

Outreach Ministry Proposal Form

Ministry Name: _____

Ministry Lead Point of Contact: _____

Email: _____

Phone: _____

Type of Ministry:

Ongoing: _____

One Day: _____

Financial Only: _____

Category of Ministry: (circle one)

International

Domestic

Local

Duration of Ministry:

Start Date: _____ **End Date:** _____

Resources Needed:

Funds from Outreach Operating Budget: _____

Donations from parishioners: _____

Facilities Needed: _____

Number of Volunteers Needed: _____

Frequency of Volunteers Needed: _____

Communications Needs: _____

Description of Ministry:

Please return form by email to martin_tabaka@hotmail.com or a paper copy to the Church Office.