

LOCAL CHARITY REVIEW (LCR) QUESTIONNAIRE



BBB of WESTERN MICHIGAN, INC.
 40 Pearl, N.W., STE 354
 Grand Rapids MI 49503
 616.774.8236 - Voice
 616.774.2014 - FAX
bbbops@iserv.net - Email

BACKGROUND & PROGRAMS

Organization Name:			
Address:	City:	State:	Zip:
Mailing Address: (if different than above)			
Phone:	FAX:		
Email:	Website:		
Executive Director:			
Date Established:			

Stated purpose of organization:

Summary of principal activities:

Have there been any significant changes in your organization's purpose and/or program activities in the past year? (i.e. amending of the official mission statement, adding or eliminating a program, etc.) If so, please explain:

Number of Employees:	Number of Volunteers:
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GOVERNANCE & OVERSITE

Please indicate "yes" or "no" next to each of the following items. Does your Board of Directors and/or a committee of the Board: ****submit a copy of all information with an asterisk ****

Formally review the performance of the CEO at least once every two years?
<i>Formally approve an annual budget? * std. #14</i>
Ensure that arrangements with outside fund raising firms are made in writing?
<i>Formally approve a conflict of interest policy? * std.# 5</i>
Receive, on an annual basis the following
- IRS form 990 *
- Audited Financial Statement * std. #8,9,10, 11,12,13,
- Auditor's Management Letter

On the following chart, please list the dates of all Board and Executive Committee meetings held during the past year and indicate the number of voting members who attended the meeting and the total voting membership at the time of the meeting. Attach additional sheets as necessary. **Std. # 3**

Meeting information for Fiscal Year Ending: _____ Month: _____ Year: _____

Board of Directors Meeting Attendance

Executive Committee Meeting Attendance

Date of Meeting	Number of Members Attending	Total Number of Voting Members	Date of Meeting	Number of Members Attending	Total Number of Voting Members

Were any of the members included in the chart(s) above in attendance either by telephone or by proxy (as opposed to in-person)? Yes _____ No _____ If yes, please add a sheet that specifies the applicable meeting date(s) and the number of either telephone or proxy attendance for each meeting.

Are any voting members of the Board directly or indirectly compensated? _____ YES _____ NO
 (If yes, please provide name(s), title and total compensation during the past fiscal year.) **std. # 4**

Voting Board Member Name	Title	Compensation during past fiscal year.

Are any members of the Board of Directors relatives of fellow Board or staff members of the organization? If yes, please attach schedule identifying the names, titles and relationships.

Within the past year, has your organization purchased goods or services from any member of the Board, Executive Committee and/or professional staff, or from any firm or organization with which they (or a direct family member) are affiliated? _____ YES _____ NO If YES, on a separate sheet, please identify: **std. # 5**

- a. Names and titles of individuals
- b. Goods or services purchased
- c. Amounts paid for good or services
- d. Steps taken to ensure arm's length transactions

Within the past year, has your organization made any grants, contributions or loans to any member of the Board or Executive Committee, or to any institution or firm with which they are affiliated? _____ YES _____ NO
 If YES, on a separate sheet, please provide:

- a. Names and titles of individuals
- b. Details of the arrangements
- c. Amount of award or loan
- d. Steps taken to ensure arm's length transactions

EFFECTIVENESS

Does your Board:

- a) Have a policy of assessing, no less than every two years, your organization's performance and effectiveness and of determining future actions required to achieve its mission? Std. # 6
 YES NO If YES, please enclose a copy of your Board policy.
- b) Does your organization submit to its governing body for its approval, a written report that outlines the results of the aforementioned performance and effectiveness assessment and recommendations for future actions? Std # 7
 YES NO

FUND RAISING AND INFORMATIONAL MATERIALS

What is the scope of your fund raising activities?

Local Regional National International

Type of tax exemption: 501(c)(3) Other (please specify)

Fund Raising Requests (Please check all fund raising methods used in the past year and include copies of all versions of appeals used.) **std. # 15**

- | | |
|--------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Direct Mail Appeals | <input type="checkbox"/> Membership Appeals |
| <input type="checkbox"/> Telephone Appeals | <input type="checkbox"/> Invitations to Fund Raisers |
| <input type="checkbox"/> Scripts for TV/Radio Appeals | <input type="checkbox"/> Grant Proposals |
| <input type="checkbox"/> Print Advertisements
(Newspapers, Magazines) | <input type="checkbox"/> Fee for Service |
| | <input type="checkbox"/> Other, please specify |

Did your organization employ outside fund raising firms or consultants in the past year? YES NO
(If YES, please enclose a copy of each such agreement *)

Does your organization engage in any cause-related marketing efforts? YES NO
(If YES, please provide copies of promotional materials related to these arrangements *) **std. #19**

Does your organization share the names and addresses of your donors with outside parties?
 YES NO **std. # 18**

If YES, do you annually provide a means (for both new and continuing donors) to inform you if they do not want their name & address shared outside your organization? YES NO **std. # 18**
(If YES, please provide a sample of the appeal including this option)

LOCAL CHARITY REVIEW (LCR) Evaluation Checklist



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Name of Organization: _____ Date _____

CHECKLIST ITEMS	INCLUDED
1) IRS determination letter – first year only	
2) Articles of Incorporation – first year only	
3) By-Laws – first year only	
4) Information / Marketing Materials	
5) Agreements with Affiliates	
6) Conflict of Interest Policy (Board Approved)	
7) List of Board of Directors & Officers	
8) State License – copy	
9) Annual Report Update	
10) Fundraising contracts/agreements	
11) Solicitation Materials	
12) Cause related marketing materials & details	
13) Telephone script – if used	
14) IRS 990 for latest year	
15) Annual financial statement	
16) Current Year Budget	
17) Date, Place & # of attendees for board meetings in past year	
18)	
19)	
20)	

Other items included are: _____
 (Attach separate pages as needed to explain.)

Send to:	BBB of Western Michigan Attention: LCR Manager 40 Pearl NW STE #354 Grand Rapids MI 49503	FAX	616.774.2014
		Phone	616.774.8236
		Email	bbbops@iserv.net or bbbceo@iserv.net
		Website	www.bbb.org

- A BBB-WMI LCR report for your organization will be developed in the near future; a copy of which will be sent to you.
- **The BBB NAME AND LOGO MAY NOT BE USED FOR “ANY” PURPOSE UNLESS SPECIFICALLY NOTED IN WRITING BY THE BBB-WMI.**
- BBB Reports are copyrighted and may not be reproduced for promotional purposes or used in any fashion.

Print name/title of person who completed and sent information:

Name	Title
Daytime Phone #	Date Completed
	Email Address