



## RELIGIOUS ORGANIZATION INFORMATION SHEET

*NOTE: If the information requested below is available in brochures or other such formats, you do not need to complete this sheet. Simply attach the requested information to this sheet.  
Feel free to attach an additional sheet.*

Date: \_\_\_\_\_

### General Information

*(If more room is required, please feel free to attach an additional sheet)*

1. Name of Organization: \_\_\_\_\_
2. Address of Organization: \_\_\_\_\_
3. Phone number/Fax number: \_\_\_\_\_
4. Organization's Web Page: \_\_\_\_\_
5. Main contact and title: \_\_\_\_\_
6. Main contact's phone number, fax number and email address: \_\_\_\_\_  
\_\_\_\_\_
7. What is the legal structure (i.e. corporation): \_\_\_\_\_
8. State of incorporation: \_\_\_\_\_
9. What is your Tax I.D.#: \_\_\_\_\_
10. Name, address, and phone number of representing law firm and attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Name, address, and phone number of CPA Firm and auditor: \_\_\_\_\_  
\_\_\_\_\_
12. Inception date of organization: \_\_\_\_\_

13. How long have you been at your current location: \_\_\_\_\_

14. How many worship service are held and when: \_\_\_\_\_

\_\_\_\_\_

15. When are offerings collected: \_\_\_\_\_

\_\_\_\_\_

16. What is the seating capacity of your facility: \_\_\_\_\_

17. Name of Head Clergy person: \_\_\_\_\_

18. Length of time with organization: \_\_\_\_\_

19. Age: \_\_\_\_\_ Ordained for: \_\_\_\_\_ years (if applicable)

20. Names of other staff Clergy persons, titles/roles, and length of time with organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Member of Denominational Body: \_\_\_\_\_

If yes, which one: \_\_\_\_\_

If yes, how is the body structured: \_\_\_\_\_

If yes, how much does your organization contribute directly to the denominational body annually:

\_\_\_\_\_

22. What is the legal format for most churches in this denomination (i.e. Corporation or Trusteeship)?  
Where does asset ownership reside:

\_\_\_\_\_

\_\_\_\_\_

23. What forms of financial assistance are available from the denominational body and how are they obtained:

\_\_\_\_\_

\_\_\_\_\_

24. What committee/person is in charge of financial related decisions: \_\_\_\_\_

25. What committees/persons are in charge of other decisions: \_\_\_\_\_

26. What is the average length of service (in terms of years on the Committee/Board) for persons involved in decision making functions:

\_\_\_\_\_

27. Can they serve for more than one term: \_\_\_\_\_

28. Does the church carry a life insurance policy on the head clergy person for which the church is the beneficiary:

\_\_\_\_\_

29. If so, what is the amount of the policy: \_\_\_\_\_

30. Please complete the following charts:

Key Management Composition

Name	Title	Professional Experience	Education	Age

Organizational Structure

Key Committee	Chairperson	# of Committee Members	Term	Average Years on Committee

Financial Information

For questions 1-6, please list requested information for the last five years.

Fiscal Year Ended					
1. Operating Budget Figures:					
2. Actual Operating Income:					
3. Membership Figures:					
4. # of Giving Units:					
5. Average Worship Attendance (for all Sunday services):					

6. What is the current worship attendance for the primary Sunday service: \_\_\_\_\_

7. Breakdown of membership:

	FY	FY	FY
Under 18	_____	_____	_____
18 - 30	_____	_____	_____
30 - 60	_____	_____	_____
Over 60	_____	_____	_____

(Note: If your organization has a breakdown in alternate age groupings, please use that grouping)

8. When was the last date your membership rolls were purged: \_\_\_\_\_

9. Who writes checks for the organization: \_\_\_\_\_

10. Signs checks: \_\_\_\_\_

11. Reconciles Bank Statements: \_\_\_\_\_

12. How does the organization utilize technology in its operations? How is technology used for financial management, membership, and/or contribution monitoring:

\_\_\_\_\_

\_\_\_\_\_

13. What are your average total depository balances per month: \_\_\_\_\_

14. How many bank accounts do you have? What is the purpose of each account (i.e. General, Payroll, Savings etc.):

---

---

15. Who do you bank with: \_\_\_\_\_

16. Please provide a summary of any borrowings, capital, or land additions (include total cost as well as the amount originally financed) completed in the last ten years:

Facility	Acquisition Date	Total Cost/ Amount Financed	Improvements Date	Total Cost/ Amount Financed	Total Sq. Ft.

Property Information

1. How many acres do you own: \_\_\_\_\_

2. What is the square footage of your facilities: \_\_\_\_\_

3. How many acres are occupied by your facilities: \_\_\_\_\_

4. What date did you acquire your facilities and what was the cost: \_\_\_\_\_

5. Appraised value of property and improvements, if known: \_\_\_\_\_

Date of appraisal: \_\_\_\_\_

Name of appraiser: \_\_\_\_\_

6. Date and name of surveyor on latest survey: \_\_\_\_\_

---

7. Do you have owner's title insurance: \_\_\_\_\_

Title Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Project Information

1. Please provide a description of the current project: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Who is the architect: \_\_\_\_\_

3. If known, who is the contractor: \_\_\_\_\_

4. Will you be doing a pledge campaign? If so, what is the goal? \_\_\_\_\_  
 When is the pledging period over? \_\_\_\_\_  
 Over what period will pledges be collected? \_\_\_\_\_  
 What has been pledged to date? \_\_\_\_\_

5. Will you be using a professional fundraiser? If so, who? \_\_\_\_\_

If yes, any pledges over \$25,000: \_\_\_\_\_

If yes, any pledges over \$50,000: \_\_\_\_\_

If yes, any pledges over \$100,000: \_\_\_\_\_

6. Have you been involved in a project fundraiser before? If so, please complete the following chart:

Other Pledge Campaigns (most recent 3)

Year(s)			
Term			
Amount Pledged			
% Collected			
Professional Fundraiser (Y/N)			
Purpose			

How many donors contribute more than 10% of the annual operating revenue of the organization? How long has each contributor been a member:

\_\_\_\_\_  
 \_\_\_\_\_

### Additional Information Requested

1. Resume from Head Clergy person.
2. Brief history of the organization.
3. Last three year's fiscal year end financial statements (preferably CPA prepared).
4. Most recent interim financial statements (combined operating and restricted).
5. A copy of your latest budget.
6. If available, copy of architect's and contractor's contract.
7. Operating budget projections and membership/attendance projections for next three years.
8. List name and occupation of individuals serving on Committee/Board that makes the financial decision/recommendation.
9. Briefly describe the organization's plans for capital expenditures, maintenance of operations, additional equipment purchases, and/or new programs and services over the next 3 years. What are the estimated costs of each of these expenditures/services?
10. What is the target market for your organization? How does the organization market itself to the community and differentiate itself from other organizations in the community?