



**ARCHDIOCESE OF BALTIMORE
REQUEST FOR CAPITAL PROJECT EXPENDITURE
NEW CONSTRUCTION, RENOVATION, ADDITION**

FACILITIES PROJECT

Parish/School:	Parish/School Code:	Phone: (____) _____ Fax: (____) _____ E-Mail: _____
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Address:	<input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency
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Estimated Cost:

Less than \$30,000
 \$30,000 to \$300,000
 Greater than \$300,000

Request Made By:	Phone: (____) _____
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Location of Capital Project Work: _____

Type of Work: _____

Does any of the work involve: <input type="checkbox"/> Roof Work <input type="checkbox"/> Liturgical Space/Changes <input type="checkbox"/> Asbestos <input type="checkbox"/> Underground Storage Tanks <input type="checkbox"/> Lead Paint <input type="checkbox"/> Other Environmental: <input type="checkbox"/> Structural Changes	If so, please explain: _____ _____ _____
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Quote(s) Obtained? Yes No (If yes, please attach copies.)

Possible Consultant(s): _____ _____	Possible Contractor(s): _____ _____	Anticipated Proj. Budget (attach copy) Consultants _____ Capital Construction _____ Other Misc. Costs _____
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PROBABLE SOURCES OF FUNDS:	<i>Currently Available</i>	<i>To Be Requested/Obtained</i>	<i>Total</i>
Funds in Hand (Cash)			
Cash Expended to Date for Project			
Funds on Deposit in IPLF			
Loan from IPLF			
Insurance Claim			
Foundations Grants:			
Lenten Appeal			
Other:			
TOTAL			

REVIEWED BY:	<i>Signature</i>	<i>Date</i>	REVIEWED BY:	<i>Signature</i>	<i>Date</i>
Pastor			Insurance		
Principal			CFO		
Facilities			Exec. Dir.		

Authorization given to: _____ By: _____
 _____ Date: _____