# Project/Purchase Request

**This is a Diocesan form for internal use only and is NOT an approval of the project request**

Parish/School/Diocesan Organization: _____

Requestor Name: _____

Position: _____

Email Address: _____ Phone: _____

Person of Contact (if different from Requestor): _____

Email Address: _____ Phone: _____

Date Submitted: _____ Date Requested (10 business days is typical):_____

Vendor/Contractor: _____ Email: _____ Phone: _____

Diocesan Legal representative has permission to reach out directly to the Contractor/Vendor Yes☐ No☐

Project Description, including Purpose/Rationale/Case Statement: _____
*(include additional attachment if necessary)*

_____

_____

_____

Project time frame (start to finish): _____

Project/Purchase amount: _____

Source of Funds: _____ Insurance Claim? Yes☐ No☐

Please list attachments if > $25,000

- ☐ Documented Consultation from Finance Council (e.g. meeting minutes)
- ☐ Contract or Proposal of work (signed by contractor)
- ☐ Addendum (completed by contractor)
- ☐ Certificate of Insurance (from contractor)
- ☐ Ohio Worker's Compensation Certificate (from contractor)

Signature: _____
*(Pastor, if request is for parish or parochial school; Diocesan School Principal; Diocesan Organization Director)*

Please submit this form, along with requested attachments to: Office of Finance

197 E Gay St
Columbus, OH 43215
projectrequests@columbuscatholic.org

Revised 9/2026