|  |
| --- |
| **This worksheet is provided for draft purposes only. The actual form must be completed and submitted through Arena at least 10 days prior to the scheduled date of your church conference.** |
| **Church Name:** |       |  **Church ID (4-Digit):** |      |
| **Charge Name:**  |       | **District Name**: |  |

|  |
| --- |
| 1. Organization for the **present** church conference year was effective (date)      ,by electing the following officers (no less than three, and up to nine persons):
 |
|  | **Name** |  | **Term Expires** |
| President |       |  |       |
| Vice President |       |  |       |
| Secretary |       |  |       |
| Treasurer |       |  |       |
| Member |       |  |       |
| Member |       |  |       |
| Member |       |  |       |
| Member |       |  |       |
| Member |       |  |       |
| 1. Is the local church incorporated (¶2529.1)? **[ ]  Yes [ ]  No**
 |
| 1. Name or names in which title to each piece of property is recorded, as shown by civil land records (¶¶2536, 2538):
 |
|  |  | **Name(s)** |  | **County Where Building Is Located** |  | **State Property Tax #** |  | **Liber # / Folio Page in Civil Land Records** |
| Church Buildings |  |       |  |       |  |       |  |       |
| Church Buildings |  |       |  |       |  |       |  |       |
| Parsonages  |  |       |  |       |  |       |  |       |
| Parsonages  |  |       |  |       |  |       |  |       |
| Other |  |       |  |       |  |       |  |       |
| Other |  |       |  |       |  |       |  |       |
| * 1. Who is the custodian of deeds and other legal papers?
 |
| * 1. Where are they kept?
 |
| 1. Does each deed contain trust clause (¶2503)? **[ ]  Yes [ ]  No**
 |
| 1. Do you have a long-term plan for the replacement of facilities and equipment as they deteriorate? **[ ]  Yes [ ]  No**
 |
| 1. Insurance (¶2533.2, 2550.7)
 |
| ***Item Insured/******Insurance*** | ***Replacement******Value*** | ***Amount******of Coverage*** | ***Type******of Coverage*** | ***Company*** | ***Restricted By******Coinsurance******(Yes or No******and amount)*** | ***Expires******When*** |
| **Church Buildings** | $      | $      |       |       | **Y** | **[ ]**  | ***Amount:*** |       |
| **N** | **[ ]**  |
| **Parsonages** | $      | $      |       |       | **Y** | [ ]  | ***Amount:*** |       |
| **N** | **[ ]**  |
| **Church Furnishings****and Equipment** | $      | $      |       |       | **Y** | [ ]  | ***Amount:*** |       |
| **N** | **[ ]**  |
| **Parsonage Furnishings and Equipment** | $      | $      |       |       | **Y** | [ ]  | ***Amount:*** |       |
| **N** | **[ ]**  |
| **Vehicle(s)**  | $      | $      |       |       | **Y** | [ ]  | ***Amount:*** |       |
| **N** | **[ ]**  |
| **General Liability** |  | $      |       |       | **Y** | [ ]  | ***Amount:*** |       |
| **N** | **[ ]**  |
| **Worker’s Compensation** |  |  |  |       | **Y** | [ ]  | ***Amount:*** |       |
| **N** | **[ ]**  |
| **Directors and Officers/Errors and Omissions/Crime** |  | $      |       |       | **Y** | [ ]  | ***Amount:*** |       |
| **N** | **[ ]**  |
| **Professional Liability****Coverage (Including****Sexual Misconduct)** |  | $      |       |       | **Y** | [ ]  | ***Amount:*** |       |
| **N** | **[ ]**  |
| * 1. Have the buildings been inspected for fire and other safety hazards within the past year? **[ ]  Yes [ ]  No**
 |
| * 1. Have you assessed the of replacement value within the last 5 years? **[ ]  Yes [ ]  No**
 |
| * 1. Who performed the assessment?
 |
| * 1. Does the church have a Safe Sanctuary Policy? **[ ]  Yes [ ]  No**
 |
| * 1. Is the amount of insurance adequate? **[ ]  Yes [ ]  No**

*to determine adequacy of coverage, please use the* *GCFA Insurance Worksheet found at* [*www.gcfa.org*](http://www.gcfa.org)*)* |
| 1. Has an Annual Accessibility Audit for church properties been conducted (¶ 2533.6)? **[ ]  Yes [ ]  No**
 |
| * 1. If needed, have you developed an accessibility plan? **[ ]  Yes [ ]  No**
 |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of President of Trustees

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date