



The St. Louis Archdiocesan Fund

20 Archbishop May Drive
St. Louis, Missouri 63119
(314) 792-7129 (direct)
SLAF@archstl.org

Equipment Loan Application (*Maximum of \$50,000*)

Name of Entity: _____ Parish/Agency No. : _____

Purpose of Loan: _____

Pastor/President: _____ Phone: _____ Email: _____

Request Amount: \$ _____ Vendor: _____
(Please attach vendor invoice / proposal / purchase agreement)

Repayment Term: _____ (*Max of 48 months*)

Request Date: _____ Purchase Date: _____ (*estimate*)

Current Outstanding Loan(s): ☐ Yes ☐ No Unpaid Balance: \$ _____ as of: _____

Bank Balances: SLAF: \$ _____ Other Banks: \$ _____ as of: _____

	<u>This Year</u>	<u>Last Year</u>	<u>Two Years Ago</u>
Year:	<u>FY-</u>	<u>FY-</u>	<u>FY-</u>
Highest Deposit Balance:	\$ _____	\$ _____	\$ _____
Highest Loan Balance:	\$ _____	\$ _____	\$ _____
Unpaid Archdiocese Invoices:	\$ _____	\$ _____	\$ _____
<u>Financial Performance</u>			
Total Revenue:	\$ _____	\$ _____	\$ _____
Total Expenses:	\$ _____	\$ _____	\$ _____
Excess Rev/(Exp):	\$ _____	\$ _____	\$ _____
School Subsidy:	\$ _____	\$ _____	\$ _____
<u>Annual Catholic Appeal (Parishes)</u>			
Amount Pledged:	\$ _____	\$ _____	\$ _____
Parish Goal:	\$ _____	\$ _____	\$ _____
#Pledges/%Participation:	_____ / _____ %	_____ / _____ %	_____ / _____ %
<u>Demographics (Parishes)</u>			
No. Households:	_____	_____	_____
Students – School:	_____	_____	_____
Students – PSR:	_____	_____	_____
Population Trend:	<input type="checkbox"/> Growing <input type="checkbox"/> Stable <input type="checkbox"/> Declining		

Certification: The above information is true and correct to the best of my knowledge.

Date: _____

Pastor/President: (print) _____

(signature) _____