

2012
ANNUAL CONGREGATION REPORT
TO THE CONSISTORY OF
THE UKRAINIAN ORTHODOX CHURCH OF CANADA

9 ST. JOHN'S AVENUE, WINNIPEG, MB., R2W 1G8
Telephone: 1-877-586-3093 Fax: (204) 582-5241 e-mail: consistory@uocc.ca

According to our U.O.C.C. By-Laws, sections 14.06 and 14.07, every Congregation / Parish MUST submit annually, to the Consistory, such reports of its activities and other information as may be required.

You may submit this form electronically. If you do so please note that you must still mail in a hard copy of the last page with the signatures of the Parish Priest, Parish President and Secretary.

Note: For audit purposes by Canada Revenue Agency (CRA) that all information **must** be submitted in English.

A: GENERAL INFORMATION

Name of Congregation _____

Do you have a "Certificate of Admission" from the UOCC? Yes___ No___ If not then please contact the Office of the Consistory for further information.

Location/Address of the Church:

Address: _____

City / Province: _____ Postal Code: _____

Website: _____ Email: _____

Telephone: _____ Fax: _____

Please provide the name and address to which correspondence should be sent:

Name: _____

Address: _____

City / Province: _____ Postal Code _____

Email: _____

Telephone (Daytime): _____ (Evening): _____

Is your Congregation part of a Parish District? (Yes/No) _____

If yes, Parish/Parochial District name: _____

Parish District/Parochial contact person and address: _____

Canada Revenue Agency (CRA) Business Number: 1 0 8 1 4 8 2 6 3

Please provide the 4-digit suffix to identify which Program Accounts you are registered under:

Payroll: RP _____ GST: RT _____ Registered Charity: RR _____

B: MEMBERSHIP

Parish/Congregation executives have an obligation to provide with this report an updated membership list to the Consistory. This list also serves as our address database to send “The Herald/Visnyk” to your Parish/Congregation membership; ensuring that this information is accurate and current facilitates uninterrupted delivery of “The Herald/Visnyk”.

Please review the attached Levy List printed from our records and update it accordingly by making any corrections directly on the enclosed list in a clear and legible manner and include any additions, deletions, address changes or other corrections. When providing information regarding the death of a member please indicate the date of death. Please return this list with your “Annual Congregation Report”.

- 1. What programs or initiatives does your parish have in place to actively seek, enroll, and retain parish members?

- 2. Please provide an age breakdown of your parish members:

1 – 17 _____ 18 – 30 _____ 31 – 50 _____
51 – 65 _____ 66 – 75 _____ 76 + _____

C: FINANCES AND ADMINISTRATION

Please note that, according to our “Model Bylaws for Missions and Parishes of the U.O.C.C.”, section 8, “A” C.(9) you are to prepare, review and approve, at each Annual General meeting, an Annual Budget for the following year.

1. Please enclose a copy of your parish budget for the current year.
2. Please enclose a copy of your 2011 Financial Statement with this report.
3. If you do not have an Annual Financial Statement, please explain why not:

4. Please enclose a copy of the **Minutes of your Parish's Annual General Meeting** (as stipulated in the Model Bylaws for Missions and Parishes of the U.O.C.C.", Section 10 par B).

D. LEVY PAYMENTS TO THE CONSISTORY:

The information requested is for the calendar year ending December 31, 2011. It should be readily available from your year-end meeting.

Levy payments are due by March 31st, 2012. Payment may be made either as one payment in full or with post-dated cheques by installments. Please submit, with this report, the budgetary assessment (levy) payment for your parish.

CALCULATION OF LEVIES:

Registered Members as of Dec. 31, 2011: _____ x \$77.00 per individual member = \$ _____

Payment options:

- 1) **Payment in Full – mailed to the Consistory by March 31, 2012**
- 2) **Quarterly Payments – 4 equal installments (March, June, September, December, 2012).**
- 3) **Monthly Payments – 12 equal monthly installments.**

If paying by installments, please indicate which payment plan you wish to use: _____

For questions regarding quarterly and monthly payments, please call Henry Kuzia, Financial Manager, at the office of the Consistory (toll-free: 1-877-586-3093, ext. 225) (finance@uocc.ca) or Valentyna Dmytrenko (ext. 223) (finance2@uocc.ca).

D: VITAL STATISTICS

1. Please indicate numbers for each of the following for 2011:
 - a. Number of Baptisms: _____
 - b. Number of Marriages _____
 - c. Number of Funerals _____

- d. On an average number of people in attending Sunday Divine Liturgies: _____
- e. Please check off the type of services celebrated at your parish:
 Matins ____ Divine Liturgy ____ Vespers ____ Reader Services ____
 Khram ____ Provody ____ Others (list): _____
- f. Language of services:
 Ukrainian Only ____ English Only ____ Bilingual Ukr./Eng. ____ %? _____
- g. Number of faithful coming to confession and communion during Great Lent: _____

E: CONGREGATION EXECUTIVE (Please type or print clearly)

Please note: Only Dues-paying members of the parish in good standing (i.e., who regularly approach for Holy Confession and Communion; who abide by the moral teachings of the Church., e.g., do not live in a carnal relationship without the blessing of a Church marriage, etc.; and are good examples of Christian life by word and deed are permitted to serve as members of Congregational Executives).

OFFICERS OF THE CONGREGATION EXECUTIVE FOR 2012:

1. **PRESIDENT:** _____

Address: _____

City / Province: _____ Postal Code _____

Telephone: Daytime () _____ Evening () _____

Fax: () _____ e-mail: _____

2. **VICE-PRESIDENT:** _____

Address: _____

City / Province: _____ Postal Code _____

Telephone: Daytime () _____ Evening () _____

Fax: () _____ e-mail: _____

3. **SECRETARY:** _____

Address: _____

City / Province: _____ Postal Code _____

Telephone: Daytime () _____ Evening () _____

Fax: () _____ e-mail: _____

4 **TREASURER** _____

Address: _____

City / Province: _____ Postal Code _____

Telephone: Daytime () _____ Evening () _____

Fax: () _____ e-mail: _____

F: PARISH PRIEST (Please type or print clearly)

NOTE: If there is more than one priest assigned to your Parish, please list them in order of seniority. If more space is required, please attach a separate sheet with the information.

1. Name: _____

Mailing Address: _____

City/Province _____ Postal Code _____

Telephone: () _____ Fax: () _____

Cell phone: () _____ e-mail: _____

2. Name: _____

Mailing Address: _____

City/Province _____ Postal Code _____

Telephone: () _____ Fax: () _____

Cell phone: () _____ e-mail: _____

3. Do you have any **RETIRED PRIESTS** attached to your Parish?

Name: _____

Mailing Address: _____

City/Province _____ Postal Code _____

Telephone: () _____ Fax: () _____

Cell phone: () _____ e-mail: _____

4. Do you have any other **CLERGY** attached to your Parish? (e.g. on leave)

Name: _____

Mailing Address: _____

City/Province _____ Postal Code _____

Telephone: () _____ Fax: () _____

Cell phone: () _____ e-mail: _____

5. Do you have any **DEACONS** assigned or attached to your Parish?

Name: _____

Mailing Address: _____

City/Province _____ Postal Code _____

Telephone: () _____ Fax: () _____

Cell phone: () _____ e-mail: _____

6. Do you have any ordained **SUBDEACONS** and/or **READERS** attached to your Congregation/Parish? If more space is required, please attach a separate sheet with the information.

Name: _____

Mailing Address: _____

City/Province _____ Postal Code _____

Telephone: () _____ Fax: () _____

Cell phone: () _____ e-mail: _____

7. Do you pay your Priest(s) directly? (Yes/No) _____
 or through a Parish District? (Yes/No) _____
- If you pay your Priest through the Parish District what is your share? \$ _____
 Percentage of District Budget _____%

8. If you pay your Priest(s) directly, please provide the following information:

Name of Parish Priest: _____

- Basic monthly salary (gross) – not including car and housing allowances: \$ _____
 - Does the Congregation provide the Priest with the following:
 - Furnished Manse (Yes/No) _____ or, Housing allowance (amount) \$ _____
 - Paid Utilities (heat, water, hydro, phone) (Yes/No) _____
 - Car allowance (amount) \$ _____
 - Other benefits (please list)
-
-

For purposes of determining an insurable amount for the Group Insurance (Life, AD&D, LTD, EHC & Dental) and RRSP contributions please indicate the priest's total stipend amount (Salary, housing, car allowance, etc.): _____

G: CHURCH PROPERTIES

1. Does your Parish own and maintain a Cemetery (Yes/No) _____ If yes, please describe, including names and location:

2. Is it recognized by federal, provincial or municipal authorities as a Historic/Heritage Site?

(Yes/No) _____ If yes, when was this recognition bestowed? _____

3. Does your Parish own, maintain, or support a Youth/Summer Camp? (Yes/No) _____

- If yes, please describe, including name and location:

- If not does your Parish rent a Youth / Summer Camp? (Yes/No) _____
- Please describe, including name and location:

H: CONGREGATION RELIGIOUS EDUCATION – EVANGELIZATION

1. Do you have a Church / Sunday School (Yes/No) _____
2. Number of children in the Church / Sunday School _____
3. Number of teachers you have for the Church / Sunday School _____
4. Name and mailing address of your Church / Sunday School Director:
Name: _____
Mailing Address: _____
City/Province _____ Postal Code _____
Telephone: () _____ Fax: () _____
Cell phone: () _____ e-mail: _____
5. What Church /Sunday School curriculum is used by your teachers?

6. Are your Church School materials purchased from the Consistory Church Goods Store?
(Yes/No) _____ If no, please explain from where do you purchase your material:

7. Do you provide Adult Religious Classes or Workshops/Seminars for your congregation?
(Yes/No) _____ Please give details: _____

8. Do you have a Youth Program at your parish? (Yes/No) _____
 - If yes, is it affiliated with CYMK-UOY? (Yes/No) _____

- Please provide the name and mailing address of your Youth Program Director(s):

Name: _____

Mailing Address: _____

City/Province _____ Postal Code _____

Telephone: () _____ Fax: () _____

Cell phone: () _____ e-mail: _____

9. Does your parish provide Orthodox religious books and articles for purchase? _____

- Do you have a parish kiosk where these items could be purchased? _____

- From where does your Parish purchase religious articles, candles, incense, books, icons, etc.?

- Do you have a Church Library? _____

10. How many Cantors are there in your Congregation? _____

- Please provide their names, addresses and telephone numbers:

Name: _____

Mailing Address: _____

City/Province _____ Postal Code _____

Telephone: () _____ e-mail: _____

Name: _____

Mailing Address: _____

City/Province _____ Postal Code _____

Telephone: () _____ e-mail: _____

11. Please provide the name, address and telephone number of your Choir Director:

Name: _____

Mailing Address: _____

City/Province _____ Postal Code _____

Telephone: () _____ e-mail: _____

12. Do you have Altar Boys? (Yes / No) _____

- How many Altar Boys does your Congregation have? _____ What is their age range? _____

13. Do you have a church Brotherhood (Elders)? (Yes/No) _____

14. Do you have a church Sisterhood? (Yes/No) _____

15. Does your Parish have a Visitation/Benevolent Committee to visit hospitals, nursing homes, shut-ins, the elderly, etc.? (Yes / No) _____

16. Do you have a Mission Outreach Committee, whose mandate is to conduct an outreach ministry among the Churched and Non-Churched faithful? (Yes/No) _____

- If so, what initiatives has the committee used to encourage membership growth? _____

- If not, please explain why: _____

I: CULTURAL PROGRAM

17. Does your Congregation have a Ukrainian School? (Yes / No) _____

- If yes, how many students? _____
- Please supply their name, address and telephone number of your Ukrainian School Director:

Name: _____

Mailing Address: _____

City/Province _____ Postal Code _____

Telephone: () _____ Fax: () _____

Cell phone: () _____ e-mail: _____

- What Ukrainian School curriculum is used by your teacher(s)?

18. Do you have a “Sadochok”/Nursery School? (Yes / No) _____

- If yes, how many students? _____

19. What other cultural programs and events are offered by your Congregation?

20. Does your Congregation contribute in any way to cultural awareness in your community?

(Yes / No) _____

If yes please explain how, and if no please explain why not: _____

DECLARATION

We hereby declare that all information presented in this Report reflects the actual status of our
Congregation / Parish as at December 31, 2011

On behalf of the Congregation:

Parish Priest (Signature)

Congregation / Parish President (print name)

Congregation / Parish Secretary (print name)

(Signature)

(Signature)

DATE: _____

Administration Use:

Date Report Received: _____

Levy List Received: Yes: ____ No: ____

Levy Payment Received: Yes: ____ No: ____ Amount? _____

Comments: _____

