



INDIANA LANDMARKS

Sacred Places Indiana

1201 Central Avenue, Indianapolis, IN 46202

317 639 4534 / 800 450 4534 / www.indianalandmarks.org

NEW DOLLARS/NEW PARTNERS PROGRAM APPLICATION

Congregation: _____

Contact: _____

Address: _____

City: _____ Zip _____

Phone: (day) _____ (evening) _____

Email: _____

Website: _____

Social media accounts: _____

YOUR PROPOSED LEARNING TEAM:*

Clergy person: _____

Email: _____

Phone: _____

Team member: _____

Email: _____

Phone: _____

Team member: _____

Email: _____

Phone: _____

Team member: _____

Email: _____

Phone: _____

Team member: _____

Email: _____

Phone: _____

HAVE YOU: (check all that apply)

Completed a building conditions survey?

Yes No Date of survey: _____

Architect/engineer/contractor or other professional who performed the survey and analysis:

Completed a building or campus master plan?

Yes No Date of plan: _____

Architect/engineer or other professional if any who produced the plan:

Completed a space use plan?

Yes No Date of plan: _____

Conducted a capital campaign?

Yes No

Campaign start date: _____

Campaign close date: _____

Campaign goal amount: \$ _____

Amount realized to date: \$ _____

Hired a capital campaign or fundraising consultant?

Yes No

Year hired: _____ Duration of contract: _____

Name of consultant: _____

Describe your primary capital needs. What is the approximate cost of each project?

What community-serving programs do you house in your building(s)?

Do you have a mission and/or vision statement?

Yes No

If yes, please record it below:

Date adopted: _____

YOUR BUILDING & CONGREGATION:

Tell us about your building(s):

Date of building(s) construction: _____

Listed on: *(check all that apply)*

- National Register of Historic Places
- Indiana Register of Historic Sites and Structures
- Local designation by city/town preservation commission
- Don't know

Tell us about your congregation:

Number of members: _____

Average attendance at services: _____

Number of giving units: _____

Annual operating budget: \$ _____

Annual capital budget: \$ _____

Percentage of budget funded by members' contributions:

Does your congregation/parish have an endowment?

Yes No Amount: \$ _____

What other denominational programs is the congregation involved in that may help support your work in Sacred Places Indiana?

As you embark on this program, please indicate your priorities on a scale of 1 (high priority) to 5 (low priority).

Make better use of your sacred place

Make repairs/improvements to your sacred place

Gain a better understanding of your buildings' role in your mission and in the community

Gain a greater awareness of your neighborhood and community's needs

Raise additional operating or capital funds in support of your sacred place

Achieve increased focus and energy amongst faith community leadership

Get to know other faith communities that share similar goals

Strengthen leadership and foster stronger working relationships amongst the faith community's leadership

PLEASE SUBMIT TO:

David Frederick

Sacred Places Indiana

Indiana Landmarks

sacredplaces@indianalandmarks.org

Please contact David with any questions regarding this application.

* Participants selected for the Sacred Places Indiana program will be expected to have a 4-5 member learning team at each of the four training sessions.