



American Rescue Plan Act Organization Information Form

(To be completed by the Organization's Executive Director and Board Chair)

The CEO/ED and Board Chair are to complete, sign, and submit this organization information form when submitting a proposal to El Paso County for the American Rescue Plan Act (ARPA) Notice of Funding Opportunity (NOFO). The purpose of the preliminary organizational self-review is to provide a snapshot of an organization's internal structure. Results from the self-review will be used in the grant-deliberation process and all information provided will remain confidential and will only be used for grant-deliberation and proposal review process. Complete, sign, and submit with the proposal. If you have questions, contact Michael Kelly, at (915) 218-2619.

Legal name of organization: _____

Date organization was founded: _____

Is the organization a subsidiary of or controlled by another entity? Yes ___ No ___

Fiscal year: _____ to _____

Organization's Service Area: _____

Agency EIN number _____

Financial

Name of Finance Committee Chair _____

Name of Audit Committee Chair _____

Attorney Name and Contact Information _____

Operating budget for the current fiscal year \$ _____

Does board approve organizational budget? Yes ___ No ___

If yes, what date was the most recent budget approved? _____

Divide expenses by the following categories as best as possible:

_____% programs & services;

_____% non-program administration & management;

_____% fundraising

Private Funding

What is your fundraising goal from private (non-government) sources for this fiscal year? \$ _____

Did the organization meet the fundraising goal from private (non-government) sources last year?

Yes ____ No ____

Please share the number and total dollar amount of government grants and contracts the organization received in the most recently completed last fiscal year. This can be uploaded with the other supporting organization documentation.

Government Funding

List the three largest government grants or contracts received during 2021.

Grant 1: _____ \$ _____

Grant 2: _____ \$ _____

Grant 3: _____ \$ _____

Year of most recent single audit: _____

Number of employees and volunteers locally during 2020: F/T ____ P/T ____ Vol ____

Number of employees and volunteers locally during 2021: F/T ____ P/T ____ Vol ____

Has the organization had a deficit budget in the past 5 years? Yes ____ No ____

If yes, how was this covered? _____

What significant changes has the organization experienced in the past 12 months?

What is the organization's major challenge right now?

What do you see as the most serious threat to the organization in the next few years?

When was the last time the CEO/ED was evaluated and by whom? _____

Board Governance

Does the organization have a conflict of interest policy? Yes _____ No _____

How often does the board review financials? _____

What are the term limits for board members? _____

Is the organization part of a larger organization/system? Yes _____ No _____

If yes, does the local board of directors have operating authority (can hire/fire the CEO/ED) and make policy decisions? Yes _____ No _____

Required Signatures:

Executive Director/CEO and Date

Board Chair and Date

Printed Name

Printed Name