## **NEW MINISTRY/ORGANIZATION PROPOSAL**



506 N Garden Street Visalia, CA 93291

To avoid processing delays, please complete all requested information. The Ministry Coordinating Committee (MCC) will review proposals and forward their recommendations to the Administration group, for Pastor's approval. Return the completed proposals to the parish office or emailed the committee at: <a href="mailto:mcc@gscparish.org">mcc@gscparish.org</a>. All ministries must be aligned with the mission of our Parish.

| Date   | Name of Proposed Ministry/Organizat        | ion                       |                               |  |
|--|--|---------------------------|-------------------------------|--|
| Please print - List contact person(s) interested in starting this ministry/organization  |  |                           |                               |  |
| For Office Use Only  C S  R V C E F  | Name Primary phone num                     | ber (cell/home)           | E-mail address                |  |
|  |  |                           |                               |  |
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| Mission Statement:   |  |                           |                               |  |
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|  |  |                           |                               |  |
| Ministry/organization description:   |  |                           |                               |  |
|  |  |                           |                               |  |
|  |  |                           |                               |  |
| If affiliated with a par   | ront organization describe any start un f  | oos assossments need f    | or a charter representative   |  |
| If affiliated with a parent organization, describe any start-up fees, assessments, need for a charter representative, and/or additional annual financial obligations? Include a copy of bylaws and a Certificate of Insurance. |  |                           |                               |  |
|  |  |                           |                               |  |
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|  |  |                           |                               |  |
| What are the financia  | al requirements of a member (annual du     | os individual association | foos) and will assemmedations |  |
| What are the financial requirements of a member (annual dues, individual association fees) and will accommodations be made for those unable to pay? Explain.   |  |                           |                               |  |
|  |  |                           |                               |  |
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|  |  |                           |                               |  |
| List/describe any cate   | echetical training of proposed ministry le | ader.                     |                               |  |

| How many people do you anticipate being involved with this ministry? Describe leadership structure.   | As Leaders As participants                  |
|---|---|
| What are your proposed facility needs? (meeting time, day of week, free   | quency, site location)                      |
| Describe your estimated annual expense and income. (attach a separate   | e paper, if necessary)                      |
| How will this ministry/organization provide spiritual nourishment and/o do you anticipate offering specific service to our Parish community?    | or enrichment to its members? In what ways, |
|   |   |
| Please initial the items below, acknowledging that you have read them. volunteers, visit the "Get Involved" page on our Parish's website at: ww |   |
| I am aware that ministry leaders will be asked to participate in perbecome knowledgeable on procedures and policies of our Parish.              |   |
| I understand that all new ministry leaders must submit a short bid new leaders must be a registered parishioner and compliant with and Diocese. |   |
| I am aware that all adult members (over the age of 18) must be constrained attending meetings or beginning the work of this ministry.           | ompliant with Safe Environment before       |
| I understand that all ministry meetings, events, and fundraisers m outlined in the Parish Event Handbook.                                       | ust be approved; following procedures       |
| I am aware that ministry leaders must complete and submit an Ar   | nnual Ministry Review & Budget Form.        |
| Signed [  | Date  |