

CAMPAIGN CAPACITY ANALYSIS QUESTIONNAIRE FOR DEBT ELIMINATION/REDUCTION

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 <u>one</u>): 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

Generally Under-Funded Generally Over-Funded

II. Financial Information

A. Offering Income from Last Full Fiscal Year:	\$
B. Current Church Debt:	\$
C. Interest Rate(s):	%
D. Cash Available in the Building Fund:	\$
E. Operating Budget (select only one): Generally 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 fiscal year.

Giving	Giving	Number of	Collective Dollar Amount
Band	Range	Households	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: <u>stewardship@churchgrowthservices.com</u> Phone: 800.234.9853 Mail: Church Growth Services, PO Box 318, Goshen, IN 46527