

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: _____

Important Information:

7. Name of Nonprofit: _____

Important Information:

8. Name of Nonprofit: _____

Important Information:

9. Name of Nonprofit: _____

Important Information:

10. Name of Nonprofit: _____

Important Information:

11. Name of Nonprofit: _____

Important Information:

