|  |  |  |  |
| --- | --- | --- | --- |
| Parish/Mission: | | | Date: |
| Address: | | Phone: | |
| Contact Person: | | Phone: | |
| Project Description: | | | |
| Phase: of | Project Cost: | | |

***What you need to know before presenting a project to the Finance Advisory Council:***

1. *FAC meetings are the second Tuesday of each month – except for the months of July & August.*
2. *The Project Summary form should be received in the Finance Office no later than the last working day of the month prior to the* *month the project needs to be placed on the FAC Agenda.*
3. *For each project request provide an updated Parish Balance Sheet and Income Statement.*
4. *A project must be approved by FAC before a contract is created between Contractor and Parish.*
5. *Certificates of Insurance for $2,000,000 and Work Comp Certificates must be current, properly signed, and accompany all contracts, listing the Parish and/or the Diocese as the Insured.*
6. *Before Bishop may approve a contract, it must be reviewed by Diocesan Legal Counsel.*

|  |  |
| --- | --- |
| Name of Pastoral Council Chairperson: | Name of Finance Council Chairperson: |
| Chairperson’s Address: | Chairperson’s Address: |
| Contact #: | Contact #: |

*We, Parish Council and Finance Council, approved this project at our meeting on*

*Month, Day, Year*

*We also agreed that our Parish will fulfill its responsibility for all debts and agreements listed in this document and the Project Description, now and in the future.*

*Signed: Date:*

*Pastoral Council Chairperson*

*Signed: Date:*

*Finance Council Chairperson*

*Signed: Date:*

*I, Pastor of the above-named parish, accept the recommendation of Parish Council and Finance Council.*

**PARISH WORKSHEET**

1. Project Cost Amount $
2. Parish Advancing Missionary Disciples (AMD) Debt $

(If need assistance, Contact the Finance Office, ext. 1113).

1. Parish’s Diocesan Debt (Parish Soft, Workers Comp) $

(If need assistance, Contact the Finance Office, ext. 1113).

1. Parish Clergy Benefit Society (CBS) Debt $

(If need assistance, Contact the Finance Office, ext. 1113).

1. Completed projects annual increase to Parish operating cost: $
2. Amount of Parish Savings: $
3. Amount of Parish Building Fund Savings: $
4. Current Parishes outstanding loan balance(s) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Amount Parish Plans to Borrow for Project: $

**65% of the current project cost must be available in cash before**

**Bringing your project to the finance advisory council.**

**PROJECT DESCRIPTION**

Describe this project phase:

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| --- |
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**PROJECT BREAKDOWN COSTS**

Complete all fields that apply to project.

DESCRIPTION CURRENT PHASE 1 PHASE 2/3

1. Cost of phases $ $
2. Fundraiser’s fees $ $
3. Architect’s fees $ $
4. Acquisition of property $ $
5. Additional parking area $ $

DESCRIPTION CURRENT PHASE 1 PHASE 2/3

1. City/County permits/fees $ $
2. Site preparation $ $
3. Soil sample test fees $ $
4. Construction/Contractor cost $ $
5. Accumulated cost of all change orders will be no more than:

$ $

1. Project manager’s fees $ $
2. Landscaping $ $
3. Fencing/Security $ $
4. Utilities change $ $
5. New equipment $ $
6. New contents/furnishings $ $
7. Environmental testing $ $
8. Appraisal fees $ $
9. TOTAL Previous Phase(s) $
10. TOTAL Current Project Amount $

Depending on the Project Phase (Fundraiser, Architect, or Contractor), obtain three bids. Identify companies and bids below: Attach selected bid to your submitted packet.

|  |  |
| --- | --- |
| **Company Name** | **Amount of Bid** |
| 1. |  |
| 2. |  |
| 3. |  |

Depending on Project Phase, give name, address, and phone number of the selected business below.

|  |
| --- |
| **Fundraiser/Architect’s/Contractor’s name:** |
| Address: |
| City/State/Zip: |
| Phone: |

Please attach the certificates to submitted packet where applicable:

|  |  |  |
| --- | --- | --- |
| ***Type of Certificate*** | ***Amount*** | ***Date of coverage*** |
| Error and Omissions Insurance: |  |  |
| Personal and Property Liability Insurance: |  |  |
| Workers’ Compensation: |  |  |
| Local License: |  |  |

***Dates of coverage should cover the whole phase/project timeline.***

If you need assistance, please call the Diocesan Finance Office

(719) 544-9861 Ext 1141.