

**Congregational Input Form for Ministry or Operational Program
Suggestions (Please complete as many as possible)**

Name: _____

Phone number: _____

Date: _____

(For Office / Ministry Team Use: Date Addressed _____)

1. Briefly describe your suggestion.

2. Please describe why this change or idea / suggestion is desirable.

3. Describe the areas that would be impacted by your suggestion.

4. What facilities (use & set up) will be impacted?

5. Does your suggestion have a calendar impact (how often, what days & times)?

6. Who do you see being responsible for finding volunteers and other elements to carry out this ministry? (List names and/or positions)

7. What are the costs or savings of your suggestion / proposal? How would additional costs be funded?

8. How would we know your suggestion is accomplishing what you intend? Are there quantitative or qualitative measures you have in mind? If so, please describe them for us.

-THANK YOU-

