ARCHDIOCESE OF BALTIMORE
CAPITAL PROJECT REPORT
FOR QUARTER ENDED _____

PROJECT REPORT
#_____

ish:	Parish Code:	Phone: (_____) _____ Fax: (_____) _____ E-Mail: _____
Address:		Estimated Total Project Cost: $_____
Report Prepared by:		Phone:

Brief Description of Project:

Project Type: ☐ New ☐ Restoration ☐ Renovation ☐ Expansion

Building Type: ☐ Church ☐ Multipurpose Center ☐ Parish Center ☐ School

Does any of the work involve:

☐ Roof Work
☐ Asbestos
☐ Lead Paint
☐ Structural Changes
☐ Liturgical Space/Changes
☐ Underground Storage Tanks
☐ Other Environmental: _____

If so, please explain: _____

PROJECT COST DETAILS:	*Last Report*	*Change Orders*	*Total Project Cost This Report*	*Total Paid To Date*	*Future Payments*
Construction Start Date					
Estimated Completion Date					
Estimated Costs:					
Planning					
Design					
Construction					
Other:					
Other:					
TOTAL COSTS					

PROBABLE SOURCES OF FUNDS:	*Total Collected/ Received to Date*	*To be Requested/Obtained*	*Total Sources of Funds*	*Present Balances*	*To be Requested/ Obtained PLUS Present Balances*
Heritage of Hope					
Funds on Deposit in IPLF					
Loan from IPLF					
Parish Savings					
Foundation Grant:					
New Campaign					
Other:					
TOTAL RESOURCES					

To calculate the "Cash Cushion (Shortfall)", subtract "Total Costs" from "Total Resources." CASH CUSHION/(SHORTFALL)

Approved by Pastor: *Signature:* *Date:*