



CAPITAL PROJECT INITIATION

DIRECTIONS TO INITIATE A CAPITAL PROJECT

Fill in the top section information, all fields marked with an * are required. Please check the likely funding source. Print form for pastor to sign (and vicar if administrator).

Email signed form to capitalprojects@archchicago.org along with any bids/scopes of work/project information. Upon receipt, a confirmation email will be sent and subsequent documents will be sent to your DVO to work with you to obtain funding information and signatures.

Vicariate*:	Deanery*:	Turnaround*: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parish ID*:	Date Submitted*:
Parish*:				Target Start:
Parish Address*:			City/ZIP*:	
Site Location*:				
Site Address*:				
Phone*:	RMC Grouping in Process*: <input type="checkbox"/> Yes <input type="checkbox"/> No		Grouping Name:	
Pastor* (or administrator):			Email*:	
Business Manager:			Email:	
Project Description*:				
Budget Estimate*: \$			Percent (contingency included): %	
Additional Comments:				

LIKELY FUNDING (Check appropriate funding box and add information where appropriate):

- Parish has the funding for the project
- Parish is securing funding and will have it by project start
- Parish needs to secure the funding for the project (e.g., capital grant, etc.)
- Uncertain / unknown; needs to be evaluated

NOTES: By signing, you are acknowledging and committing to the following:

1. All required evaluations can proceed (e.g., Planning and Construction Project Evaluation, DVO Funding Evaluation, Parish Op's, Funding Fit Assessment, Capital Projects Committee, RMC review etc.).
2. Contractors must fulfill archdiocesan qualification requirements and submit pre-qualification documents, proof of insurance, etc.
3. Project will not proceed without all appropriate funding assessment forms signed and received.

CONDITIONS:

- Administrators of a parish require their vicar's signature on all forms.
- Projects over \$300,000 or loans require Capital Project Committee (CPC) approval.
- Any type of grant requires Episcopal Council approval.

PASTOR

(Authorized Signator) **X** _____ Print Name _____ Date _____

VICAR

(If Parish Administrator) **X** _____ Print Name _____ Date _____

ONLY SUBMIT COMPLETED FORMS VIA EMAIL:

Email: capitalprojects@archchicago.org

INQUIRIES: Amanda Warner at 312.534.5246