

CHECKLIST FOR FULL CHURCH STATUS
EFCA WEST CHURCH PLANTS • CALIFORNIA

Church Name/City:

Pastor:

Date this form completed:

1. Registration with national EFCA under group exemption. EFCA church number assigned. _____
2. Copy of Articles of Incorporation filed with state of CA received. _____
3. FTB form 3500 filed with CA Franchise Tax Board and copy of determination letter on file. _____
4. Constitution and by-laws received and approved. _____
5. Proper financial procedures in place _____
6. Licensing/Ordination of lead pastor
 () completed
 () in process. Estimated date of completion:
7. Total amount of EFCA West church planting subsidy distributed: \$
8. Amount of EFCA West church planting subsidy re-paid to date: \$
9. Participation in *Fair Share* expected? () Yes () No () Other
10. Date recommendation for full church status made to EFCA West Regional Council _____
11. Council approval date: _____
12. National EFCA office contacted (copy of correspondence attached)
13. Certificate of acceptance signed and presented (copy attached)
14. Church Health Assessment Scheduled () Completed ()