

**TABERNACLE BAPTIST CHURCH
MINISTRY ACTION PLAN (MAP) SUBMISSION FORM**

Instructions:

- Submit completed form to the mailbox of the Ministry's Head.
- MAPS must be received 60 days prior to event.
- Please note that submission of this form does not imply an automatic approval.
- Once received, this form will be reviewed for consideration/approval. You will be notified ASAP. If concerned, feel free to contact your Ministry's Head.

Ministry Name:

Description of Activity/Service and Purpose: *(please be as specific and detailed as possible)*

¹Proposed Dates:

Alternate Dates: *(if needed)*

Start Time(s):

End Time(s):

Location of Activity/Service:

Note: When requesting funds, attach a copy of the original invoice for payment, along with a requisition form. If a contract is involved, the proposed contract must be approved by the Trustee ministry (and noted) prior to submitting MAP.

Will a contract with outside sources be required? Yes

No Will you need funds from the church? Yes No *

²If funds are needed, please fill in below:

Pay to the Order of:

Name: _____

Purpose: _____

Amount: \$ _____ ***Date Needed:*** _____

Point of Contact for this Activity/Service:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

MINISTRY ACTIVITY/SERVICE REQUIREMENTS		
Room(s) Requested:	No. of Tables:	No. of Chairs:
Additional Items/Equipment Needed: ___ Podium ___ Easel ___ TV/VCR/DVD ___ Flip Chart ___ Projector ___ Other: _____		
Assistance Needed From Others (<i>ministries will receive a copy of this form pending approval</i>)		
<input type="checkbox"/> N/A <input type="checkbox"/> Music <input type="checkbox"/> Fine Arts Ministry <input type="checkbox"/> Tech4Christ Ministry <input type="checkbox"/> Praise-cast Ministry <input type="checkbox"/> Security Ministry <input type="checkbox"/> Trustee Ministry	<input type="checkbox"/> Building/Grounds <input type="checkbox"/> Hospitality Ministry <input type="checkbox"/> Transportation Ministry <input type="checkbox"/> Healthcare Ministry <input type="checkbox"/> Usher Ministry <input type="checkbox"/> Women's Ministry <input type="checkbox"/> Men's Ministry	<input type="checkbox"/> Young Adult Ministry <input type="checkbox"/> Youth Ministry <input type="checkbox"/> Bereavement Team <input type="checkbox"/> Library Ministry <input type="checkbox"/> Ministerial Team <input type="checkbox"/> Evangelism Ministry <input type="checkbox"/> Other _____
Please provide a brief synopsis of the task needed by each ministry check off above. <i>Please attach additional information if needed.</i>		
<input type="checkbox"/> I have attached additional information regarding this activity/service.		
Office Assistance: Please supply a description or attach a copy of each needed below. <input type="checkbox"/> N/A <input type="checkbox"/> Message in Church Bulletin <input type="checkbox"/> Flyers <input type="checkbox"/> Copies <input type="checkbox"/> Other		
Ministry Leader Signature:	Date Submitted:	
Pastor's Approval: N/A Date:	Leadership Council Approval: Date:	
Feedback from Pastor or Leadership Council:		

¹*Dates and times must be available on church calendar before approval.*

²*When requesting funds please attach requisition form. All ministries operate under the same budget, therefore all profits and/or proceeds will go to the ministry's clearing account unless specified otherwise.*

Revised 3/2016