

# FIRST STEP

*An Assessment  
Tool for Congregations*

*Thank you for reaching out to ECF for guidance.*

The **FIRST STEP** assessment tool was created specifically for parishes asking questions such as:  
***How are we doing? What do we need to know?  
Where do we begin?***

*First Step* is designed for use by small groups of three or four individuals as part of a collective conversation. This assessment is free and available online and as a downloadable file.

We work with Episcopal congregations, dioceses, and organizations to help strengthen their strategic, leadership, and/or financial capabilities. We welcome the opportunity to get to know you and to be of service to you in your ministry.

***Let's get started!***

#### **THE PURPOSE IS TO:**

- 1. Help you articulate your challenges and/or growth opportunities as a first step towards prioritizing your needs.*
- 2. Offer you the opportunity to talk with someone from ECF about next steps.*
- 3. Share some basic information about your congregation to help our staff prepare for the initial conversation.*
- 4. Provide you with links (in our follow up) to resources for congregational leaders.*

# Identifying Area of Most Need

Working with congregations, we often find their areas of greatest challenge fall into one of three categories: strategic visioning and thinking, leadership, or financial resources. Please identify the option that best describes the area your congregation finds most challenging today.

- a. **Strategic Visioning and Thinking:** *Planning for congregational growth; clarifying a congregation's mission, vision, and overall purpose; developing a strategic approach to planning and decision making, identifying short- and long-term goals, tracking progress on goals, etc. Please proceed to page 3.*
- b. **Leadership:** *Vestry leadership, clergy leadership style, conflict among leaders, decision-making practices, recommended practices for leading leadership teams, volunteer recruitment practices, nomination and election processes, creating group behavioral norms, and accountability, etc. Please proceed to page 6.*
- c. **Financial Resources:** *Basics of parish finances, creating effective annual stewardship campaigns, developing realistic and understandable annual budgets, capital campaigns, planned giving programs, creating an endowment and restructuring endowment policies, etc. Please proceed to page 9.*
- d. **Other:** *You will have an opportunity to describe this in more detail in the next section. Please proceed to page 13.*

*If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.*

# Strategic Visioning & Thinking

Please tell us more about the strategic visioning and thinking needs in your congregation. If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.

1. You identified assistance with strategic visioning and thinking as your congregation's primary area of need. Please tell us more about your strategic visioning and thinking needs.

---

---

2. On a scale of 1-5, does your church have a clearly articulated and widely embraced mission and vision statement?

*0 - No mission statement*

*1 - Poorly articulated or embraced*

*2 - Unsatisfactorily articulated or embraced*

*3 - No feeling*

*4 - Satisfactorily articulated and embraced*

*5 - Well articulated and embraced*

3. Does your church use this mission and vision statement as a guide for planning and decision making from a strategic perspective?

*Yes*

*No*

*Other (please specify)* \_\_\_\_\_

---

4. Are there programs/activities/fundraisers that are beyond the scope of your current mission?

*Yes*

*No*

*Other (please specify)* \_\_\_\_\_

---

5. Are the programs/activities/fundraisers referenced in question 4 having a negative effect on your key volunteers?

*Yes*

*No*

*Other (please specify)* \_\_\_\_\_

---

*If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.*

6. Is your congregation engaged in ministries designed to meet community needs?  
 Yes       No       Other (please specify) \_\_\_\_\_
- 
7. The level of conflict in our congregation is best described as:  
 Little or no conflict: people practice avoidance techniques       Passive-aggressive: conflict quietly undermines our ability to act  
 Healthy and normal: we resolve our differences in positive ways       Open conflict: we are clearly divided with regard to some important issues.
8. Does your congregation have full-time, part-time, or no paid clergy person?  
 More than one full-time clergy person       One part-time clergy person  
 One full-time clergy person       No paid clergy person  
 One full-time and one or more part-time clergy persons       Supply clergy only  
 Multiple part-time clergy persons       Do not know  
 Other (please specify) \_\_\_\_\_
9. What is the range of your congregation's annual operating budget?  
 Under \$50,000       \$500,000-\$799,000  
 \$50,000-\$149,000       Over \$800,000  
 \$150,000-\$349,000       Do not know  
 \$350,000-\$499,000       Other (please specify) \_\_\_\_\_
10. Which choice best describes your parish's setting?  
 Downtown or center of a large city       Larger town or a small city  
 Older residential area of a large city       Village or small town  
 Older suburb of a large city       Rural area or open country  
 Newer suburb around a large city       Other (please specify) \_\_\_\_\_
11. How would you describe your congregation?  
 One predominant racial or ethnic group; one congregation  
 Two or more distinct racial or ethnic groups and congregations  
 Two or more distinct racial or ethnic groups who have formed one congregation  
 Other (please specify) \_\_\_\_\_
12. Is your congregation's membership growing, declining, or remaining the same?  
 Growing  
 Declining  
 Remaining the same  
 Other (please specify) \_\_\_\_\_

*If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.*

13. What percentage of your church's operating budget is funded by individual contributions?

75% or more

Less than 50%

50-74%

Other (please specify) \_\_\_\_\_

14. Please tell us about your role in the congregation. If filling out as a group, please check all that apply.

Clergy

Lay leader(s)

Parish employee(s)

Other (please specify) \_\_\_\_\_

*If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.*



## Your Contact Information

Thank you. We would like to be in touch with you to learn more about your congregation, send you some online resources, and explore additional resources or tools with you. Please let us know the best way to reach you in the next week.

15. Please let us know the best way to contact you.

Name: \_\_\_\_\_

Church or Organization Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Best daytime to be reached: \_\_\_\_\_

## OPTIONAL: Help us to improve this assessment tool

16. How long did it take you to fill out this survey?

0-10 minutes

21-30 minutes

More than 45 minutes

11-20 minutes

31-45 minutes

17. We would love to hear from you about your experience with ECF First Step. Is there anything we should know?

---

---

---

---

---

---

---

*If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.*

# Leadership Resources

Please tell us more about your congregation's leadership needs. If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.

1. You identified assistance with leadership as your congregation's primary area of need. Please describe the areas of leadership that are challenging for your congregation.

---

---

2. Does your vestry or mission committee have established behavioral norms? This is oftentimes called a vestry covenant.

Yes       No       Other (please specify) \_\_\_\_\_

---

3. Does your vestry or mission committee understand and embrace its purpose?

Yes       No       Other (please specify) \_\_\_\_\_

---

4. Do you feel your congregation's lay and clergy leadership teams are effective?

Yes       No       Other (please specify) \_\_\_\_\_

---

5. Is there unresolved conflict over leadership issues (including leadership styles, major disagreements among leadership)?

Yes       No       Other (please specify) \_\_\_\_\_

---

*If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.*



6. Which response best describes the decision-making style of your congregation's leadership team?

- Strives to build consensus*
  - Clergy, warden, or other leaders make(s) decisions unilaterally*
  - Other (please specify)* \_\_\_\_\_
- 

7. Does your congregation have full-time, part-time, or no paid clergy person?

- More than one full-time clergy person*
- One full-time clergy person*
- One full-time and one or more part-time clergy persons*
- Multiple part-time clergy persons*
- One part-time clergy person*
- No paid clergy person*
- Supply clergy only*
- Do not know*
- Other (please specify)* \_\_\_\_\_

8. What is the range of your congregation's annual operating budget?

- Under \$50,000*
- \$50,000-\$149,000*
- \$150,000-\$349,000*
- \$350,000-\$499,000*
- \$500,000-\$799,000*
- Over \$800,000*
- Do not know*
- Other (please specify)* \_\_\_\_\_

9. Which choice best describes your parish's setting?

- Downtown or center of a large city*
- Older residential area of a large city*
- Older suburb of a large city*
- Newer suburb around a large city*
- Larger town or a small city*
- Village or small town*
- Rural area or open country*
- Other (please specify)* \_\_\_\_\_

10. How would you describe your congregation?

- One predominant racial or ethnic group; one congregation*
  - Two or more distinct racial or ethnic groups and congregations*
  - Two or more distinct racial or ethnic groups who have formed one congregation*
  - Other (please specify)* \_\_\_\_\_
- 

11. Is your congregation's membership growing, declining, or remaining the same?

- Growing*
- Declining*
- Remaining the same*
- Other (please specify)* \_\_\_\_\_

12. What percentage of your church's operating budget is funded by individual contributions?

- 75% or more*
- 50-74%*
- Less than 50%*
- Other (please specify)* \_\_\_\_\_

*If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.*

## Your Contact Information

Thank you. We would like to be in touch with you to learn more about your congregation, send you some online resources, and explore additional resources or tools with you. Please let us know the best way to reach you in the next week.

13. Please let us know the best way to contact you.

Name: \_\_\_\_\_

Church or Organization Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Best daytime to be reached: \_\_\_\_\_

## OPTIONAL: Help us to improve this assessment tool

14. How long did it take you to fill out this survey?

0-10 minutes

21-30 minutes

More than 45 minutes

11-20 minutes

31-45 minutes

15. We would love to hear from you about your experience with ECF First Step. Is there anything we should know?

---

---

---

---

---

---

---

*If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.*

# Financial Resources

Please tell us more about your congregation's financial resource needs. If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.

1. You identified assistance with financial resources as your congregation's primary area of need. Please tell us why you chose this area as the greatest challenge your congregation is facing.

---

---

2. How comfortable is your congregation with your present financial situation?

<input type="checkbox"/> <i>Very comfortable</i>	<input type="checkbox"/> <i>Very uncomfortable or anxious</i>
<input type="checkbox"/> <i>Somewhat comfortable</i>	<input type="checkbox"/> <i>Unsure of congregation's comfort level</i>
<input type="checkbox"/> <i>Somewhat uncomfortable or anxious</i>	<input type="checkbox"/> <i>Other (please specify) _____</i>

3. Is your clergy leadership comfortable speaking about stewardship and money from the pulpit?

*Yes*       *No*       *Other (please specify) \_\_\_\_\_*

---

4. Are annual pledges tracked, updated, and acknowledged?

*Yes*       *No*       *Other (please specify) \_\_\_\_\_*

---

5. Are church finances available and transparent to the congregation?

*Yes*       *No*       *Other (please specify) \_\_\_\_\_*

---

6. Is leadership perceived to have financial integrity and accountability?

*Yes*       *No*       *Other (please specify) \_\_\_\_\_*

---

*If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.*





15. Do you have vestry approved gift acceptance policies in place to receive planned or other gifts?

- Yes       No       Other (please specify) \_\_\_\_\_
- 

16. Does your congregation have full-time, part-time, or no paid clergy person?

- |   |   |
|---|---|
| <input type="checkbox"/> More than one full-time clergy person                  | <input type="checkbox"/> One part-time clergy person  |
| <input type="checkbox"/> One full-time clergy person                            | <input type="checkbox"/> No paid clergy person        |
| <input type="checkbox"/> One full-time and one or more part-time clergy persons | <input type="checkbox"/> Supply clergy only           |
| <input type="checkbox"/> Multiple part-time clergy persons                      | <input type="checkbox"/> Do not know                  |
|   | <input type="checkbox"/> Other (please specify) _____ |

17. What is the range of your congregation's annual operating budget?

- |  |   |
|--|---|
| <input type="checkbox"/> Under \$50,000      | <input type="checkbox"/> \$500,000-\$799,000          |
| <input type="checkbox"/> \$50,000-\$149,000  | <input type="checkbox"/> Over \$800,000               |
| <input type="checkbox"/> \$150,000-\$349,000 | <input type="checkbox"/> Do not know                  |
| <input type="checkbox"/> \$350,000-\$499,000 | <input type="checkbox"/> Other (please specify) _____ |

18. Which choice best describes your parish's setting?

- |   |   |
|---|---|
| <input type="checkbox"/> Downtown or center of a large city     | <input type="checkbox"/> Larger town or a small city  |
| <input type="checkbox"/> Older residential area of a large city | <input type="checkbox"/> Village or small town        |
| <input type="checkbox"/> Older suburb of a large city           | <input type="checkbox"/> Rural area or open country   |
| <input type="checkbox"/> Newer suburb around a large city       | <input type="checkbox"/> Other (please specify) _____ |

19. How would you describe your congregation?

- One predominant racial or ethnic group; one congregation
- Two or more distinct racial or ethnic groups and congregations
- Two or more distinct racial or ethnic groups who have formed one congregation
- Other (please specify) \_\_\_\_\_

20. Is your congregation's membership growing, declining, or remaining the same?

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Growing   | <input type="checkbox"/> Remaining the same           |
| <input type="checkbox"/> Declining | <input type="checkbox"/> Other (please specify) _____ |

21. What percentage of your church's operating budget is funded by individual contributions?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> 75% or more | <input type="checkbox"/> Less than 50%                |
| <input type="checkbox"/> 50-74%      | <input type="checkbox"/> Other (please specify) _____ |

*If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.*

## Your Contact Information

Thank you. We would like to be in touch with you to learn more about your congregation, send you some online resources, and explore additional resources or tools with you. Please let us know the best way to reach you in the next week.

22. Please let us know the best way to contact you.

Name: \_\_\_\_\_

Church or Organization Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Best daytime to be reached: \_\_\_\_\_

## OPTIONAL: Help us to improve this assessment tool

23. How long did it take you to fill out this survey?

0-10 minutes

21-30 minutes

More than 45 minutes

11-20 minutes

31-45 minutes

24. We would love to hear from you about your experience with ECF First Step. Is there anything we should know?

---

---

---

---

---

---

---

*If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.*

# Other

Please tell us more about your congregation's needs. If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.

1. Please tell us about the most pressing need your congregation is facing.

---

---

---

---

2. Does your congregation have full-time, part-time, or no paid clergy person?

- |  |  |
|--|--|
| <input type="checkbox"/> <i>More than one full-time clergy person</i>                  | <input type="checkbox"/> <i>One part-time clergy person</i>  |
| <input type="checkbox"/> <i>One full-time clergy person</i>                            | <input type="checkbox"/> <i>No paid clergy person</i>        |
| <input type="checkbox"/> <i>One full-time and one or more part-time clergy persons</i> | <input type="checkbox"/> <i>Supply clergy only</i>           |
| <input type="checkbox"/> <i>Multiple part-time clergy persons</i>                      | <input type="checkbox"/> <i>Do not know</i>                  |
|  | <input type="checkbox"/> <i>Other (please specify) _____</i> |

3. What is the range of your congregation's annual operating budget?

- |   |  |
|---|--|
| <input type="checkbox"/> <i>Under \$50,000</i>      | <input type="checkbox"/> <i>\$500,000-\$499,000</i>          |
| <input type="checkbox"/> <i>\$50,000-\$149,000</i>  | <input type="checkbox"/> <i>Over \$800,000</i>               |
| <input type="checkbox"/> <i>\$150,000-\$349,000</i> | <input type="checkbox"/> <i>Do not know</i>                  |
| <input type="checkbox"/> <i>\$350,000-\$499,000</i> | <input type="checkbox"/> <i>Other (please specify) _____</i> |

4. Which choice best describes your parish's setting?

- |  |  |
|--|--|
| <input type="checkbox"/> <i>Downtown or center of a large city</i>     | <input type="checkbox"/> <i>Larger town or a small city</i>  |
| <input type="checkbox"/> <i>Older residential area of a large city</i> | <input type="checkbox"/> <i>Village or small town</i>        |
| <input type="checkbox"/> <i>Older suburb of a large city</i>           | <input type="checkbox"/> <i>Rural area or open country</i>   |
| <input type="checkbox"/> <i>Newer suburb around a large city</i>       | <input type="checkbox"/> <i>Other (please specify) _____</i> |

*If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.*

5. How would you describe your congregation?
- One predominant racial or ethnic group; one congregation*
  - Two or more distinct racial or ethnic groups and congregations*
  - Two or more distinct racial or ethnic groups who have formed one congregation*
  - Other (please specify)* \_\_\_\_\_
6. Is your congregation's membership growing, declining, or remaining the same?
- Growing*
  - Declining*
  - Remaining the same*
  - Other (please specify)* \_\_\_\_\_
7. What percentage of your church's operating budget is funded by individual contributions?
- 75% or more*
  - 50-74%*
  - Less than 50%*
  - Other (please specify)* \_\_\_\_\_

*If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.*



## Your Contact Information

Thank you. We would like to be in touch with you to learn more about your congregation, send you some online resources, and explore additional resources or tools with you. Please let us know the best way to reach you in the next week.

8. Please let us know the best way to contact you.

Name: \_\_\_\_\_

Church or Organization Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Best daytime to be reached: \_\_\_\_\_

## OPTIONAL: Help us to improve this assessment tool

9. How long did it take you to fill out this survey?

0-10 minutes

21-30 minutes

More than 45 minutes

11-20 minutes

31-45 minutes

10. We would love to hear from you about your experience with ECF First Step. Is there anything we should know?

---

---

---

---

---

---

---

*If you'd rather skip the survey and instead talk with a representative from ECF, please call us at 1-800-697-2858; if no one is immediately available, we'll ask for your contact information as well as the best time for us to schedule a phone conversation within the week.*