

MINISTRY SNAPSHOT FORM

Citygate Network's 2026 Snapshot Survey



To further deepen our snapshot, we'd like to understand the scope of your ministry's work.

Approximately how many unduplicated or unique individuals did your ministry serve during 2025?

("Unduplicated" or "unique" means each person is counted only once, even if they received services multiple times during the year.)

TOTAL # of INDIVIDUALS

How many beds does your organization currently operate?

Emergency, overnight shelter	
Addiction recovery	
Transitional housing	
Supportive housing	
Permanent housing	
Respite Care	
Long-term program (including none of the above)	
TOTAL # of BEDS	

Approximately how many nights of shelter does your ministry provide annually?

TOTAL # of SHELTER NIGHTS

Approximately how many meals does your organization serve each month?

(e.g. hot meals, box lunches, meals on wheels)

TOTAL # of MEALS

How many paid staff does your organization currently employ?

Full-time staff	
Part-time staff	

In the past year, approximately how many unique volunteers supported your organization, and how many total volunteer hours were contributed?

# of unique volunteers	
# of total hours served annually	

Please indicate your ministry's total operating expenses for your current fiscal year.

TOTAL

Please estimate the percentage of your total funding that comes from each source below.

Enter numbers only (no % symbol).

Individual donations	
Churches	
Grants and foundations	
Social enterprises (Thrift store, coffee shop, catering revenue)	
Special events (gala, banquet, 5K)	
State or federal funding	
Other	

Do you engage with your local Continuum of Care (CoC)?

Yes	
No	
We do not have a CoC	

Do you provide data to the HUD Point-in-time Count?

Yes	
No	

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Who is the primary population your ministry is designed to serve? *Select all that apply.*

<input type="checkbox"/>	Single men
<input type="checkbox"/>	Single women
<input type="checkbox"/>	Women and child(ren)
<input type="checkbox"/>	Families
<input type="checkbox"/>	Youth or young adults
Other (please specify)	

Which services does your ministry provide? *Select all that apply.*

Top 3

Now, please select the top three primary service areas your ministry provides.

<input type="checkbox"/>	Addiction recovery programs	
<input type="checkbox"/>	Addiction recovery program - remote (farm, ranch)	
<input type="checkbox"/>	Bible Studies	
<input type="checkbox"/>	Case management	
<input type="checkbox"/>	Chapel services	
<input type="checkbox"/>	Children or youth ministry	
<input type="checkbox"/>	Day room services / drop-in center (basic services such as showers, laundry, some case mgmt..)	
<input type="checkbox"/>	Detox facility	
<input type="checkbox"/>	Discipleship classes	
<input type="checkbox"/>	Domestic violence care	
<input type="checkbox"/>	Educational opportunities (GED or high school diploma equivalency, literacy)	
<input type="checkbox"/>	Emergency, overnight shelter	
<input type="checkbox"/>	Food pantry	
<input type="checkbox"/>	Health services (medical, dental, vision, etc.)	
<input type="checkbox"/>	Housing - Permanent	
<input type="checkbox"/>	Housing - Supportive	
<input type="checkbox"/>	Housing - Transitional	
<input type="checkbox"/>	Human trafficking survivors	
<input type="checkbox"/>	Jail and prison outreach	
<input type="checkbox"/>	Life-skills training	
<input type="checkbox"/>	Long-term programming	
<input type="checkbox"/>	Meals (onsite)	
<input type="checkbox"/>	Mental health services or counseling	
<input type="checkbox"/>	Mobile or street outreach	
<input type="checkbox"/>	Pet kennel	
<input type="checkbox"/>	Reentry / ex-offender / jail or prison ministry	
<input type="checkbox"/>	Residential programs (long-term programming, not addiction recovery)	
<input type="checkbox"/>	Respite care	
<input type="checkbox"/>	School	
<input type="checkbox"/>	Senior care	
<input type="checkbox"/>	Spiritual care / discipleship	
<input type="checkbox"/>	Social enterprises (Thrift store, coffee shop, catering)	
<input type="checkbox"/>	Workforce development / vocational or job training	
<input type="checkbox"/>	Young adults ministry	
Other (please specify)		