

ST. AMBROSE FINANCIAL SERVICES, INC.
IMPROVEMENT AUTHORIZATION

PARISH _____ Location _____

Improvement Proposal(s): 1. _____

2. _____

Amount estimated cost of each project: 1. \$ _____ 2. \$ _____

Total amount of project(s): \$ _____

How will each improvement be financed? 1. _____ 2. _____

Does parish have funds invested in St. Ambrose Financial Services, Inc.? _____ Amount? _____

Does parish have funds invested outside St. Ambrose Financial Services, Inc.? _____ Amount? _____

If yes, where are funds invested? _____

*All excess funds are required to be on deposit in the Deposit and Loan Fund with St. Ambrose Financial Services, Inc. prior to commencement of any building project.

Is parish current with all accounts receivable and loan/interest payments owed to St. Ambrose Financial Services, Inc.? _____

Is parish current with all accounts receivable owed to the Diocese of La Crosse? _____

If applicable, is parish current on subsidy payments to unified Catholic school system? _____

NOTE: The parish MUST be current on all receivables as outlined above prior to beginning any building project.

Is a Diocesan Building Commission Meeting, as outlined in the *Policy and Procedure for Building or Renovating*, required for this project? _____

If so, has the Diocesan Building Commission Meeting been scheduled? _____ Date of meeting? _____

Please see insurance information on reverse of this form.

DATES OF MINUTES THIS PROJECT RECEIVED CONSENSUS BY PARISH CONSULTATIVE BODIES:

PASTORAL COUNCIL _____ FINANCE COUNCIL _____

PASTOR'S SIGNATURE _____ Date _____

BISHOP'S AUTHORIZATION _____ Date _____

Contractor should have insurance in force for the following: COMPREHENSIVE GENERAL LIABILITY (including: Completed operations; Underground explosion and collapse; Contractual liability; Independent contractors; Comprehensive form; Broad form property damages, Personal injury), AUTOMOBILE, WORKERS COMPENSATION AND EMPLOYERS LIABILITY.

ATTACH A COPY OF THE CERTIFICATE OF INSURANCE OBTAINED BY THE CONTRACTOR FROM HIS INSURANCE CARRIER WHICH NAMES YOUR PARISH, BISHOP WILLIAM CALLAHAN AND THE DIOCESE OF LA CROSSE AS "ADDITIONAL NAMED INSURED." (The contractor can easily obtain this certificate of insurance from his insurance company with little or no cost.)

Original contracts are to be filed with St. Ambrose Financial Services, Inc.

-----FOR ST. AMBROSE FINANCIAL SERVICES, INC. USE-----

Accounts:	<u>Current</u>	<u>Overdue</u>	<u>Balance</u>

Loans:			

Savings:			