



ARCHDIOCESE
of BALTIMORE

Financial Governance Annual Checklist Certification

Parish/School Name: _____

For the Fiscal Year Ended June 30, 20____

Please check the boxes next to the nine statements below if your finance council agrees with each statement. If there is disagreement on the statement then please leave it unchecked and provide a statement below. Indicate if there are any areas that you would like to further discuss or receive more information and a representative from the Division of Fiscal Services will contact the parish/school and provide support as needed.

1.	<input type="checkbox"/>	We believe that each member of the Parish/School Finance Council has met the requirements for membership on this Committee, including Conflict of Interest requirements. The names of the Committee members are made available to the Parish/School community.
2.	<input type="checkbox"/>	We believe each Council member has read the Archdiocesan Parish/School Finance Committee policy and procedure during the past fiscal year, and is familiar with its contents.
3.	<input type="checkbox"/>	The Parish/School Finance Council met at least quarterly for the fiscal period and regularly reviewed and discussed the budget and financial statements.
4.	<input type="checkbox"/>	We were provided with assurances from parish/school staff that they believe that the financial statements provided for review were orderly, accurate and complete and that:
		<ol style="list-style-type: none">1. All bank accounts of the corporation are included on the balance sheet.2. Reconciliation of all bank accounts of the Parish/School Corporation were completed.3. All saving accounts, investments, IPLF deposits, endowments and/or other financial assets of the Parish/School Corporation are included on the balance sheet and reconciled with the financial institution they are in.4. All expenses for the period (regardless if paid or not) are included in the financial statements provided for review.5. Unpaid liabilities are discussed and understood by the Council members.
5.	<input type="checkbox"/>	The Parish/School Finance Council has been consulted during the past fiscal year with respect to acts of ordinary and extraordinary administration, if any. This includes consultation(s) with respect to the following:

		<ol style="list-style-type: none"> 1. Management of Parish/School funds and banking arrangements. 2. The construction, maintenance, renovation of sale of Parish/School facilities and rental agreements. 3. Fund raising programs. 4. Safety programs, and related insurance coverages. 5. Review of new Parish/School policies and procedures. 6. Review of the annual budget and annual report.
6.	<input type="checkbox"/>	We have reviewed and considered any audit reports issued by either the Archdiocese Internal Audit Department and/or outside parties, including related management letter comments and related communications, and have consulted on the Parish's/School's proposed action plan, if any.
7.	<input type="checkbox"/>	We have familiarized ourselves with the characteristics of an adequate system of internal controls and we have reviewed and discussed the current state of the Parish's/School's system of internal controls. Based on this, nothing has come to our attention where we would conclude that the current system of internal controls are inadequate.
8.	<input type="checkbox"/>	We have no knowledge of any fraud or suspected fraud affecting our Parish and/or School involving management, employees, volunteers or others.
9.	<input type="checkbox"/>	We have not engaged in any activity with the parish or school from which we, or our family, could personally benefit. Any activity that could be considered a conflict of interest has been fully disclosed to the pastor and parish or school finance council and such conflict has been reviewed and approved by the parish or financial council.

The Pastor/Principal and members of the Parish Finance Council hereby attest to the above with the following exceptions:

Name of Pastor/Principal _____ Signature _____ Date _____

Name of each Parish/School Finance Council Member

Name and Occupation _____ Signature _____ Date _____

Name and Occupation _____ Signature _____ Date _____

Name and Occupation _____ Signature _____ Date _____

Name and Occupation _____ Signature _____ Date _____

Name and Occupation _____ Signature _____ Date _____

Please send the completed certification to the Office of Risk Management, 320 Cathedral St. Baltimore, MD 21201; or if you prefer email scanned copy to riskmanagement@archbalt.org. All certifications for the completed fiscal year received before December 31 will receive a 2% discount for the next fiscal year's monthly premiums for general liability insurance beginning in July.