Information Recording Sheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Name of nonprofit \_\_\_\_\_

2. Date founded and by whom \_\_\_\_\_

3. Why founded? \_\_\_\_\_

4. What is the population they are trying to reach (i.e., homeless, drug addiction, hungry, etc.)? \_\_\_\_\_

5. Write their mission statement. \_\_\_\_\_

6. What services are provided by your nonprofit organization?

A.

\_\_\_\_\_

B.

\_\_\_\_\_

C.

\_\_\_\_\_

7. How many people are served by your organization? \_\_\_\_\_

8. How does your nonprofit organization receive funding (i.e., federal government, grants, etc.)? \_\_\_\_\_

9. What are some obstacles your nonprofit organization faces?

\_\_\_\_\_

10. List any other important information regarding your nonprofit organization here.

\_\_\_\_\_

\_\_\_\_\_



## Team Reporting Notes

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Name of Nonprofit:

\_\_\_\_\_  
Important Information:

2. Name of Nonprofit:

\_\_\_\_\_  
Important Information:

3. Name of Nonprofit:

\_\_\_\_\_  
Important Information:

4. Name of Nonprofit:

\_\_\_\_\_  
Important Information:

5. Name of Nonprofit:

\_\_\_\_\_  
Important Information:



6. Name of Nonprofit:

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Important Information:

7. Name of Nonprofit:

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Important Information:

8. Name of Nonprofit:

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Important Information:

9. Name of Nonprofit:

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Important Information:

10. Name of Nonprofit:

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Important Information:

11. Name of Nonprofit:

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Important Information:

