Front Page

**Your Non-Profit Name**

Your Logo:

**Mission**

State your mission:

**Organizations you belong**

**Program Titles:**

**Values**

**Programs**

**Present Data**

**Recognition**

**Euthanasia Policy**

**Strategic Vision**

**Brook Hill Farm: SWOTs**

|  |  |
| --- | --- |
| **Internal – in your organization** | **External – things from outside your organization** |
| Strengths: | Opportunities: |
| Weaknesses: | Threats: |

**Economic Impact**

**Organization, Structure, and Responsibilities –**

**Board of Directors**

Mission: Responsibility: Member Profile: Structure:

**Executive Director Job description!**

**Other Employees:**

**Financials**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Starting Year** | **Next Year** | **Next Year** | **Next Year** | **Next Year** | **Next Year** |
| **DONATION INCOME** |  |  |  |  |  |  |
| Individuals |  |  |  |  |  |  |
| Businesses |  |  |  |  |  |  |
| Grants/Foundations |  |  |  |  |  |  |
| Major Donors |  |  |  |  |  |  |
| TOTAL DONATION INCOME |  |  |  |  |  |  |
| **OTHER REVENUE** |  |  |  |  |  |  |
| Program Fees |  |  |  |  |  |  |
| Scholarships |  |  |  |  |  |  |
| Events |  |  |  |  |  |  |
| Capital Campaign |  |  |  |  |  |  |
| TOTAL OTHER REVENUE |  |  |  |  |  |  |
| **Total Income** |  |  |  |  |  |  |
| **EXPENSES** |  |  |  |  |  |  |
| Program Services |  |  |  |  |  |  |
| Salary |  |  |  |  |  |  |
| Capital Project |  |  |  |  |  |  |
| Endowment |  |  |  |  |  |  |
| **Total Expenses** |  |  |  |  |  |  |
| Profit/Loss |  |  |  |  |  |  |

**Projected Financials**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Actual Date** | **Projected Date** | **Projected Date** | **Projected Date** | **Projected Date** | **Projected Date** |
| **DONATION INCOME** |  |  |  |  |  |  |
| Individuals |  |  |  |  |  |  |
| Businesses |  |  |  |  |  |  |
| Grants/Foundations |  |  |  |  |  |  |
| Major Donors |  |  |  |  |  |  |
| TOTAL DONATION INCOME |  |  |  |  |  |  |
| **OTHER REVENUE** |  |  |  |  |  |  |
| Program Fees |  |  |  |  |  |  |
| Scholarships |  |  |  |  |  |  |
| Events |  |  |  |  |  |  |
| Capital Campaign |  |  |  |  |  |  |
| TOTAL OTHER REVENUE |  |  |  |  |  |  |
| Total Income |  |  |  |  |  |  |
| **EXPENSES** |  |  |  |  |  |  |
| Program Services |  |  |  |  |  |  |
| Salary |  |  |  |  |  |  |
| Capital Project |  |  |  |  |  |  |
| Endowment |  |  |  |  |  |  |
| **Total Expenses** |  |  |  |  |  |  |
| Profit/Loss |  |  |  |  |  |  |

**Strategic Action Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Operating Expenses** | **Actual Date Cash** | **Projected Date Cash** | **Strategic Action Plan** |
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|  |  |  |  |
| **Total Income** |  |  |  |

**Implementation – 5 Year Plan**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year | Jan | Feb | Mar | April | May | June | July | Aug | Sept | Oct | No v | Dec |
|  |  |
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|  |  |

**Conclusion**

**Contact Information:**

|  |  |
| --- | --- |
| Legal name and status of business: |  |
| Contacts: |  |
| Address of main office: |  |
| Main telephone: |  |
| E-mail |  |
| Website |  |
| Business incorporation/registration date: |  |
| Business incorporation/registrationnumber: |  |
| Employer Identification Number |  |
| Accountant |  |
| Insurance |  |
| Legal Counsel |  |
| Financial Consultant |  |

**Succession Plan:**