



# CAPITAL CAMPAIGN CAPACITY ANALYSIS QUESTIONNAIRE

*Within 10 days of receiving completed questionnaire, you will be sent a written report outlining our analysis and projections.*

Name of Church: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Submitted to Church Growth Services: \_\_\_\_\_ (mm/dd/yy)

## I. Financial Information

- A. Current Annual Offering Income: \$ \_\_\_\_\_
- B. Existing Long-Term Debt: \$ \_\_\_\_\_
- C. Interest Rate(s): \_\_\_\_\_ %
- D. Monthly Payment on Debt: \$ \_\_\_\_\_
- E. Operating Budget (select only one):
  - Generally Funded
  - Generally Under-Funded
  - Generally Over-Funded

## II. Statistical Information

- A. Zip codes representing the majority of church families (please provide the four most prevalent zip codes of your active constituents and the estimated percentage represented by that zip code):

Zip Code	% of Congregation
1.	
2.	
3.	
4.	

- B. Average morning Worship Attendance History for the past four years (include children):

2019 \_\_\_\_\_ 2018 \_\_\_\_\_ 2017 \_\_\_\_\_ 2016 \_\_\_\_\_

- C. Number of Families on Church Mailing List: \_\_\_\_\_

- D. Number of Giving Units that give \$200 per year or more: \_\_\_\_\_  
(Include electronic giving units)

- E. Age Profile of Congregation - if any age group is predominate, it would be (select only one):  
 20-39  
 40-59  
 60+  
 No age group predominates
- F. Estimate the congregation's average household income compared to your community (select only one):  
 Above the community  
 Equal to the community  
 Below the community

**III. Other Information**

- A. Tenure of Senior Pastor - Number of Years in Ministry: \_\_\_\_\_  
 Number of Years at This Church: \_\_\_\_\_
- B. Estimated Starting Date of Campaign: \_\_\_\_\_ (mm/dd/yy)
- C. Church Denomination or Affiliation: \_\_\_\_\_

**IV. Annual Report**

Please submit your most recent annual report as presented to the congregation, including detailed financial statements. \_\_\_\_\_ (Date Submitted)

Other comments:

Church Growth Services will keep all information confidential.  
*Church Growth Services will rely upon the accuracy of the data submitted  
 with this questionnaire in developing its analysis and projections.*

Please direct any questions you have while completing this form, as well as the completed questionnaire to Church Growth Services at one of the following:  
 E-mail: [stewardship@churchgrowthservices.com](mailto:stewardship@churchgrowthservices.com) Phone: 1-800-234-9853  
 Mail: Church Growth Services, P.O. Box 2844, South Bend, IN 46680  
 Fax: 888-289-1983