



# Consulting Services Organization Intake Information

Thank you for your interest in IYI Consulting Services. Please provide us with the following information so we may begin serving you. Descriptive literature (e.g. brochure, annual report) that will help us become more familiar with your program and organization may be attached but is not required.

IYI Contact: Carolyn Langan, Program Mgr - Consulting, (317) 396-2716 or (800) 343-7060 x2716 or [consulting@iyi.org](mailto:consulting@iyi.org)

## Contact Information

Contact Person for this request: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Preferred Contact Method: \_\_\_\_\_  
**Today's Date:** \_\_\_\_\_

## Organization Information

Organization Name: \_\_\_\_\_  
 Parent Organization - if applicable: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Phone and Fax: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Web Address: \_\_\_\_\_  
 Other Social Marketing Sites: \_\_\_\_\_  
 Executive Director/CEO: \_\_\_\_\_ Years as ED/CEO: \_\_\_\_\_  
 Year Incorporated: \_\_\_\_\_  
 Organization Annual Budget: \_\_\_\_\_  
 # FTE staff/volunteers: Staff FTE \_\_\_\_\_ Volunteer FTE \_\_\_\_\_  
 # Indiana Youth Served Annually: \_\_\_\_\_  
 Geographic service area: \_\_\_\_\_  
 Tax Exempt - IRS 501 (c) (3): If Yes, list # \_\_\_\_\_ No \_\_\_\_\_

|   | <u>Yes</u> | <u>No</u> | <u>Unsure</u> |
|---|------------|-----------|---------------|
| Is your organization faith-based?   | _____      | _____     | _____         |
| Has your organization used IYI's consulting services within the past 3 years? | _____      | _____     | _____         |
| Has your organization used any IYI programs/services before?                  | _____      | _____     | _____         |

**Please write your mission statement below.** *(Box will expand as you type.)*

**Describe how your organization fulfills its mission through activities, programming, etc.**

*(Box will expand as you type.)*

|  | <u>Yes</u> | <u>No</u> | <u>Unsure</u> |
|--|------------|-----------|---------------|
| Does your organization have an up-to-date strategic plan?                        | _____      | _____     | _____         |
| Is your strategic plan actively utilized by staff and board for direction?       | _____      | _____     | _____         |
| Does your board focus on setting direction for your organization?                | _____      | _____     | _____         |
| Is your board helpful in building resources?                                     | _____      | _____     | _____         |
| Do 100% of board members contribute financially?                                 | _____      | _____     | _____         |
| Are up-to-date job descriptions in place for all board and staff members?        | _____      | _____     | _____         |
| Do your fundraising efforts supply sufficient revenue to implement your mission? | _____      | _____     | _____         |
| Do you consistently measure outcomes for your programs?                          | _____      | _____     | _____         |
| Do your programs achieve your desired impact?                                    | _____      | _____     | _____         |
| Does your technology meet the needs of your organization?                        | _____      | _____     | _____         |
| Does your organization work collaboratively with other community groups?         | _____      | _____     | _____         |
| Are you well-known among your target population?                                 | _____      | _____     | _____         |

**How did your organization determine it needed a consultant? Why now?** *(Box will expand as you type.)*

**Describe the assistance needed. Please be specific and provide us with information to help us fully understand the situation.** *(Box will expand as you type.)*

**Please list any questions you have about IYI's Consulting Services?** *(Box will expand as you type.)*

**How did you hear about IYI Consulting Services? Please mark all that apply.**

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> IYI Weekly e-newsletter | <input type="checkbox"/> Media (Newspaper, Radio, TV)       | <input type="checkbox"/> IYI Website |
| <input type="checkbox"/> Friend or Colleague     | <input type="checkbox"/> Event (Conference, Training, Café) | <input type="checkbox"/> IYI Exhibit |
| <input type="checkbox"/> IYI Staff or Consultant | <input type="checkbox"/> Social Media (Facebook, Twitter)   |                                      |

.....please list name \_\_\_\_\_

IYI Consultant \_\_\_\_\_  
 .....please list name \_\_\_\_\_

Other: \_\_\_\_\_

**Would you like to sign up to receive free IYI Weekly Update e-newsletter?**

|  |
|--|
| <input type="checkbox"/> Yes, here's my email address:   |
| <input type="checkbox"/> No thanks, I already receive it <input type="checkbox"/> No, not interested |

E-mail, fax, or mail this form to:

[consulting@iyi.org](mailto:consulting@iyi.org)

Indiana Youth Institute – Consulting Services  
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**IYI OFFICE USE ONLY**

|                          |                       |                          |                      |                          |                               |
|--------------------------|-----------------------|--------------------------|----------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Governance            | <input type="checkbox"/> | Evaluation           | <input type="checkbox"/> | Program Content / Development |
| <input type="checkbox"/> | Strategic Planning    | <input type="checkbox"/> | Technology           | <input type="checkbox"/> | Fund Development              |
| <input type="checkbox"/> | HR - Staff/Volunteers | <input type="checkbox"/> | Marketing            | <input type="checkbox"/> | Financial Management          |
| <input type="checkbox"/> | Needs Assessment      | <input type="checkbox"/> | Collaboration/Merger | <input type="checkbox"/> | Facilities                    |
| <input type="checkbox"/> |                       | <input type="checkbox"/> | Consultant Assigned  |                          |                               |