

${\bf Religious~Organizations~Supplemental~Question naire} \\ {\bf (Attach~to~Business~Loan~Application)}$

Faith Organization Name:							
State Incorporated:							
Governing Body or Organization:							
National Affiliation: ☐ Yes ☐ No	If yes, with	what denom	ination?				
Average attendance:	# of days worship services:						
Facility Seating Capacity:							
			_		_		
$\Gamma'_{ij}M_{ij}$	Membe		21 37				
List Me	mbership for the	Current	Year:	Year:	Year:		
Number of Family units:		Current	rear.	T Car.	Tear.		
Total Number of Members:							
Members Under 18:							
Members 18-30:							
Members 31-60:							
Members Over 60:							
		I		l			
	Sta	ff					
Head Clergy and Key Leaders/Staff		Position/Title		Years with organization			
				organization	схратенее		
	Comm	ittees					
	Comm			# of	Average		
Name and responsibilities of key committees		Chairperson		committee members	length of service		
Finance:				members	SCIVICC		
Building:							
Other:							
Other:							
		<u> </u>			<u> </u>		
	Financial F	Highlights					
	Annual Budget Year:	Current YTD	Year:	Year:	Year:		
Total Receipts:							
Total Expenses:							

Additional Documentation Required

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

over the next three year	rs, including estima	ated costs b	eyond this proj	ect.		
	Proposed Proj	ect Fundi	ng			
Cash already contributed to the project:			\$			
Other cash available:			\$			
List Cash to be col	lected by project co	ompletion d	ate:			
Sale of Real Estate (describe)						
Bequests, gifts (describe)			\$			
Other (describe)			\$			
Total equity provi		\$				
Proceeds from pro-		\$				
Total project cost:		\$				
	Fund Raising	Campaig	gn.			
Dates of the fund raising camp	aign:	From:		To:		
Total number of members mak	ing pledges:					
Total amount pledged:			\$			
Term over which pledges will be received:				(Months)		
Total pledges received to date:			\$			
	New Constru	ction Onl	y			
Will construction be at the prese	nt 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	e proposal/contract))				
	Contact Inf	ormation				
Please provide the following co additional information is require	ntact information		to better serve	you in the event		
	Name	F	Phone Number	Best Time to Contact		
Finance Chairperson						
Building Committee Chairperson						
Church Secretary						
For the purpose of procurin a true and accurate statemen	nt of our financial	l condition				
Name:			Title:			
By:	Title:					
Date:	Phone:					