

Organizational Assessment Application

Legal Name of Organization: _____

(Should be the same as on IRS determination letter and as supplied on IRS Form 990)

Year Founded: _____ Current Annual Operation Budget: \$ _____

Executive Director: _____ Email: _____

Contact Person/Title (if different from Executive Director): _____

Address _____

Phone Number _____

Website _____

Tax Exempt EIN _____

1. Please discuss your organization's mission, primary programs and services. How do these services align with Impact Alamance's mission of "We strategically invest in our community for health, hope and prosperity."
2. What is your organization's reason to engage in a comprehensive organizational assessment?
3. How will this assessment serve as a springboard to capacity building work?
4. What recent or expected economic, political, or social changes have impact on your organization and how can this assessment process help you deal with these challenges?

Please submit this application to **ImpactAlamance@conehealth.com** by **February 20, 2015**. A staff member will follow up with you to determine next steps in the application process.

