

CAPITAL ASSET SALE INITIATION

DIRECTIONS TO INITIATE A CAPITAL PROJECT

Fill in the top section information. All fields marked with an * are required. Once finished please return the form with all needed signatures to the Real Estate office to initiate the sale of the parish asset. The parish will receive confirmation to ensure your initiation form is received.

Vicariate*:	Deanery*:	Parish ID*:	Date Submitted*:	
Parish Name*				
Address*:			City/ZIP*:	
Phone*:		RMC*:	Grouping Name*:	
Pastor* (or administrator):			Email*:	
Business Mgr./Ops. Dir.*:			Email*:	
Asset to be so	old*:			
Reason for sa	le*:			
Parish debt amount*:				
Parish Socialization* (When and to who was it socialized? Parish bulletin? Meeting? Date?):			Vacant?*	
			Active Lease?*:	
Church Relegation letter dated*:				
Bishop Relegation letter/date*: Presbyteral Council Relegation intro/vote meeting dates:				
THIS SECTION TO BE COMPLETED BY THE PARISH				
PASTOR				
(Authorized Signa	tor) X		Print Name	 Date
VICAR				
(If Parish Administrator) X		Print Name	Date	
DVO				
X			Print Name	Date
Date Assigne	d:			

Notes: