

## Application for a Mission Project/Trip

Contact person \_\_\_\_\_ E-mail \_\_\_\_\_

Phone # \_\_\_\_\_

1. Description of project/trip \_\_\_\_\_

Where \_\_\_\_\_ When \_\_\_\_\_

2. How will this project/trip meet the mission purpose and/or strategies of FBCPN?

\_\_\_\_\_

3. How many people will be involved with this project/trip? \_\_\_\_\_

4. What qualifications are required?

\_\_\_\_\_

Will training be provided? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

5. What type of promotion/advertisement of this project is planned?

LifeGroups? Sunday bulletin \_\_\_\_\_ Vision \_\_\_\_\_ Church e-mail \_\_\_\_\_

Slides on Sanctuary screens \_\_\_\_\_ Other \_\_\_\_\_

6. What are you asking of the Missions Committee for this project?

\_\_\_\_\_

\_\_\_\_\_

7. What goals are you setting for this project? \_\_\_\_\_

\_\_\_\_\_

8. How will the success of this project be measured? \_\_\_\_\_

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9. How will you ensure financial accountability for this project? \_\_\_\_\_

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10. *On the first Thursday of the month after the completion of this project, please give a report to the Missions Committee with an approximate number of people who heard the Gospel presented, any decisions made or anything else you wish to share about your project. This will allow us to be accountable to our church about how mission dollars are being spent.*