

**MINISTRY ANNUAL REPORT FORM**

**SECTION I: MINISTRY INFORMATION**

**Ministry Name:** \_\_\_\_\_

**Chairperson/President:** \_\_\_\_\_

**Co-Chairperson/Vice-President:** \_\_\_\_\_

**SECTION II: CONTACT INFORMATION FOR PERSON WHO COMPLETED THIS FORM**

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**SECTION III: ACCOMPLISHMENTS FOR 2015/2016**

Please share two highlights of ministry accomplishments related to the church priority of Community Outreach.

Name of Activity/Event: \_\_\_\_\_

What did you accomplished: \_\_\_\_\_

Whose needs were met?: \_\_\_\_\_

How many people did you serve or minister to?: \_\_\_\_\_

How many people accepted Christ or recommitted themselves to Christ?: \_\_\_\_\_

List Other Ministries that partnered with you on this activity/event? \_\_\_\_\_

Please indicate any testimonies your received? \_\_\_\_\_

Please attach any pictures (350 dpi or higher) \_\_\_\_\_

Summary of Accomplishment: \_\_\_\_\_

Name of Activity/Event: \_\_\_\_\_

What did you accomplished: \_\_\_\_\_

Whose needs were met?: \_\_\_\_\_

How many people did you serve or minister to?: \_\_\_\_\_

How many people accepted Christ or recommitted themselves to Christ?: \_\_\_\_\_

List Other Ministries that partnered with you on this activity/event? \_\_\_\_\_

Please indicate any testimonies your received? \_\_\_\_\_

Please attach any pictures (350 dpi or higher) \_\_\_\_\_

Summary of Accomplishment: \_\_\_\_\_

**SECTION IV: MINISTRY ACTION PLAN**

Describe the activity your ministry will engage in to support the church priority of Community Outreach.

**SECTION V: EVENTS/ACTIVITIES FOR 2017**

Request any date you require for ministry related activity such as ministry fellowship, youth ministry, monthly activities, etc.

----- Office Use Only -----

**SECTION VI: CURRICULUM REQUEST**

Please describe the Curriculum and Resource material needed for 2017. Please submit your Annual Curricuulim plan. Indicte which session the material will be used.

<b>Session</b>	<b>Material</b>
<input type="checkbox"/> Winter: January – Mid-February:	_____
<input type="checkbox"/> Spring: March – May	_____
<input type="checkbox"/> Summer: June – July	_____
<input type="checkbox"/> Fall: September – Mid-November	_____
<input type="checkbox"/> Full Year: September – July	_____

What materials and resources are you planning to use?

<b>Curriculum</b>	<b>Publisher</b>	<b>ISBN#</b>	<b>Author(s)</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

----- Office Use Only -----

**SECTION VII: TRAINING NEEDS**

Please describe any training needs you require to better accomplish the purpose of your ministry.

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Does your ministry have a need for teacher(s)/facilitator(s) within the next 6 months?

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----- **Office Use Only** -----

**SECTION VIII: FINANCIAL**

Please attach a separate document of an itemized proposed budget to support any ministry request that you have. (Please note the proposed budget may be approved, however adjustments may be made up to the point of receiving the funds).

----- **Office Use Only** -----

**SECTION IX: SIGNATURES**

SIGNATURES: (to be completed by ministry chair and co-chair)

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Signature of Ministry Chairperson

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Date

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Signature of Ministry Co-Chair

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Date