

OUTREACH QUESTIONNAIRE
Woodmont Christian Church (Disciples of Christ)

Name of Organization _____

Phone _____ Contact Person _____

1. What is the program or charity about? _____

2. Are published testimonials about the program/charity included with this report? Yes No

3. What needs do the program/charity serve?

___Assistance to the Disabled ___Basic Needs (Food, Clothing, etc.)

___Assistance to the Retarded ___Childcare

___Assistance to Seniors ___Mental Health

___Youth Support ___Physical Health

___Rehabilitation, Prison Ministries

___Other (Please Explain) _____

4. How long has your organization been in existence nationally? _____

How long in Middle Tennessee? _____

5. Do you receive funds from a national organization, or send funds to one? If you do, what portion of your local fundraising is sent "upstream?" _____

6. What is the salary of your top officer (Executive Director, President, Sr. Director, etc.)

7. How does the organization measure its effectiveness? _____

8. How many individuals and/or families have been assisted over the last year? _____

9. Summarize the services/assistance provided over the past year. _____

More . . .

10. List present and previous funding sources. _____

11. What is the program/charity's history with Woodmont? _____

12. Are any Woodmont Christian members closely associated with your organization? _____

If so, how? _____

13. What would our gift allow you to do that you could not do without it? _____

14. What is the amount of your request? _____

Please include the following with this questionnaire:

- Current financial statement
- Current Form 990, Federal Income Tax Return
- Current registration form filed with the Tennessee Division of Charitable Solicitations
- Any brochure or pamphlet available on your organization
- A list of your Officers and Board of Directors

(Please use this space for continuations of answers from above or for additional comments)

Thank you for thoughtfully answering our questions. We will prayerfully consider your request.