



## *Advance Planning and Stewardship Packet*

*“Without counsel plans fail,  
but with many advisers they succeed”  
Proverbs 15:22*





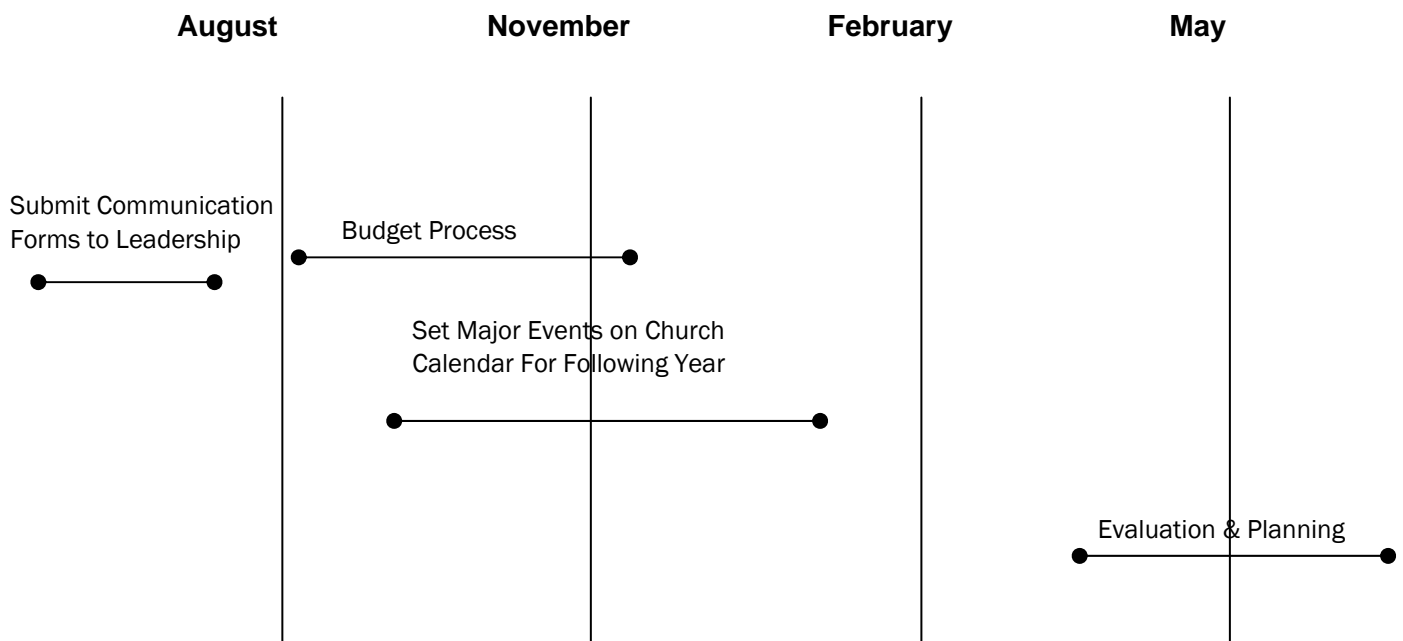
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## Team Ministry Calendar

This planning calendar is based the budgeting process for NWF. A new year's budget must be approved by December of the previous year. For that to take place, the Operations Team must develop and prepare the budget in October and November. This means that a team's goals and budget request must be written and turned in prior to this time. For the leadership to consider all our budget needs, teams should follow the schedule below.





## *Team Communication Form and Evaluation Forms*

The Team Communication Form and the resulting Evaluation Form have been designed with the following goals in mind:

Goals for this process:

1. To utilize God-given resources to accomplish our God-given ministry vision.
2. To empower teams through an effective planning process.
3. To enhance communication and provide for unity amongst all NWF teams.
4. To have teams actively participate in the budgeting process.

These forms will be completed in the following manner:

Instructions to Teams:

1. Please fill out the following form before the beginning of a new ministry year (Jan - Dec).
2. This should be handed in to the Financial Assistant by October 1.
3. The evaluation form reviewing the current year should be completed and submitted by October 1.



## *Calendar Request Form*

This form is designed to help with the stewardship of our facilities and space. Major events that have been discussed in the planning process should be on the church calendar and approved by the end of the previous year (ex. 2009 events should be submitted and approved by the end of 2008). Forms are to be submitted to the Financial Secretary. Week-to-week events are scheduled on a first-come-first served basis. Forms must be approved before space is secured.



## *Financial Forms*

### Large Purchase Approval Form

This form is designed to help monitor large expenditures and cash flow impact; all expenses in excess of \$500 require advance approval from the Operations Team and/or staff. Forms should be a naturally flow from the planning process. Forms should be submitted as early as possible.

*Note: Larger events or projects should not be broken down into smaller expenditures to avoid the approval process. It is precisely for these types of events/projects that we want to be careful managers of the cash flow.*

The operations team will meet once a month (generally the second week of the month); all requests for the coming month should be in Financial Secretaries office prior to the first Sunday of the month. Needs that arise in the interim will be reviewed by the full time ministry staff and Treasurer for approval.

### Purchase Order Form

This form is for all purchases between \$100 and \$499. The NWF ministry staff must approve these expenses in advance (requests must be received by Monday at noon. Approvals will be made on Tuesday during staff meetings).

*Note: Proposed expenditures of \$500 require the Advance Expense Approval Form (see above).*

### Reimbursement/Expense Request Form

This form is designed for expenses of less than \$100. This form can either be used for check reimbursements, check requests, or Visa purchase requests. These forms should be turned in a week prior to the planned expense. NWF staff members will review/approve these forms as-  
soon-as-possible after the Financial Secretary has reviewed them.

*Note: Proposed expenditures of \$500 require the Advance Expense Approval Form (see above). Proposed expenditures between \$100 and \$499 require a Purchase Order Form (see above).*



## Appendix A - *Team Communication Form*

Goals for this process:

1. To utilize God-given resources to accomplish our God-given ministry vision.
2. To empower teams through an effective planning process.
3. To enhance communication and provide for unity amongst all NWF teams.
4. To have teams actively participate in the budgeting process.

Instructions to Teams:

1. Please fill out the following form before the beginning of a new ministry year (Jan - Dec).
2. This should be received by the Financial Secretary by October 1.
3. The evaluation form which reviews the current year should be completed and submitted by October 1.

Planning Questions for the approaching calendar year \_\_\_\_\_

1. Who are the members of your team?
  
2. Define your ministry audience (who is your team ministering to?):
  
3. What is the “biblical mandate” for your area of ministry? (How does the Bible encourage or command us to do this ministry?)
  
4. How will your team help NWF accomplish its vision? What part of the vision will this team focus on (see attached vision statement)?

What would NWF miss if this ministry didn't happen?

5. What are 2 or 3 of the primary results you're looking for in your ministry audience?



6. What are the primary “programs” or strategies you are using to accomplish these results?

Weekly:

Monthly:

Yearly:

7. What are 3 specific results you would like to fulfill this next ministry year?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

8. What are the resources needed to be effective?

Program / Event:

People Needed:

Place Needed:

Finances Needed:

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Program / Event:

People Needed:

Place Needed:

Finances Needed:

---

Program / Event:



People Needed:

Place Needed:

Finances Needed:

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Add pages if needed.

9. Please evaluate your ministry through the current year?

(Use attached evaluation sheet)

10. What is your requested yearly budget?

Total: \$ \_\_\_\_\_.

(Please break out budget into sub-categories with details and plans.  
You may submit additional pages.)

Team Leader: \_\_\_\_\_

Date: \_\_\_\_\_

Operations Team Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Date Reviewed with Ministry Team: \_\_\_\_\_

Other Comments:



## **NWF Vision Statements**

*...what we do and how we do it*

*“Let there be real harmony among you so there won’t be any split in the church. I plead with you to be of one mind, united in thought and purpose.”*

*1 Corinthians 1:10 (LB)*

## **Our Purpose Statement**

*Why are we here?*

*“As a church we will meet the needs of people through Jesus Christ, by providing individuals a way to become through evangelism, discipleship, worship, fellowship, and ministry; according to the Word of God.”*

*(From the Church Constitution, 1997 and 2007)*

## **Our Mission Statement**

*What are we doing?*

*“Turning people into fully devoted followers of Christ.”*

*(Basic 101 statement since 1997)*

## **Our Vision Statement**

*How will we do it?*

*“To be a church that strives to be real and relevant to those who are far from God.”*

*(Restated in Vision Series by Pastor Kevin, August 2007)*



## Appendix B - *Team Evaluation Form*

Date: \_\_\_\_\_

Members involved in Evaluation:

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1. Expected Results (goals):

2. Significant "Wins":

3. Obstacles Encountered:

4. Lessons Learned:

5. Changes Needed:

6. Next Steps:



## Appendix C – Church Calendar Request Form



### New Work Fellowship Church Calendar Request Form

*Please fill out all the information below and submit to church office for approval.*

<b>EVENT:</b>	
<b>DATE:</b>	<b>Is date open?</b>
<b>ACTUAL EVENT TIME:</b> (Circle AM or PM) From:        AM/PM    To:        PM	<b>Time including set up and break down</b> From:        AM/PM To:        AM/PM
<b>REQUESTED PLACE:</b> Preferred: _____ Alternative: _____	
<b>SPONSORED BY:</b>	<b>NWF Ministry?</b>
<b>PERSON RESPONSIBLE FOR EVENT:</b>	
Name: _____	Home #: _____ Work #: _____
<b>EQUIPMENT NEEDED:</b> Sound system, Audio/Visual, other	<b>Have Arrangement been made?</b>
<b>KEY TO BE CHECKED OUT BY:</b>	
Name: _____	Cell #: _____ Work #: _____
<b>PERSON RESPONSIBLE FOR CLEAN-UP:</b>	
Name: _____	Home #: _____ Work #: _____
<i>Note: Please return room to the way it was upon arrival.</i>	

#### OFFICE USE ONLY

Date received: \_\_\_\_\_ (date)

Received by: \_\_\_\_\_ (name)

Is Date Open? \_\_\_\_\_ (Y/N Initials)

Staff Approval: \_\_\_\_\_ (Y/N date)

Date put on calendar: \_\_\_\_\_

Assigned Place: \_\_\_\_\_

Custodian notified: \_\_\_\_\_

Child Care notified: \_\_\_\_\_



Appendix D – Large-Purchase Approval Form  
OPERATIONS TEAM / LARGE-PURCHASE APPROVAL FORM



1611 S. Main Street  
Hopkinsville, KY 42240  
270.885.5223

DATE REQUESTED: \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_

SUGGESTED PAYEE/VENDOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**BUDGET ACCOUNT** (Name/Number): \_\_\_\_\_

Designated Funds: \_\_\_\_\_

Reserve Funds: \_\_\_\_\_

REQUEST DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ESTIMATED AMOUNT OF PURCHASE**

\$

REQUESTED BY: \_\_\_\_\_

DATE

*(For office use only)*

BUDGET AMOUNT AVAILABLE PRIOR TO THIS REQUEST: \$ \_\_\_\_\_

Financial Secretary: \_\_\_\_\_  
*(Indicates budgeted funds are available)* DATE

Ministry Staff Endorsement: \_\_\_\_\_ DATE

Operations Team Approval: \_\_\_\_\_ DATE

**All purchases of \$500 or more requires the advance approval of the Operations team.**



Appendix E – Purchase Order Form

PURCHASE ORDER/PRE-AUTHORIZATION

NO: 00 \_\_\_\_\_



1611 S. Main Street  
Hopkinsville, KY 42240  
270.885.5223

DATE REQUESTED: \_\_\_\_\_

DATE NEEDED: \_\_\_\_\_

SUGGESTED  
PAYEE/VENDOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

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**BUDGET ACCOUNT** (Name/Number): \_\_\_\_\_

REQUEST DESCRIPTION:  
\_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED AMOUNT OF PURCHASE**

\$
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REQUESTED BY: \_\_\_\_\_ DATE \_\_\_\_\_

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*(For office use only)*

BUDGET AMOUNT AVAILABLE PRIOR TO THIS REQUEST: \$ \_\_\_\_\_

Financial Secretary: \_\_\_\_\_ DATE \_\_\_\_\_  
*(Indicates budgeted funds are available)*

Ministry Staff Approval: \_\_\_\_\_ DATE \_\_\_\_\_  
*(Ministry staff has approved the expenditure)*

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**All purchases in the amount of \$100 or more must be approved in advance by the ministry staff. (Requests must be received by Monday at noon. Approvals will be made on Tuesday in staff meetings). Proposed expenditures of \$500 require the advance approval of the Operations team.**



# Appendix F – Reimbursement/Expense Request Form



the appropriate box

## New Work Fellowship

REIMBURSEMENT REQUEST

CHECK REQUEST

VISA REQUEST

(For Purchases of less than \$100)

PAID TO:	FOR:	ACCOUNT:	AMOUNT: *
TOTAL			

Name to make check/ payable to (if applicable): \_\_\_\_\_

Date requested: \_\_\_\_\_ Date needed: \_\_\_\_\_

Activity Description: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Financial Secretary: \_\_\_\_\_ date: \_\_\_\_\_

**BUDGET AMOUNT AVAILABLE PRIOR TO THIS REQUEST:**     \$ \_\_\_\_\_

Minister Approval: \_\_\_\_\_ date: \_\_\_\_\_

- Please use a PO for check requests, reimbursements and/or visa requests over \$100.00