



General Information (if more room is required, please feel free to attach an additional sheet)

Name of Organization: _____

Legal Structure (Corporation, Partnership, Other): _____

Is the Organization Incorporated Under the Laws of the State where Located: Yes No

Address: _____

Phone Number: _____ Tax ID Number: _____

Primary Contact: _____

Inception Date of Organization: _____ Length of Time at Current Location: _____

of Worship Services Held per week: _____

When are Offerings Collected: _____ Seating Capacity of Current Facility: _____

Name of Head Clergyman: _____

Length of Time with Organization: _____ Full Time Part Time

Names of Other Staff Clergymen:

What is the Leadership Succession Plan? Identify successor if any and frequency of this person preaching in front of the membership. _____

Member of Denomination Body, if any: _____

How is Body Structured: _____

Provide details of any pending Lawsuits. _____

Contributions to Body Annually, if any: _____

List all Professional Advisors (CPA, Attorney, Consultants, etc...) _____

What Committee is in Charge of Financial Related Affairs: _____

What Committees are in Charge of Other Decisions: _____

What is Length of Service and Experience Background for Persons Involved in Decision Making Functions: _____

Financial Information (Attach financial statements)

Year (Please indicate fiscal year end by month and year)

What financial Accounting System is used by the Organization?

Describe any Significant Financial Issues or Extraordinary items contained with the Financial Statements.

Operating Budget	<input type="text"/>	Breakdown of Current Membership:	< 18:	<input type="text"/>
Actual Operating Income	<input type="text"/>		18-25:	<input type="text"/>
Membership	<input type="text"/>		25-35:	<input type="text"/>
Giving Units (Family Units or Single, Employed Adults)	<input type="text"/>		35-45:	<input type="text"/>
Average Worship Attendance	<input type="text"/>		45-55:	<input type="text"/>
Average Sunday School Attendance	<input type="text"/>		55-65:	<input type="text"/>
When was the Membership List Last Purged:	<input type="text"/>		65+:	<input type="text"/>

List the Individual Amounts Given by Your Top Ten Donors:

1 2 3 4 5 6 7 8 9 10

Who Writes Checks for the Organization?

Who Signs checks?

Who Reconciles Bank Statements?

What are the average total deposit balances?

How many bank accounts do you have?

Who do you bank with?

Please provide a summary of any borrowings or capital additions completed in the last ten years:

Property Information

How many acres do you currently own: _____

Square footage of current facility: _____

Date facility acquired and cost: _____

List a description, year completed, and cost of any improvements: _____

How far to the nearest associated church: _____

Appraised value of property and improvements, if known: _____

a) Date of appraisal: _____

b) Name of appraiser: _____

Date and name of surveyor on latest survey: _____

Do you have owner's title insurance? Yes No

a) Title company? _____

b) Policy #: _____

Project information (Attach all pertinent budgets, drawings, etc.)

Please describe the current project (square footage, number of buildings, etc.):

Who is the architect: _____

Who is the contractor: _____

Will the contractor bond the construction project? Yes No

Construction: _____

Soft costs: _____

Furniture fixtures: _____

Contingency: _____

Land: _____

Interest during construction: _____

What is the amount of the loan request: _____

What is the estimated length of construction: _____

How much cash is available today: _____

Are you/will you be involved in a special fund raising campaign for the project: Yes No

What is/was the start date: _____

When were payments against pledges to start? _____

What is/was the length of the campaign: _____

How much is pledged to date: _____

How much has been collected to date: _____

If any pledges are over \$25,000, please list amounts: _____

Did you/will you use a professional fund raiser: Yes No

If yes, which one: _____

Is the following insurance coverage in place: Fire Extended Coverage Vandalism Malicious Mischief _____

Will this coverage remain in force: Yes No

Have all necessary local permits been received: Yes No

Does the organization understand that in the mortgage will be a clause that, in the event the organization ceases to cooperate with the local association in which the organization is located or affiliated, or if the property should be sold, leased, or otherwise disposed of, the remaining indebtedness will become due and payable immediately?

Yes

Additional Information That May Be Requested

1. Resume from head clergyman.
2. Brief history of organization.
3. Last five years' fiscal year-end statements.
4. Current interim financial statement.
5. Current budget.
6. Operating projections for the next 3 years.

The undersigned certifies that he/she has reviewed all information contained in this Questionnaire (including any additional information submitted in connection with this Questionnaire) and certifies that all of the information contained in, or submitted in connection with, this Questionnaire is true and correct in all respects.

Signature Date: ____/____/____

Print Name and Title of Signer

The Client Manager certifies that he/she has visited the organizations meeting location and the location is within his/her local market.

Signature Date: ____/____/____

Print Name and Title of Client Manager