



# The EPISCOPAL DIOCESE of WESTERN MICHIGAN

## Apportionment Reduction Request Form

Email completed form with required documentation to Tammy Mazure, CFO and Benefits Administrator, at [tmazure@edwm.org](mailto: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 \$ \_\_\_\_\_

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 August 1st and August 31<sup>st</sup>.

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.*