

THE EPISCOPAL CHURCH IN SOUTHEAST FLORIDA

PARISH FINANCE AND ASSESSMENT COMMISSION

2024 APPLICATION CHECKLIST

NAME OF CHURCH: _____

All of the following documentation is required:

The committee will consider only completed request.

<input type="checkbox"/>	Summary of Request	
	What is your diocesan approved Assessment	\$ _____
	How much assessment reduction do you seek?	(_____)
	Difference (New Assessment Amount)	\$ _____
	Mission, Evangelism and Outreach	(How
	much aid to congregation do you seek?)	\$ _____

Reason for request. A cover letter outlining the reason for the request. Please explain why the request is needed and what steps the congregation has taken and is planning to take to prevent a recurrence of the request. Be specific in outlining the reasons this reduction is requested.

Financial History Form (Attached)

Detailed Income Statement with budget variance as of 12/31/2023

Balance Sheet as of 12/31/2023

Detailed 2024 Budget

List of Financial Committee Members -Please provide Name, Email and best contact phone number

Requested attendees: Rector; Priest-in-charge; Deacon-in-charge, Senior Warden, Treasurer
someone who has thorough financial knowledge and history of the church records.

***This information must be received by this office no later than Thursday,
1/19/24***

Please call Hernan Hernandez (305-373-0881 #128) to schedule a meeting

THE EPISCOPAL CHURCH IN SOUTHEAST FLORIDA
 PARISH FINANCE AND ASSESSMENT COMMISSION
 FINANCIAL HISTORY FORM

Date: _____
 Parish: _____
 City: _____

	2023	2022	<u>2021</u>
Number of pledging units	_____	_____	_____
Average pledge amounts	\$ _____	\$ _____	\$ _____
Diocesan Assessment			
Convention Approved Amount	\$ _____	\$ _____	\$ _____
Executive Board Adjusted Assessment	_____	_____	_____
Past Due Amount	_____	_____	_____
Diocesan Aid Amount	_____	_____	_____
Episcopal Charities Grants (Human Needs Ministry and/or Smith Funds)	_____	_____	_____
Diocesan Loans			
Balance	_____	_____	_____
Monthly Pmt. Amount	_____	_____	_____
Past Due Amount	_____	_____	_____
Non Diocesan Loans (Including mortgages)			
Balance	_____	_____	_____
Past Due Amount	_____	_____	_____
Rector's Pension			
Past Due Amount	_____	_____	_____

THE EPISCOPAL CHURCH IN SOUTHEAST FLORIDA
PARISH FINANCE AND ASSESSMENT COMMISSION
FINANCIAL HISTORY FORM

Date: _____
Parish: _____
City: _____

	2023	2022	<u>2021</u>
Clergy's Health Insurance Premium			
Past Due Amount _____	_____	_____	_____
Property Insurance Premium			
Past Due Amount _____	_____	_____	_____
Balance of Other Funds			
Total Endowments *			
Restricted _____	_____	_____	_____
Unrestricted _____	_____	_____	_____
Total Savings Accounts *	_____	_____	_____

* Please attach copy of statement from broker or bank.