



2020



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

The Church's Governing Body has voted to request the New Beginnings Assessment Service of Hope Partnership. We agree to pay the fee of **\$3,650* plus reasonable costs for the contractors' (2 trips) travel and maintenance (avg. \$1600-1800 total)** for this service. A nonrefundable deposit of \$500 must accompany this application; the remainder to be invoiced after the assessment. We understand we will also receive an invoice for travel expenses after each visit. Payment will be due 30 days upon receipt.

***If Assessment is delivered after November 30, 2020, this service will be subject to 2021 pricing (price to be determined).**

Authorized Signature: _____ Date: _____

Setting up the Assessment

Assessments run on a weekday from 3:00-9:00PM. **Dates 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)

Preferred weekdays for Assessment: _____

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. **Dates must be at least 6 weeks from assessment date.** (Please give **at least two different weekends choices**).

Preferred weekends for Leadership Training: _____

Coaching

We understand that coaching **must** be initiated (Coaching Request Form sent in) by the Pastor and commenced (1st session) **within three months*** of the Leadership Training.

***If not initiated and commenced within this timeframe, the coaching opportunity will be forfeited. If coaching is desired at a later date, one-year of coaching is available for an additional fee.**



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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: _____

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?