



NEW BEGINNINGS APPLICATION

Hope Partnership
P.O. Box 7030 Indianapolis, IN 46207
Toll Free: (800) 274-1883 Fax: (317) 635-6534
Email: mdefields@churchextensionfmr.org

Please check one:
 Individual
 Cluster

This is to advise you that at a meeting of the Official Governing Body of:

Congregation Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Ethnicity (~%): C AF-A H AS-A O

It was voted to request the New Beginnings Assessment Service of Hope Partnership. We agree to pay the fee of **\$4,500** for this service which will be invoiced at the time of the assessment.

We also agree to pay reasonable costs for our assessor's and facilitator's travel and maintenance (avg. \$1600-1800 total).

Authorized Signature: _____ Date: _____

A church's decision to cancel or postpone the service after submitting this request may result in a \$250 cancellation charge if travel reservations have already been purchased. If cancellation occurs after assessment is rendered the congregation will be responsible for the expenses incurred.

Setting up the Assessment:

Assessments run on a weekday from 3:00-9:00PM. **Date must be at least 4 weeks from the date of application.** (Please give **5-10 different weekdays** when church leaders would be available to attend)

We would like to request the Assessment be done one of these weekdays: _____

Setting up the Leadership Training:

Training will be done on mutually acceptable dates. Day One (Friday - 6:00-9:00PM) is open to the entire congregation. Day 2 (Saturday - 8:30 AM-4:00PM) is for house meeting facilitators and pastor only. **Date must be at least 6 weeks from assessment date.** (Please give a 2 week window)

We would like to schedule our Leadership Training for the weeks of _____

Office use only:
Date received: _____ Invoice request: _____
Assessor: _____ Facilitator: _____
Assessment Date: _____ Leadership Training: _____



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Clergy information:

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Who will be your congregation's primary contact person regarding this service?

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Who should we contact regarding your participants profile? (Addresses, gender, tenure etc.)

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Treasurer Information:

Name: _____ Phone Number: _____

Email: _____ Phone Number: _____

Additional Contacts :

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Contact responsible for coordinating the House meetings:

Name: _____

Email: _____ Phone Number: _____

****This contact will be responsible for distributing the house meeting guides to the chosen house leaders.***

Region/Diocese/Conference/Presbytery: _____

Email Contact for above: _____



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CLERGY LEADER QUESTIONNAIRE

Must be turned in prior to assessment

Questions: In order to serve you well in our assignments, we ask that your **clergy leader** submit answers to these questions. This may be separate from the Application, but must be completed before the assessment date.

1. Briefly describe your congregation's history.

2. Describe the challenges the church is currently facing that you hope the New Beginnings process will address.

3. What is the one thing you appreciate most about this congregation?

4. How did the congregation discover New Beginnings?
