



MINISTRY PROPOSAL FORM

Complete the form below and submit it to the Department Head.

1 of 4

GENERAL INFORMATION

Name:	Date:
Submitted by (include title):	
Ministry:	Ministry Leader:

REQUEST INFORMATION

Event Title:		
Date:	Start Time:	End Time:
Purpose of Event: (Attach agenda)		
Type of Event: <input type="checkbox"/> Worship Service <input type="checkbox"/> Training <input type="checkbox"/> Outreach <input type="checkbox"/> Meeting <input type="checkbox"/> Rehearsal <input type="checkbox"/> Other: _____		
Target Audience (Check all that apply): <input type="checkbox"/> Men <input type="checkbox"/> Single <input type="checkbox"/> Women <input type="checkbox"/> Married <input type="checkbox"/> Youth <input type="checkbox"/> Other: _____ <input type="checkbox"/> Seniors		
Recommended attire:		
Is advertising needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Quarterly Bulletin <input type="checkbox"/> Postcards <input type="checkbox"/> Monthly Bulletin <input type="checkbox"/> Flyers/Leaflets <input type="checkbox"/> Website <input type="checkbox"/> Bulk Calling / Text Messaging <input type="checkbox"/> E-Blast <input type="checkbox"/> Other: _____		
Date advertising begins: _____ Date advertising ends: _____		
Will refreshments be served? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who will be responsible for purchasing refreshments: Name: _____ Phone: _____		



MINISTRY PROPOSAL FORM

Complete the form below and submit it to the Department Head.

2 of 4

Does this event require assistance from another ministry? Yes No

If yes, which one of the following ministries will be needed and/or affected by this event/meeting?

(Check ALL that apply)

Christian Maturity

- Triumph University

Congregational Care

- Hospital Visitation
 Intercessory Prayer
 Spiritual Guidance
 Transition of Life

Evangelism & Outreach

- Benevolence (Jerusalem)
 Prison (Judea)
 Mission
 No Soul Left Behind (Jerusalem)
 Foreign Mission (Samaria)

Family Life & Empowerment

- Business Network
 Family Enrichment
 Financial Empowerment
 Marriage
 Men
 Political Information
 Singles
 Women

Health And Wellness

- Recreation
 Health Education
 Medical Response
 Mental Health
 Nurses
 Triumph Family Counseling

IMPACT Youth

- ALTARed
 Ascension
 AWANA
 EQUIP
 IMPACT Youth Council
 Mentoring
 Mime
 Nursery (Baby Spot)
 Outreach
 Promiseland
 S.T.E.P.
 Youth Media

Media & Communications

- Photography
 Sound Engineering
 SWK Ministries
 Video/TV

Music & Sacred Arts

- Band
 Dance
 Mass Choir
 New Ensemble
 Theater/Mime
 Worship Chorale
 Youthful Praise

New Members

- Baby Dedication
 Baptism
 Decision Time
 First Impressions

Office of the Pastor

- Administrative Support
 Diaconate
 Executive Team
 Facilities Support
 Ministers
 Special Projects

Worship Support

- Adult Ushers
 Hospitality
 Men Ushers
 Parking
 Security
 Spiritual Hands
 Women Ushers
 Youth Ushers



MINISTRY PROPOSAL FORM

Complete the form below and submit it to the Department Head.

3 of 4

Location of Event:

- South Campus West Campus (Salem HS) OTHER VENUE: _____
 East Campus North Campus (Millennium Centre) _____
 Cass Tech HS Faith United Campus Is a walk-through needed? Yes No

Room Preference:

- Sanctuary Auditorium Classroom Banquet Hall Other: _____

Seating Style:

- Classroom (Long Tables & Chairs) Boardroom (Chairs around long table)
 Theatre (Chairs Only) Other: _____
 Banquet (Round Tables & Chairs) _____

How many are expected to attend? _____

**** Please include a diagram or room layout.**

If you checked OTHER VENUE, please provide venue name:

Venue Address: _____ Phone: _____

Contact Person: _____

Phone: _____ Email: _____

Is there a cost to utilize this venue? Yes No (If yes, quotes must be submitted with this proposal)

Is there a special Guest Faciliator or Performer for this event? Yes No

Name: _____

Email: _____ Phone: _____

Additional Information _____

Does the guest require a honorarium/performance fee? Yes No

If yes, what is the fee?

Please list all expenses associated with guest:

Description	Vendor	Estimated Cost	Deposit Amount	Deposit Date	Balance Date



MINISTRY PROPOSAL FORM

Complete the form below and submit it to the Department Head.

4 of 4

Budget:

What is the total cost of the entire event? \$ _____

(attach official documentation to support total cost including invoices from all vendors and complete a ministry funds request form per invoice)

Additional Information/Notes:

FOR OFFICE USE ONLY

Chief Financial Officer Initials: _____ Date Processed: _____ Approved Not Approved

Pastor/CEO Initials: _____ Date Processed: _____ Approved Not Approved

Comments: _____
