

CODE  
FO USE

NAME OF PARISH/MISSION: \_\_\_\_\_ CITY: \_\_\_\_\_

**2023-2024 BUDGET CERTIFICATION FORM**

**JULY 1, 2023 TO JUNE 30, 2024**

**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, 2023.

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, 2023**

# 2023-24 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
	<b>EXPLAIN SOURCE OF FUNDS</b>	

Total This Page \$ \_\_\_\_\_