



2021



# NEW BEGINNINGS APPLICATION

Hope Partnership  
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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, 2021, this service will be subject to 2022 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 (1<sup>st</sup> 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?