



Consulting Services - Agency Intake Information

Thank you for contacting IYI about its consulting services. Please provide us with the following information so we may begin serving you as soon as possible. Additionally, please attach any descriptive literature (e.g., brochure, mission statement, annual report) that will help us become familiar with your program and organization.

Organization Name _____	Parent Org. _____
Program Name _____	
Contact Person _____	Contact Phone _____
Contact Title _____	Contact e-mail _____
Are you already in our data base? What name/organization? _____	
Executive Director _____	# of years as ED _____
Address 1 _____	
Address 2 _____	
City, State Zip _____	
County _____	
Org. Phone _____	Fax Number _____
Org. E-mail _____	Web Site _____

Operating System (Tech Projects Only) _____	
# of stations (Tech Projects Only) _____	
What is the best way to contact you?	<input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail
Have you or your organization used IYI before	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you serve Indiana youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a faith based organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the organization tax exempt under IRS code 501(c)3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year Incorporated _____	Organizational Annual Budget \$ _____

Describe the main activities and mission of your organization/program, (This box will expand as you type.)

	yes	somewhat	no	Not sure
Does your organization have an up to date strategic plan that is being utilized actively?				
Do your fundraising efforts supply sufficient revenue to implement your mission?				
Does your board focus on direction setting for your organization?				
Do 100% of board members contribute financially to your organization?				
Are measurable outcomes in place and continually monitored for all programs?				
Are up to date job descriptions in place for all board and staff members?				
Does your technology meet the needs of your organization?				
Does your organization work collaboratively with other community groups?				

Describe the assistance needed, relating it to one or more of the above questions if possible. Please be specific and provide us with information to help us fully understand the situation. (This box will expand as you type.)

How did you hear about this program or service? Please mark only one response

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| <input type="checkbox"/> IYI Weekly Update | <input type="checkbox"/> Media: Newspaper Radio, or TV | <input type="checkbox"/> IYI Web site |
| <input type="checkbox"/> Friend or Co-Worker | <input type="checkbox"/> IYI Training, Presentation, or Exhibit | <input type="checkbox"/> Other Website, list serve, newsletter |
| <input type="checkbox"/> IYI Staff or Consultant | <input type="checkbox"/> Brochure from IYI | <input type="checkbox"/> Other: _____ |