Diocese of La Crosse Improvement Authorization

Parish # \_\_\_\_\_

Parish/School:	City:
Improvement Proposal:	Total Amount:
Have you received competitive bids for this project? If "NO", Please explain:	Yes No
Please check which applies:       Materials being disrupted have been sampled and there are no hazardous materials involved in this project (asbestos, lead, mold, etc.).       Uncertain if there are any suspect hazardous materials involved in this project (asbestos, lead, mold, etc.).       IMPORTANT: If uncertain of the material hazards, PLEASE CONTACT DIOCESAN BUILDING AND GROUNDS OFFICE BEFORE BEGINNING THIS PROJECT.	
Yes     N       DO YOU PLAN TO REQUEST A LOAN FOR THIS PROJECT?	lo If so, how much do you plan to request?
How will the improvement be financed?	
Does parish/school have funds invested in St. Ambrose Financial If Yes, what amount?	Services, Inc.? Yes No
Does parish/school have funds invested outside of St. Ambrose If Yes, what amount? Where invested?	Financial Services, Inc.? Yes No
NOTE: ALL FUNDS FOR THIS PROJECT ARE TO BE ON DEPOSIT WITH ST. AMBROSE FINANCIAL SERVICES, INC. PRIOR TO COMMENCEMENT OF PROJECT	
Is the Parish/School current on all Accounts Receivable, Loan/Int	erest Payments and Subsidy Payments with: Diocese of La Crosse Yes No
If the answer is No, please explain:	St. Ambrose Financial Services, Inc. Yes No   Unified Catholic School System Yes No
Note: The parish/school must be current on all receivables prior to beginning any building project. Dates of Minutes this project received consensus by Parish/School Consultative Bodies:	
Pastoral Council Date	Finance Council Date
Pastor/President's Signature:	Date
Bishop's/Vicar General's Signature:	Date
Please attach contracts along with the contractors Certificate of Liability to this form.	
Contractor should have insurance in force for the following: COMPREHENSIVE GENERAL LIABILITY (including: Completed operations; Underground explosion and collapse; Contractual Liability; Independent contractors; Comprehensive form; Broad form property damages, Personal Injury), AUTOMOBILE, WORKERS COMPENSATION AND EMPLOYERS LIABILITY.	

ATTACH A COPY OF THE CERTIFICATE OF INSURANCE OBTAINED BY THE CONTRACTOR FROM HIS INSURANCE CARRIER WHICH NAMES YOUR PARISH/SCHOOL AS "ADDITIONAL NAMED INSURED." (The contractor can easily obtain this certificate of insurance from his company)

All documents are to be returned to:

Office of Diocesan Buildings and Grounds Attn: Kathy Haverland, 3710 East Avenue South P.O. Box 4004,La Crosse WI 54602 or fax to: 608-787-9802 or email to: khaverland@diolc.org