CEN Consulting Intake Questionnaire

Please have both the executive and board chair independently complete this questionnaire, in as much detail as possible, so we understand your desired outcomes. Upon completion, we ask that you email the response(s) back to us (CEN_information@cen.org) and, within two business days, a member of our consulting team will connect with you to discuss moving forward. Questions about the process? Give us a call at 650.517.5855.

Today’s Date:
Organization:
Contact:
Position:
Phone:
Email:
Organization’s Address:

1. Are you currently a CEN member? Yes No Unsure
2. What type of consulting are you requesting?
3. Have you worked with a consultant in the past? Yes No

If yes...
   a. Was it with CEN or another organization?

   b. What was most helpful? What was least helpful?
4. How/why, did you become involved with your organization? 
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

5. How has it grown or changed over time? 
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

6. Please list your current programs and describe how they connect to your mission? 
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

7. How do you track the value/impact of your programs? 
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

8. How is the organization funded? (Circle one or more.)
Private Donors  Grants  Gov’t Grants  Other  Don’t Know
a. If Other, please explain: ______________________________________

9. What percentage of your revenue will come from the same sources next year? 
_____________________________________________________________

10. What size is your staff? 
_____________________________________________________________

11. Do you have a strong management team in place? Yes  No

12. What is missing? 
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

13. How many members currently serve on the board? 
_________________________
14. Is the board effective?  Yes  No

15. What/who could strengthen your board? ______________________________
    ______________________________
    ______________________________

16. Executives: What are your priorities and on what do you spend most of your time working? ______________________________
    ______________________________
    ______________________________

17. Board chairs: As a volunteer, how do you spend most of the time you devote to the organization? ______________________________
    ______________________________
    ______________________________

18. How familiar are board members with their responsibilities? (Circle One) Very Familiar  Somewhat Familiar  Not Familiar  I Don’t Know

19. Is the board able to read and understand the financial statements? Yes  No

20. Are your meetings led in a strategic manner? Yes  No

21. What are your organization’s priorities for the next 3 years? ____________
    ______________________________
    ______________________________

22. Do you have a current strategic plan? Yes  No

23. Is the strategic plan consistently reviewed, utilized, and updated? Yes  No

24. When was it most recently referred to and/or used? __________________
    ______________________________
    ______________________________
25. Are the executive and board (as a body) in agreement on the need for and scope of the consultation?  Need:  Yes  No  / Scope:  Yes  No

26. Who will be included in the consultation?  

________________________________________________________________________

________________________________________________________________________

27. How many hours of consultation are you requesting?  

28. What is the budget?  

29. Do you have preferred dates and times for the consultation?  Yes  No
   a. If so, list them here:  

________________________________________________________________________

________________________________________________________________________

30. Where will the consultation be held?  

________________________________________________________________________

31. When are you available to schedule a call (please list 3 days and times)?
   a.  
   b.  
   c.  