# BUSINESS PLAN TEMPLATE

**Introduction**

This template is intended to assist your organization with completion of the requirement to submit a business plan as part of your request for legal assistance and as part of our screening process. The information sought will be used to obtain tax exempt status with the IRS and the FTB. Please complete what you can as thoroughly as you can.

1. **What Is the Mission of the Organization?**
2. **Detailed Description of the Actual and Proposed Activities of the Organization that Will Accomplish the Mission.**
3. **Who Are the Target Beneficiaries of the Actual and Proposed Activities** **of the Organization?**
4. **In Which Communities Will the Activities be Conducted?**
5. **What Other Groups Are Addressing the Same Mission and/or Issues in These Communities and How Will Your Organization Differ?**
6. **What Are the Organization’s Expected Sources of Financial Support?**
7. **What Specific Fundraising Plans Does the Organization Have?**
8. **Proposed Three-Year Budget** (see sample budget template in [Excel](https://www.probonopartner.org/wp-content/uploads/2017/10/Sample-Budget-1.xlsx) or [PDF](https://www.probonopartner.org/wp-content/uploads/2019/08/Sample-Budget-Template.pdf)).

Current Year Second Year Third Year

Revenues

(Specific Line Items)

Expenses

(Specific Line Items)

**Notes**:

1. If you have been in operation for more than the current year, you should provide actual numbers for completed years and expected or estimated numbers for the current year and the next two years.
2. Itemize revenues and expenses as specifically as possible.
3. For new organizations, please give some thought to what activities you expect to accomplish to further your mission, what you will need to spend to implement these activities, and potential sources of revenue. We understand that these will be estimates.
4. **Description of Your Experience, if any, Working with a Charitable Organization.**
5. **List of Potential Board Members (at least three) and Their Experience, if any, Working with a Charitable Organization.**
6. **Proposed Staffing Plan for the Organization (employees and/or volunteers).**
7. **Summary of the Steps Taken, if Any, to Partner with Another Organization to Carry out Your Actual and Proposed Activities.**
8. **Have You Worked with a Fiscal Sponsor in Connection with the Activities of the Organization?**

Yes \_\_\_\_ No\_\_\_\_

If yes, please provide the name of the sponsor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, do you plan to work with a fiscal sponsor? Yes \_\_\_\_ No\_\_\_\_

1. **Provide Any Additional Information that You Would Like Us to Consider.**