

CODE
FO USE

NAME OF PARISH/MISSION:

CITY:

2022-23 BUDGET CERTIFICATION FORM

JULY 1, 2022 TO JUNE 30, 2023

S U M M A R Y

1. TOTAL INCOME \$
2. TOTAL EXPENSES \$
3. NET INCOME (DEFICIT) *Explain \$
(Total Income minus Total Expenses)
*If line 3 is a deficit, attach a page to explain:
 - a) Why there is shortfall
 - b) Where funds are coming from to fill the gap
 - c) What is being done to correct the problem
4. Check/input any Capital Improvements (page 2). \$
5. Check and input any AMD/DMF Shortfall anticipated as of June 30, 2022.
 - a. Old Debt (2021 AMD and earlier DMF), if any \$
6. This Budget has been approved by

Parish Council	Yes	No	No Parish Council.
Finance Committee	Yes	No	No Finance Committee.

SUBMITTED BY: _____ DATE: _____
Pastor's Signature

NAME OF CONTACT PERSON:

TELEPHONE NUMBER FOR CONTACT:

DUE JUNE 30, 2022

2022-23 CAPITAL BUDGET FORM

PARISH/MISSION:

CITY:

CAPITAL IMPROVEMENT EXPENDITURES

List a summary of each project by location, description and estimated cost.

Please attach a detailed description for each project listed. Also please provide, in the detailed description, the source of funds to be used to finance the project(s).

Location	Project Title	Projected Cost
	EXPLAIN SOURCE OF FUNDS	

Total This Page \$