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 ___________________