|  |  |  |  |
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| **This worksheet is provided for draft purposes only.  The Arena form must be completed and submitted by October 1, 2020** | | | |
| **Church Name:** |  | **Church ID (4-Digit):** |  |
| **Charge Name:** |  | **District Name**: |  |

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| 1. Organization for the **present** church conference year was effective (enter 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 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