Friendship Baptist Church New Program Action Form

PROJECT NAME:

SPONSORING AUXILLIARY:

SUBMISSION DATE: **DATE ACTION NEEDED BY:**

PROJECT CONTACT NAME:

CONTACT EMAIL AND PHONE:

PROPOSAL: *Describe proposed project*

PROJECT IMPACT: *Describe benefit to community, membership, church, others*

WHO:

WHERE:

WHEN:

COST:

FBC VISION AND MISSION IMPACT: *How does program help achieve Church vision and mission?*

Please return completed form to Church Secretary/Trustee Office to be forwarded to the Advisory Council.

REVIEW PROCESS:

ADVISORY COUNCIL RECOMMENDATIONS

DISTRIBUTION FOR ACTION TO:

____ Returned to recommending auxiliary for additional information — Date _____

____ Trustee Board — Date_____

____ Deacon Board — Date_____

____ Pastor — Date_____

____ Membership — Date_____

____ Returned to Advisory Council for further review and recommendation — Date_____

____ Other action taken: — Date:_____

Explanation:

COMMENTS:

CONCLUSION: *Describe final action taken*