

Council on Ministry Projects and/or Events Work Sheet

1. Area of Ministry

Worship Nurture Outreach Witness

2. Does the project/event fit within our mission yes no undecided

3. Name or description of project or event.

4. Date _____ Time _____

5. Location _____

6. Name of person coordinating _____

Phone _____

Group sponsoring _____

7. This project/event is needs no funding]

funded Cost = \$ _____ Funded by _____

partially funded Cost = \$ _____ Need = \$ _____

needs funding Cost = \$ _____

is fund-raising Where does money go? _____

Notes _____

8. This project/event needs approval by the Trustees for liability issues.

9. This project/event is subject to Safe Sanctuary policies.

10. Issues of concern or need for referral _____
