

Prospective Client Proposal Information Request- Nonprofit Organizations

Contact Phone:

Prospect Information

notes etc.)

Contact Name:

Organ	ization Name:					
Addre	ss:					
Email Addre	ss:					
Decisi	on Maker(s) Name:					
Missic	on/Activities of the Organization:					
Туре	of NFP		Entit	у Тур	e:	
Currer	nt CPA:					
Referr	red By:					
Relatio	on to					
	on to sting Client?					
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7	What are your average monthly transactions		
_	(estimated)?		
8	What is your estimated annual budgeted revenues?		
9	What is your current and preferred accounting		
10	system? (Our expertise is with QuickBooks Online)		
10	Who is currently performing accounting services and		
	why are you looking to change services? TYPES OF ACCOUNTING SERVICES REQUESTED		
11	Will you need bill payment services? If so, what is		
11	the average monthly volume of bill payments		
	currently?		
12	Will you need us to create/send invoices on your		
	behalf? If so, what is the average monthly volume of		
	invoices you will be sending out to customers? What		
	system do you use to invoice customers?		
13	Will you need payroll assistance? Please describe		
	and list your payroll provider. (We do not offer		
	regular payroll processing services)		
14	Will you require tracking of restricted donations and		
	other contribution income?		
15	Do you have departments, subsidiaries, or other		
	locations / divisions? If so, do you require that we		
	classify transactions by location/department? If so,		
	how many locations and departments will need to		
	be tracked separately? Please describe.		
16	Do you receive grants with reporting requirements?		
	Will you require us to record transactions and		
	classify them to specific grants? Will you require		
17	assistance with grant reporting? Please describe.		
17	Will you need us to prepare year-end donor statements and records of contributions? If so,		
	about how many donors do you currently have?		
18	Will you need assistance to create and monitor or		
-0	track budgets? Please describe.		
19	Will you need assistance to create cash flow		
	projections? If so, how often?		
20	Do you have an external annual review or audit? Do		
	you require pre audit support and assistance with an		
	annual audit? If so, please note if you require a		
	Single Audit.		
21	Will you need us to present reports at board		
	meetings? If so, how often?		
22	We typically provide monthly or quarterly basic		
	financial reports as a standard. These include		
	Statement of Financial Position (Balance Sheet) and		
	Statement of Activities (Profit and Loss). Will you		
	require additional reports? If so, please list.		

23	How frequently would you need financial reports (monthly, quarterly)?		
24	Will you require historical cleanup of previous periods? If so, please describe the periods needing cleanup.		
25	Do you require maintenance of any other balance sheet schedules (ie. Prepaids / inventory / other assets and liabilities)? Please describe if so.		
26	Would you like for us to collect W9 forms for new vendors throughout the year on your behalf?		
27	Would you like for us to prepare 1099s for the current calendar year when they are due in January of the following year?		
28	Do any of your team members require training and would you like us to provide any? Please describe if so.		
29	Are there any other services you'd like for us to provide to the Organization related to accounting and reporting? Please list		

Document Request Checklist

If you have not already, could you please provide us with the below information:

- Most recently filed Form 990 / 199 / RRF-1 forms (if applies)
- Most recently completed compilation, review, or audit report (if applies)
- Current year balance sheet and income statement reports through most recently closed month

Requested Start Date for Services:	
Requested Date to Receive Proposal:	