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| **This worksheet is provided for draft purposes only.  The Arena form must be completed and submitted by October 1, 2020, or  10 days prior to your church conference, whichever comes first.** | | | |
| **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