**Episcopal Diocese of Ohio-**

**Capital Assistance Application**

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Please complete all information and attached required supplementary information. Attach additional pages if there is not adequate space for your answers.

**SECTION 1. PARISH INFORMATION**

Parish Name Mailing Address City, State, ZIP

Contact person for follow-up or additional information

Name Phone E-mail

**SECTION 2. PROJECT INFORMATION**

Check **one** of the following boxes which best fits the category of the project.

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Health and Safety |  | [ ]  New/Expanded Outreach Ministry |  |
| [ ]  Structural integrity |  | [ ]  Major Repair/Maintenance |  |
| [ ]  New/Expanded Parish Ministry |  | [ ]  Other |  |

Describe the capital project. Why is it needed at this time? How did the need arise? What is the estimated useful life? What are the potential benefits/cost savings? Include photos and/or plans if available.

**SECTION 2. PROJECT INFORMATION (Continued)**

If this investment is for a purpose other than a major repair or maintenance item, please describe below how it will enhance the current parish initiatives for growth and outreach.

**SECTION 3. PROJECT FINANCING INFORMATION**

The Diocese has limited funds available for grants, hence parishes are expected to pay the majority of the project costs either directly from available parish funds or through a loan secured through the Diocese. The parish is encouraged to provide an estimate of the loan they can afford. The Loans and Grants Committee will also review the financial information provided and make a recommendation for a loan/grant financing package that best fits the financial capacity of the parish.

|  |  |
| --- | --- |
| TOTAL ESTIMATED COST: |  |
| LESS: AMOUNT PAID DIRECTLY BY PARISH1: |  |
| AMOUNT OF ASSISTANCE REQUEST: |  |
|  |  |
| Estimated Monthly Payment Parish Committment2 |  |

Notes:

1The amount paid directly by the parish from existing funds or fundraising activities must be greater than zero, or the application cannot be considered. A minimum of 5% is recommended.

2 Provide an estimated monthly payment that you believe your parish can afford to make toward this project.

**SECTION 4. PROJECT TIMING**

Estimated start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the project of an emergency nature? [ ]  Yes [ ]  No

If the answer above is Yes, please describe in detail why time is especially critical for the project.

 **SECTION 5. CONTRACTOR INFORMATION**

How many bids did the parish obtain for the project? Copies of bids received (Check here if attached) [ ]

**CONTRACTOR QUALIFICATIONS (Please check all that apply)**

 [ ]  Contractor is licensed

 [ ]  Contractor is insured.

 [ ]  Contractor has current worker’s compensation coverage.

 [ ]  Contractor has the ability to obtain a performance bond.

Please describe why the Vestry choose the contractor selected.

 **SECTION 6. PARISH FINANCIAL INFORMATION**

Check the following boxes for the financial reports included with the application:

 [ ]  Copy of most recently filed parochial report.

 [ ]  Copy of current year’s budget.

 [ ]  Copy of balance sheet for most recent calendar year-end.

 [ ]  Copy of current balance sheet.

 [ ]  Copy of statement of revenues and expenses for most current year-end.

 [ ]  Copy of YTD statement of revenues and expenses for the most recent month.

**SECTION 6. PARISH FINANCIAL INFORMATION (Continued)**

Total investments shown on Line 20 of last parochial report.

Please detail the amount or % of the above of total investments which are restricted.

If any of the investments are restricted, please detail below the nature of the restrictions.

**SECTION 7. OTHER INFORMATION**

Please detail below any other information the parish would like the Loans and Grants Committee to consider when reviewing your application:

**SECTION 8. CERTIFICATION AND SIGNATURES**

Date of Vestry approval for the application:

 [ ]  Copy of Vestry minutes of approval (Check here if attached)

We certify that the information contained herein is true, correct and complete to the best of our knowledge and belief.

Signature Name

Signature Name

Date

SEND YOUR Completed APPLICATION TO: Susan M. Leishman, CFO

Episcopal Diocese of Ohio

2230 Euclid Avenue

Cleveland, OH 44115