



2019



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 plus reasonable costs for the contractors' (2 trips) travel and maintenance (avg. \$1600-1800 total)**** for this service which will be invoiced a day after the assessment.

***If Leadership Training is delivered after December 31, 2019, this service will be subject to 2020 pricing (price to be determined).**

****A church's decision to cancel or postpone the service after submitting this request (and before the travel date) may result in up to a \$500 cancellation charge if travel reservations have already been purchased.**

Authorized Signature: _____ Date: _____

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 **5-8 different weekdays** when church leaders would be available to attend)

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

We understand that once the demographic area has been drawn and our clergy has approved it, any later demographic area changes will incur a new charge.

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 **at least two different weekends choices**).

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

Coaching:

Coaching must begin no later than three months after the Leadership Training weekend. Date will be set with your Facilitator/Coach.

We understand that the coaching part of this service will be forfeit if coaching does not begin within this time frame.

Hope Partnership Office use only:
Date received: _____



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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 (if different from above)? (Addresses, gender, tenure etc.)

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Treasurer Information:

Name: _____ Phone Number: _____

Email: _____ Phone Number: _____

Additional Contact:

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Judicatory Name (Region/Diocese/Conference/Presbytery/etc.):

Judicatory Leader's Name:

Phone Contact for Judicatory Leader: _____

E-mail Contact for Judicatory Leader: _____



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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?
