

Indigo Alchemy Services, LLC

Client Information Intake Form



This form is designed to evaluate clients of Indigo Alchemy Services, LLC (IA) with assembling the pertinent information needed to provide optimal consulting services. The information requested on this form is kept confidential by IA per company policies and procedures. No information is shared with any other entities, with the exception of client information required on grant applications by funding agencies. **Please note that all grant applications, project summaries, and service agreements/invoices will be submitted to clients for their review and approval prior to being formally submitted to any funding agency.** Also note that each grant maker has different guidelines, priorities, deadlines, timetables, and requested information; IA may seek additional information from clients depending on individual funding agency requirements. **Please complete entire form as much as possible. Note: some sections may not apply to the services you are requesting.**

Organization Information

| | | | |
|--|-------------------------|---|---------------|
| <i>Name of organization</i> | | <i>Legal name, if different</i> | |
| <i>Address</i> | <i>City, State, Zip</i> | <i>Employer Identification Number (EIN)</i> | |
| <i>Phone</i> | <i>Fax</i> | <i>Web site</i> | |
| <i>Name of top paid staff</i> | <i>Title</i> | <i>Phone</i> | <i>E-mail</i> |
| <i>Name of contact person within organization regarding this application</i> | <i>Title</i> | <i>Phone</i> | <i>E-mail</i> |
| Is your organization an IRS 501(c)(3) not-for-profit? | | _____ Yes | _____ No |
| <i>If no, is your organization a public agency/unit of government?</i> | | _____ Yes | _____ No |
| <i>If no, list name and address of fiscal agent:</i> | | | |
| _____ | | _____ <i>Fiscal agent's EIN number</i> | |

Number of total staff:

 Professional (Degree/certification required):

 Non-professional (degree not required):

 Volunteer:

Number of people served:

 Adults:

 Children:

 Low Income:

 Special Needs (Disabled):

Proposal Narrative Information

Geographic Area Served: _____

Funds are being requested for (check one)

_____ General operating support _____ Start-up costs _____ Capital
_____ Project/program support _____ Technical assistance _____ Other (list) _____

List items needed, with dollar amount and purpose/use of items requested.

| ITEM | DOLLAR AMOUNT | PURPOSE/USE |
|------|---------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Project dates (if applicable): _____ Fiscal year end: _____

Funding Amounts

Dollar amount requested: \$ _____
Total annual organization budget: \$ _____
Total project budget (for support other than general operating): \$ _____

Authorization Process

Fiscal Agent/Authorized Signatory: _____

Review Process—Committee/Individual Responsible: _____

GENERAL INFORMATION

Separate sheets with requested information can be attached instead of filling out spaces under each section.

A. Brief summary of organization history, including the date your organization was established.
Can provide an attached sheet.

B. Brief summary of organization mission and goals.

C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.

D. Your organization's relationship with other organizations working with similar missions.
What is your organization's role relative to these organizations?

E. Names of board members.

A. General Operating Proposals

Use separate pages if necessary

1. The opportunity, challenges, issues or needs currently facing your organization.
2. Overall goal(s) of the organization for the funding period.
3. Objectives or ways in which you will meet the goal(s).
4. Activities and who will carry out these activities.
5. Time frame in which this will take place.
6. Long-term funding strategies.

B. All Other Proposal Types

1. Situation
 - a. The opportunity, challenges, issues or need and the community that your proposal addresses.
 - b. How that focus was determined and who was involved in that decision-making process.
2. Activities
 - a. Overall goal(s) regarding the situation described above.
 - b. Objectives or ways in which you will meet the goal(s).
 - c. Specific activities for which you seek funding.
 - d. Who will carry out those activities.
 - e. Time frame in which this will take place.
 - f. How the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have.
 - g. Long-term funding strategies (if applicable) for sustaining this effort.

Please describe your criteria for success. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.

A. How will you measure these changes?

B. Who will be involved in evaluating this work (staff, board, constituents, community, or consultants)?

C. What will you do with your evaluation results?

Attachments

Generally the following attachments are required:

1. Finances

- Most recent financial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses. Some funders require your most recent Form 990 tax return.
- Organization budget for current year, including income and expenses.
- Project Budget, including income and expenses (if not a general operating proposal).
- Additional funders. List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.

2. List of board members and their affiliations.

3. Brief description of key staff, including qualifications relevant to the specific request, and resumes.

4. A copy of your current IRS determination letter (or your fiscal agent's) indicating tax-exempt 501(c)(3) status.

5. If applying to a corporate funder only: if an employee of this corporation is involved with your organization, list names and involvement.

Organizational Budget

This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

| <u>INCOME</u> | |
|---|----------------------|
| <u>Source</u> | <u>Amount</u> |
| <i>Support</i> | |
| Government grants | \$ |
| Foundations | \$ |
| Corporations | \$ |
| United Way or other federated campaigns | \$ |
| Individual contributions | \$ |
| Fundraising events and products | \$ |
| Membership income | \$ |
| In-kind support | \$ |
| Investment income | \$ |
| <i>Revenue</i> | |
| Government contracts | \$ |
| Earned income | \$ |
| Other (specify) | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total Income | \$ |

| <u>EXPENSES</u> | |
|--|----------------------|
| <u>Item</u> | <u>Amount</u> |
| Salaries and wages | \$ |
| Insurance, benefits, and other related taxes | \$ |
| Consultants and professional fees | \$ |
| Travel | \$ |
| Equipment | \$ |
| Supplies | \$ |
| Printing and copying | \$ |
| Telephone and fax | \$ |
| Postage and delivery | \$ |
| Rent and utilities | \$ |
| In-kind expenses | \$ |
| Depreciation | \$ |
| Other (specify) | \$ |
| | \$ |
| | \$ |
| Total Expense | \$ |
| Difference (Income less Expense) | \$ |

Project Budget

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms. Feel free to attach a budget narrative explaining your numbers if necessary.

| <u>INCOME</u> | |
|---|---------------|
| <u>Source</u> | <u>Amount</u> |
| <i>Support</i> | |
| Government grants | \$ |
| Foundations | \$ |
| Corporations | \$ |
| United Way or other federated campaigns | \$ |
| Individual contributions | \$ |
| Fundraising events and products | \$ |
| Membership income | \$ |
| In-kind support | \$ |
| Investment income | \$ |
| <i>Revenue</i> | |
| Government contracts | \$ |
| Earned income | \$ |
| Other (specify) | \$ |
| | \$ |
| Total Income | \$ |

| <u>EXPENSES</u> | | |
|--|---------------|---------------|
| <u>Item</u> | <u>Amount</u> | <u>%FT/PT</u> |
| Salaries and wages (breakdown by individual position and indicate full- or part-time.) | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| SUBTOTAL | \$ | |
| Insurance, benefits, and other related taxes | \$ | |
| Consultants and professional fees | \$ | |
| Travel | \$ | |
| Equipment | \$ | |
| Supplies | \$ | |
| Printing and copying | \$ | |
| Telephone and fax | \$ | |
| Postage and delivery | \$ | |
| Rent and utilities | \$ | |
| In-kind expenses | \$ | |
| Depreciation | \$ | |
| Other (specify) | \$ | |
| | \$ | |
| Total Expense | \$ | |
| Difference (Income less Expense) | \$ | |