YOU WILL BE my WITNESSES
A Campaign for the DIOCESE OF ROCKFORD

Diocese of Rockford
555 Colman Center Dr.
P.O. Box 7044
Rockford, IL 61125

(815) 399-4300
Fax: (815) 399-5591

You Will Be My Witnesses Campaign
Distribution of Campaign Funds Request

Parish Name: _____ City: _____ No._____

Contact Person: _____

Contact Email: _____ Phone Number: _____

Is the requested use identified in, or otherwise approved as consistent with, the parish case statement, case insert, project form, or other approved campaign materials? ☐ Yes ☐ No
If approved by later diocesan action, attach written approval.

Identify project name from parish case statement/insert: _____

Anticipated Total Cost: $_____ **Amount Requested at this time:** $_____

Have both applicable campaign distribution eligibility criteria been satisfied under the approved campaign guidelines? ☐ 3 months ☐ 30% collected

For capital projects, has the project received all required Chancery, finance, liturgical, and/or building commission approvals under diocesan policies? Attach approval letters or written confirmation.
☐ Yes ☐ No ☐ Not applicable

Attach required documentation, as applicable: ☐ Diocesan approval letter ☐ Proof of payment
☐ Invoice or contract/proposal ☐ Project budget ☐ Other support

Where are the funds to be disbursed? (Select one)
Reimburse parish for specific capital project ☐
Transfer to Catholic Foundation for Endowment deposit ☐
Transfer to Restricted DIAL account for non-endowed future capital needs ☐

For funding to a restricted DIAL account request, is the account already established? ☐ Yes ☐ No
If yes, provide the DIAL account name, number and restricted purpose:
_____

If requesting reimbursement for a disbursement already made by the parish, please, provide proof of payment including a copy of paid invoice with project name clearly identified.
Date of check: _____ Parish Check #: _____ Amount: $_____

As a general rule, advance distribution of YWBMW campaign funds is not permitted. Exceptions may be considered for projects in which the parish does not have sufficient unrestricted funds available for the payment of an invoice. The pastor or parochial administrator should submit a request in writing including the specific circumstances related to this request along with this form.

Certification: The undersigned certifies that the requested funds will be used only for the stated campaign purpose, will not be used for daily operating expenses or any purpose outside the You Will Be My Witnesses Trust campaign, and will remain restricted until fully spent or transferred for that approved purpose.

The parish agrees to retain all supporting records and to provide invoices, proof of payment, account confirmations, and other documentation to the Diocese, Finance Office, Trustee, or their designees upon request.

Signature of Pastor or Parochial Administrator:

_____ Date: _____

_____
Printed Name

Please submit completed form to: YWBMW-fundingrequest@rockforddiocese.org

** A separate distribution request should be submitted for each project.

Diocese and Trust Review

Finance Office review: _____ Date: _____

Chancery/building approval verified, if applicable: _____ Date: _____

Trustee authorization: _____ Date: _____

(For Diocesan Use Only)

Parish Name, City, #: _____ _____

Campaign Pledge Summary as of: _____

Total Pledges: _____

Previous Withdrawals: _____

Net Funds Available: _____

Distribution Processed - Date: _____ Check #: _____ Amount: $_____ ☐