

DIOCESE OF SOUTHEAST FLORIDA PARISH FINANCE AND ASSESSMENT COMMISSION

2012 APPLICATION CHECKLIST

NAME OF CHURCH: _____

All of the following documentation is required:

Summary of Request

What is your diocesan approved Assessment	\$ _____
How much assessment reduction do you seek?	(_____)
Difference (New Assessment Amount)	\$ _____

Mission, Evangelism and Outreach aid to congregation do you seek?	(How much	\$ _____
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Financial History Form (Attached)

Detailed Income Statement with budget variance as of 12/31/2011

Balance Sheet as of 12/31/2011

Detailed 2012 Budget

2010 Audit

Ministry Plan - What are you doing to grow your ministry?

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 and/or someone who has thorough financial knowledge and history of the church records.

***This information must be received by this office no later than Tuesday,
January 13, 2012***

The meetings are scheduled for January 24-26, 2012 at the diocesan office and video conferencing

Please call Jessy Soria (305-373-0881) to schedule a meeting.

DIOCESE OF SOUTHEAST FLORIDA
PARISH FINANCE AND ASSESSMENT COMMISSION
FINANCIAL HISTORY FORM

Date: _____
Parish: _____
City: _____

	<u>2011</u>	<u>2010</u>	<u>2009</u>
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	_____	_____	_____
Rector's Health 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

DIOCESE OF SOUTHEAST FLORIDA
PARISH FINANCE AND ASSESSMENT COMMISSION

Date: _____
Parish: _____
City: _____

Balance Sheet

ASSETS

Cash and cash equivalents	\$ _____
Accounts Receivable	_____
Prepaid expenses	_____
Contributions receivable	_____
Unrestricted Funds	_____
Restricted Funds	_____
Land	_____
Buildings	_____
Furniture and Equipment	_____
Less: Accumulated Depreciation	_____
Other Assets	_____

TOTAL ASSETS \$ _____

LIABILITIES AND NET ASSETS

Accounts Payable	\$ _____
Notes Payable	_____
Mortgage Payable	_____

TOTAL LIABILITIES \$ _____

Net Assets (Deficit) \$ _____

TOTAL LIABILITIES AND NET ASSETS \$ _____

DIOCESE OF SOUTHEAST FLORIDA
 PARISH FINANCE AND ASSESSMENT COMMISSION
 Profit and Loss Form

Date: _____
 Parish: _____
 City: _____

Income Statement

	Actual Year to Date	Budget Year to Date	Over/Under
REVENUE:			
<i>Operating Income:</i>			
Pledge receipts	\$ _____	\$ _____	\$ _____
Plate offering	_____	_____	_____
Investment Income	_____	_____	_____
Other Income	_____	_____	_____
Undesignated gifts and bequest	_____	_____	_____
Assistance from Diocese	_____	_____	_____
Total Operating Income	_____	_____	_____
Other Revenues			
Capital Fund receipts	_____	_____	_____
Restricted gifts not for Operations	_____	_____	_____
Outreach Mission Revenue	_____	_____	_____
Transmittal Revenue	_____	_____	_____
Total Non-Operating Revenues	_____	_____	_____
TOTAL REVENUES	_____	_____	_____
EXPENSES			
<i>Operating Expenses:</i>			
Diocesan Assessment	_____	_____	_____
Clergy Stipend	_____	_____	_____
Clergy Housing allowance	_____	_____	_____
Clergy SECA	_____	_____	_____
Lay employee salaries	_____	_____	_____
Payroll tax expenses	_____	_____	_____
Benefits (pension, health ins., etc.)	_____	_____	_____
Utilities	_____	_____	_____
Office supplies	_____	_____	_____
Outreach	_____	_____	_____
Other Expenses	_____	_____	_____
Total Operating Expenses	_____	_____	_____
Other Expenses			
Capital Improvements	_____	_____	_____
Depreciation expense	_____	_____	_____
Mission Outreach	_____	_____	_____
Seminary Contribution	_____	_____	_____
Transmittal Expense	_____	_____	_____
Total Non-Operating Expenses	_____	_____	_____
TOTAL EXPENSES	_____	_____	_____
NET INCOME / (LOSS)	\$ _____	\$ _____	\$ _____