



The EPISCOPAL DIOCESE of WESTERN MICHIGAN

Apportionment Reduction Request Form

Email completed form with required documentation to Tammy Mazure, Finance and Benefits Administrator, at tmazure@edwm.org

Parish Name _____

Name of Person Completing this form _____ Title _____

Email Address: _____

All financial information listed below is required for consideration. Please check to indicate that each document is enclosed.

_____ Copy of complete current year operating budget, including YTD actual revenues and expenses as of March 31st

_____ Copies of year end financial statements, including budgeted and actual revenues and expenses for two previous years.

_____ All checking, savings and investment fund account balances as of March 31st (note whether they are restricted or unrestricted)

_____ Balance sheet as of March 31st

_____ Attached page with narrative (see below)

Calculated apportionment amount \$ _____

Requested reduction amount \$ (_____)

Requested apportionment amount \$ _____

Checking account balance as of March 31st \$ _____

Savings account(s) balance as of March 31st \$ _____

Restricted investment fund(s) total as of March 31st \$ _____

Unrestricted investment fund(s) total as of March 31st \$ _____

On an attached page, please provide a narrative why the parish is unable to fulfill its full apportionment. Please include what steps you are taking or will take to fully meet your apportionment in the coming years.

Please provide some dates your vestry can meet with the Apportionment Review Committee between July 21st and August 31st.

First choice date and time _____

Second choice date and time _____

Third choice date and time _____

Name of Senior Warden _____

Signature of Senior Warden _____

Name of Rector/Priest in Charge _____

Signature of Rector/Priest in Charge _____

No request will be considered if all requested information is not received.