



CAPITAL CAMPAIGN CAPACITY ANALYSIS QUESTIONNAIRE

*Within 10 days of receiving completed questionnaire,
Church Growth Services will send a written report outlining its analysis and projections.*

Name of Church: _____ Church Phone: _____
 Street Address: _____ Church E-mail: _____
 City, State, Zip: _____ Contact Person: _____
 County: _____ Contact E-mail: _____

Date Submitted: _____ (mm/dd/yyyy)

I. 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 five years (include children):

This year _____ Last calendar year _____ 2 yrs. ago _____ 3 yrs. ago _____ 4 yrs. ago _____

C. Number of Families on Church Mailing List: _____

D. Total Number of Giving Units who contribute \$200 or more annually: _____

E. Estimate the congregation's average household income compared to your community (select only one):
 Above the community
 Equal to the community
 Below the community

F. Age Profile of Congregation - if any age group is predominated, it would be (select only one):
 20-39
 40-59
 60+
 No age group predominates

II. Financial Information

A. Current Annual Offering Income: \$ _____

B. Current Church Debt: \$ _____

C. Interest Rate(s): _____ %

D. Cash Available in the Building Fund: \$ _____

E. Operating Budget (select only one):
 Generally Funded
 Generally Under-Funded
 Generally Over-Funded

F. Total annual giving to your church is one metric that CGS uses to assess your preliminary capital campaign potential. However, drilling deeper with the use of "giving bands" (a form of frequency distribution) allows us to refine our analysis and estimate.

Please complete the table below by providing the number of households and the respective collective amount given for each band in the last full calendar year.

Giving Band	Giving Range	Number of Households	Collective Dollar Amount Given for the Range
#1	\$0 - \$200	_____	\$ _____
#2	\$201 - \$1,000	_____	\$ _____
#3	\$1,001 - \$5,000	_____	\$ _____
#4	\$5,001 - \$10,000	_____	\$ _____
#5	\$10,000+	_____	\$ _____

III. Other Information

A. Tenure of Senior Pastor - Number of Years in Ministry: _____

Number of Years at This Church: _____

B. Church Denomination or Affiliation: _____

IV. Annual Report

Please submit your most recent annual report as presented to the congregation, including detailed financial statements.

Date of report: _____ (mm/dd/yyyy)

V. Other comments

Church Growth Services (CGS) will rely upon the accuracy of the data submitted in developing its analysis and projections. CGS will keep all information confidential.

Please send the completed questionnaire or direct any questions to CGS at one of the following:

Email: stewardship@churchgrowthservices.com

Phone: 800.234.9853

Mail: Church Growth Services, PO Box 318, Goshen, IN 46527