



# MINISTRY PROPOSAL FORM

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

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## 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"/> Outreach <input type="checkbox"/> Rehearsal <input type="checkbox"/> Training <input type="checkbox"/> Meeting <input type="checkbox"/> Other: _____		
Target Audience (Check all that apply): <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Youth <input type="checkbox"/> Seniors <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other: _____		
Recommended attire:		
Is advertising needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Quarterly Bulletin <input type="checkbox"/> Monthly Bulletin <input type="checkbox"/> Website <input type="checkbox"/> E-Blast <input type="checkbox"/> Postcards <input type="checkbox"/> Flyers/Leaflets <input type="checkbox"/> Bulk Calling / Text Messaging <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: _____		



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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



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## 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 Facilitator 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



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**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_