

Religious Organizations Supplemental Questionnaire

Church Name: _____

State Incorporated: _____ When formed: _____

Governing Body or Organization: _____

National Affiliation: Yes No If yes, with what denomination? _____

Average attendance: _____ # of days worship services: _____

Facility Seating Capacity: _____ # of times worship services: _____

Staff			
Head Clergy and Key Leaders/Staff	Position/Title	Years with organization	Years total experience

Succession Plan
If leadership is not controlled by affiliation, briefly describe succession plan for head clergy:

Committees			
Name and responsibilities of key committees	Chairperson	# of committee members	Average length of service
Finance:			
Building:			
Other:			
Other:			
Other:			

Financial Highlights					
	Annual Budget Year:	Current YTD	Year:	Year:	Year:
Total Tithing Receipts:					
Total Other Receipts:					
Total Expenses:					
Total Liquidity (not					

Membership

List Membership for the Last Three Fiscal Years

	Current	Year:	Year:	Year:
Number of Family units:				
Total Number of Members:				
Members Under 18:				
Members 18-30:				
Members 31-60:				
Members Over 60:				

Top Contributors

List top 10 contributors and/ or all contributors that donate over 5% of total receipts

Individual or Family Unit	\$ Amount or %	Time at Church
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

How many family units donate 50% of total receipts:

Anticipated Changes

Do you anticipate changes in church leadership and/or membership within the next 24 months? If yes, please provide reason for change and complete the anticipated change addendum.

Additional Documentation Required

1. Copy of your organization's records (minutes from trustee, board or congregational meeting) for the approval authorizing this credit request.
2. Previous 3 years financial statements (actual and budget with balance sheet and/or year end deposit account statements).
3. Current year operating budget, with year-to-date receipts and expenses, along with corresponding balance sheet and/or most recent deposit account statement.
4. Copy of certificate showing tax exempt status for both state and federal, if applicable.
5. For new construction, please attach a breakdown of the total project costs.
6. Briefly describe plans for capital expenditures, and additional equipment purchases over the next three years, including estimated costs beyond this project.

Proposed Project Funding

Cash already contributed to the project: \$ _____

Other cash available: \$ _____

List Cash to be collected by project completion date: \$ _____

Sale of Real Estate (describe) \$ _____

Bequests, gifts (describe) \$ _____

Other (describe) \$ _____

Total equity provided by borrower: \$ _____

Proceeds from proposed loan: \$ _____

Total project cost: \$ _____

Fund Raising Campaign

Dates of the fund raising campaign: From: _____ To: _____

Total number of members making pledges: _____

Total amount pledged: \$ _____

Term over which pledges will be received: _____ (Months)

Total pledges received to date: \$ _____

New Construction Only

Will construction be at the present location or new location? _____

Describe the project: _____

New construction address: _____

Name of the architect: _____

Name of the general contractor: _____

(Please provide a copy of the proposal/contract)

Contact Information

Please provide the following contact information to allow us to better serve you in the event additional information is required for this request.

	Name	Phone Number	Best Time to Contact
Finance Chairperson			
Building Committee Chairperson			
Church Secretary			

For the purpose of procuring credit from time to time, I/We furnish the foregoing as a true and accurate statement of our financial condition on the date indicated.

Name: _____

By: _____ Title: _____

Date: _____ Phone: _____

Addendum - Anticipated Change To Religious Organization

Only complete addendum if a material change to leadership
and/or membership is expected within next 24 months.

Complete the addendum as if the change to leadership/ membership has already occurred.
Addendum is designed to gauge the effect of change on the religious organization.

Staff		
Please note expected changes to Head Clergy and Key Leaders/Staff within next 24 months:		
Committees		
Please note expected changes to key committees, members and chairperson within next 24 months:		
Top Contributors		
Estimate top 10 contributors and any contributor that donates over 5% of total receipts after change:		
Individual or Family Unit	\$ Amount or %	Time at Church
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
How many family units are expected to donate 50% of total receipts:		

Membership

Estimate Membership for the following Three Fiscal Years:

	Year 1:	Year 2:	Year 3:
Number of Family units:			
Total Number of Members:			
Members Under 18:			
Members 18-30:			
Members 31-60:			
Members Over 60:			

Additional Documentation Required

Please provide budget projections for the 3 years next anticipated change to leadership/ membership.

Fund Raising Campaign

Please explain how change will affect current and future fund raising campaigns within 24 months:

I/We furnish the foregoing as a true and accurate statement of our financial condition on the date indicated.

Name: _____
By: _____ Title: _____
Date: _____ Phone: _____