Front Page

Your Non-Profit Name
Your Logo:
Mission
State your mission:
Organizations you belong
Program Titles:
Values
Programs
Present Data
1 TOSCITE Data
Recognition
recognition

Euthanasia Policy				
Strategic Vision				
Brook Hill Farm: SWOTs				
Internal – in your organization	External – thir	ngs from outside your or	ganization	
Strengths:	Opportunities:			
Weaknesses:	Threats:			
Economic Impact				
Organization, Structure, and F	Responsibilities	5 –		
Board of Directors				
Mission:				
Responsibility:				
Member Profile:				
Structure:				
Your address Your website	our Phone Number	Date Revision number	Page 2	

Executive Director Job description!

Other Employees:

Financials

	Starting Year	Next Year	Next Year	Next Year	Next Year	Next Year
DONATION INCOME	Year	rear	Year	Year	Year	rear
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	Date	Date	Date	Date	Date	Date
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
Total Income			

Implementation – 5 Year Plan

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

Business Plan Template

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/registration	
number:	
Employer Identification Number	
Accountant	
Insurance	
Legal Counsel	
Financial Consultant	

Succession Plan: