



THE ABYSSINIAN BAPTIST CHURCH MINISTRY ANNUAL PLAN

2017

Ministry Name _____

Ministry Leader _____

Contact Information _____

Date Submitted _____

Submission Deadline: October 16, 2016

**Please Return
Completed Form:**

EMAIL:
Application may be
submitted via email to:
rasmoore@abyssinian.org

BY MAILBOX:
Return to Minister Moore via
elevator lobby mailbox.

BY FAX:
Min. Rashad Moore
Fax: 212.862.3255

The Abyssinian Baptist Church
132 Odell Clark Place | New York, New York 10030
212.862.7474 (t) | 212.862.3255 (f) | www.abyssinian.org
Rev. Dr. Calvin O. Butts, III - Pastor

FOR OFFICE USE ONLY:

Approved Approved with Modification Rejected

Minister's Signature: _____

Date: _____

MINISTRY GOALS & VISION for Ministry Leaders

Abyssinian Baptist Church

Ministry Name:

Ministry Leader:

**Abyssinian's
Mission Statement**

The mission of The Abyssinian Baptist Church is to win more souls for Christ through evangelism, pastoral care, Christian education, social service delivery, and community development.

**The Ministry's
Mission Statement:**

Goals

Considering the mission of Abyssinian and your ministry, identify 2-3 goals for the year. Be sure that they are measurable, relevant, and attainable. Refer to these goals as you prayerfully consider and plan upcoming programming and events.

(1)

(2)

(3)

MINISTRY EVENT PROPOSAL

EVENT DETAILS

Event Name:

Ministry Name

Contact Name

Phone

E-Mail Address

Ministry
Collaboration

Are you collaborating with another ministry for this event? If so, indicate below.

Logistics

Date(s) Requested	Time(s) Requested	Expected Attendance	Event Type

Description

Provide any additional details for the event, if necessary.

BUDGET

Contracts cannot be negotiated, signed or secured without Pastor's and Trustee's approval.

I. ITEMIZED EXPENSES	ESTIMATED	II. ITEMIZED REVENUE	ESTIMATED
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Budget Summary			
I. Proposed Expenses	\$	II. Proposed Revenue	\$

CATERING

DESIRED MENU/MEAL	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> RECEPTION	Expected Number. of Guests
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Please use this section to provide details or additional notes for your catering request.

Final Approval Signature _____

Date Approved _____

MINISTRY SUMMARY OF EVENTS

Include a list of all meetings, events and activities you plan to have at the church and/or off-site. Use additional pages, if needed. A separate Ministry Event Proposal MUST be completed for each event.

Event No. 1	Event Name:		
	Date & Time	Location(s)	Budget
	Services <input type="checkbox"/> Facilities/Set-Up <input type="checkbox"/> AbyTech <input type="checkbox"/> Promotion <input type="checkbox"/> Security <input type="checkbox"/> Ushers <input type="checkbox"/> Flyers <input type="checkbox"/> Food		
Event No. 2	Event Name:		
	Date & Time	Location(s)	Budget
	Services <input type="checkbox"/> Facilities/Set-Up <input type="checkbox"/> AbyTech <input type="checkbox"/> Promotion <input type="checkbox"/> Security <input type="checkbox"/> Ushers <input type="checkbox"/> Flyers <input type="checkbox"/> Food		
Event No. 3	Event Name:		
	Date & Time	Location(s)	Budget
	Services <input type="checkbox"/> Facilities/Set-Up <input type="checkbox"/> AbyTech <input type="checkbox"/> Promotion <input type="checkbox"/> Security <input type="checkbox"/> Ushers <input type="checkbox"/> Flyers <input type="checkbox"/> Food		
Event No. 4	Event Name:		
	Date & Time	Location(s)	Budget
	Services <input type="checkbox"/> Facilities/Set-Up <input type="checkbox"/> AbyTech <input type="checkbox"/> Promotion <input type="checkbox"/> Security <input type="checkbox"/> Ushers <input type="checkbox"/> Flyers <input type="checkbox"/> Food		
Event No. 5	Event Name:		
	Date & Time	Location(s)	Budget
	Services <input type="checkbox"/> Facilities/Set-Up <input type="checkbox"/> AbyTech <input type="checkbox"/> Promotion <input type="checkbox"/> Security <input type="checkbox"/> Ushers <input type="checkbox"/> Flyers <input type="checkbox"/> Food		