

# DIOCESAN SHARED MINISTRY BUDGET SUPPORT

## *REQUEST FOR TEMPORARY REDUCTION*

Application is hereby made by **The Corporation of the Anglican Parish of \_\_\_\_\_** to the Diocesan Finance Committee for consideration for a temporary reduction to be applied to the Parish's Diocesan Shared Ministry Budget support for the fiscal year \_\_\_\_\_.

1. Describe the situation that is preventing the Parish from meeting its financial obligations to the Diocesan Shared Ministry Budget:

2. Provide details of how the Parish proposes to remedy the financial situation that the Parish is facing that is the basis for the application: (attach detailed financial recovery plan)

3. Provide details of any current programs or activities funded by the Parish, in whole or in part, as well as any new missional initiatives that are planned, that place additional financial obligations upon the Parish:

4. Detail any financial investments to which the Parish has unrestricted access, (type and amount of investment):

5. Provide details related to staffing of Parish (clergy and laity), providing position title, rate of pay, number of hours worked per week and general focus of responsibilities:

**Reduction Requested:**

Parish Share of the Diocesan Shared Ministry Budget:	\$ _____
<b>Less</b> reduction requested:	\$ _____
Amount Parish is proposing to pay:	\$ _____

**In making this application, the Parish acknowledges** that if their financial results are improved over that anticipated in the Parish Budget, it is expected that the Parish will make additional payment to the Diocesan Shared Ministry Budget up to the amount of the full share originally requested. The Parish will be required to provide financial statements at the end of the fiscal year showing the financial results of the Corporation in comparison to Budget.

Furthermore, in the event that the Parish financial situation improves within the three-year period following the year of assistance, the Parish agrees to proportionally repay up to the amount of the reduction provided, to ensure that other Parishes may have access to the same benefit if needed.

Signed by the Officers of the Corporation as follows:

_____	Name (print) _____
Rector	
_____	Name (print) _____
Warden	
_____	Name (print) _____
Warden	
_____	Name (print) _____
Treasurer	

Date of Application: \_\_\_\_\_

Reviewed by Diocesan Finance Committee: (date) \_\_\_\_\_  
Recommendation regarding application: \_\_\_\_\_  
  
Response Date to Parish: \_\_\_\_\_

***Documents to be include with request (preferably in digital form):***

- Most recent financial statement of the Parish
- Financial recovery plan
- Budget for the fiscal year in which relief is requested