

GENERAL FUND HEALTH QUESTIONNAIRE

*Within 10 days of receiving completed questionnaire,
Church Growth Services will provide an Assessment Report.*

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

Please answer each of the following questions by providing all requested data from the same full calendar year. Doing so will allow for the most accurate picture of your church's financial health.

Calendar Year used for data below: _____ Date Submitted: _____

I. Financial Information

- A. Annual Income
- Total Offerings (include General Fund and Special Gifts): \$ _____
 - Total of above Offerings Given by your Top 10 Donors: \$ _____
 - Total number of Giving Units who contributed \$200 or more annually: _____
- B. Annual Expenses
- Total Operating Expenses: \$ _____
 - Total Personnel Expenses: \$ _____
 - Total Missions Disbursements: \$ _____
- C. Current Debt
- Total Debt: \$ _____
 - Monthly Payments on Debt: \$ _____
 - Interest Rate on Debt: _____ %
- D. Reserves
- Unrestricted Cash available for General Fund Operation: \$ _____
 - Reserve Funds designated for Building: \$ _____

E. 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+	_____	\$ _____

II. Demographic Information

A. Please provide the four most prevalent zip codes of your active constituents and the estimated percentage represented by each 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. Estimate the congregation's average household income compared to your community (select only one):
 Above the community
 Equal to the community
 Below the community
- E. 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

III. Additional Comments

IV. OPTIONAL - Capital Campaign Potential

If you are interested in knowing what your capital campaign fund-raising potential is, please complete the section below.

- A. Are you thinking about reducing your debt? ___ Yes ___ No
- B. Are you thinking about starting a building project? ___ Yes ___ No

If so:

1. When would you like to start building? _____
2. What type of Project (select all that apply):
 Relocation
 Present Site Addition
 Present Site Remodel/Retrofit/Repurpose
 Existing Facility Purchase/Improvements
3. What type of Facility Improvements (select all that apply):
 Sanctuary/Auditorium
 Classrooms
 Fellowship/Social Hall
 Multi-purpose
 Administrative
 Other: _____

- C. Are you planning to conduct a capital campaign in order to raise the needed funds? ___ Yes ___ No
- D. Has the church ever conducted a capital campaign? ___ Yes ___ No

If so: How much did the most recent campaign raise? \$ _____

Church Growth Services (CGS) will rely upon the accuracy of the data submitted in developing its assessment.

CGS will keep all information confidential.

**Please direct any questions about completing this questionnaire and send the completed questionnaire to CGS at –
 Email: stewardship@churchgrowthservices.com
 Phone: 800.234.9853**