



New Dollars/New Partners For Your Sacred Place

Request for Participation

(Use reverse side or additional sheets to answer questions, if needed.)

A. GENERAL INFORMATION

1. Congregation/Parish Name _____
2. Denomination (if applicable) _____
3. Address _____
4. City _____ State _____ Zip _____ County _____
5. Website (if available) _____
6. Principal clergy name and title _____
7. Clergy Phone Number (____) _____ - _____ Email _____
8. How did you learn about the Partners for Sacred Places *New Dollars/New Partners* training program?

B. YOUR PROPOSED TEAM

1. Clergy person – Name & Title _____
 2. Team Member – Name & Title (or Role/Responsibility/Expertise)

 3. Team Member – Name & Title (or Role/Responsibility/Expertise)

 4. Team Member – Name & Title (or Role/Responsibility/Expertise)

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C. CONGREGATION/PARISH INFORMATION

1. Date congregation/parish founded _____ Date current building constructed _____
2. Total members (# of individuals, not families) _____
3. Estimated average weekly attendance at worship services _____

4. Describe congregation/parishioners in approximate percentages for items below. Use your best estimate if you don't have actual data.

Age		Race/Ethnicity		Annual Household Income	
Under 21 years	_____%	African-American/Black	_____%	\$24,999 or less	_____%
21-59 years	_____%	Asian	_____%	\$25,000 - \$49,000	_____%
60 years & older	_____%	Hispanic	_____%	\$50,000 - \$89,999	_____%
		White/Caucasian	_____%	Over \$90,000	_____%
		Mixed	_____%		
		Other	_____%		

D. FINANCIAL INFORMATION Past Completed Fiscal Year (from _____ to _____)

Income Total \$ _____

Operating Expenses Total \$ _____

Distribution

- Collections _____%
- Pledged Giving _____%
- Development (Capital Campaigns) _____%
- Fundraising (e.g., raffles, dinners, etc.) _____%
- Gifts/Bequests _____%
- Denominational support _____%
- Rental/lease of properties _____%
- Other (explain) _____%

Total = 100%

Distribution

- _____%
- Building _____%
- Maintenance _____%
- Programs _____%
- Salaries _____%
- Debt-related _____%
- Other (explain) _____%

Total = 100%

1. Does your congregation/parish currently have a significant surplus or deficit? If yes, explain reasons. If there is a significant deficit, explain your plans for reducing it.

2. Explain any unique situations that affect the financial situation.

3. Does the congregation/parish have an endowment? If yes, what is the amount and how is it used? Are there restrictions?

4. Does the congregation/parish have other reserves? If yes, include the amount and describe their use. Are there restrictions?

5. Is the congregation/parish paying off a mortgage or other loan? If yes, provide information.

E. FUNDRAISING / CAPITAL CAMPAIGN INFORMATION

1. Has your congregation/parish ever conducted a capital campaign? _____
 If yes, when? _____ What was the amount raised? _____

2. Did you hire a capital campaign or fundraising consultant? _____
 If yes, when? _____
 Name of Consultant & Contact information _____

F. FACILITY INFORMATION

1. What is the date that your current building was constructed? _____

2. Name of Architect (if known) _____

3. Is your building listed on any historic register? If yes, please describe. _____

4. Has your congregation/parish done any of the following within the last five years?
(Complete for all items that apply.)
 - a) Completed building conditions survey? _____
 Date of Survey _____ Name of Architect _____

 - b) Completed a master plan or space-use plan? _____
 Date of plan _____ Name of Architect _____

 - c) Completed an accessibility plan?
 Date of Plan _____
 Name of Architect /Consultant _____

5. Describe what you think are the major capital needs for your building, including accessibility upgrades. If you have some ideas about priorities and costs, please include those:

G. CURRENT USE OF FACILITY

1. Does your congregation/parish own its facility? Yes ____ No ____

2. Are there other religious congregations that use your facility for their worship services?

Yes ____ No ____ If yes, please provide the name and denomination.

3. Not including weekly worship services, describe the programs or services that your congregation/parish provides.

Type of activity	Frequency (weekly, monthly, etc.)	Avg. # of people each time (estimated)

4. Do any outside agencies (e.g., social service organizations, community college, polling place, local government agencies) use your facility for programs or services? Yes_____ No_____

If yes, please describe below.

Sponsoring organization	Type of activity	Frequency (weekly, monthly, etc.)	Avg. # of people each time (estimated)

Please return this form by September 30, 2010 to:

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