

Outreach North America Church Planting Proposal

Where? Geographic Location

Pinpoint the geographic location or locations you are considering.

Why? Need for an ARP Church in this Area

Explain why this location.

Explain what you know about other churches in the area.

Explain what you know about the population and population trends.

Who? Ministry Focus Group

Who are you preparing to reach in this target area?

Describe the people in the area.

What do you know about their worldview?

Who are existing contacts in the area or people who will move to the area?

Describe any possible core group or launch team members?

Mission Developer

If the Developer has not yet been identified, give a profile of the candidate you are seeking?

If the Developer has been identified, what is his name and what competencies does he bring? Please attach a completed risk factor analysis for this

candidate.

What? Core Values, Vision, and Characteristics

What are some of your core values in developing a new church?

Briefly describe your vision for what the new church will become as it lives out

these values

Briefly describe some characteristics of the church you would plant.

How? Strategy

Give some of your preliminary ideas about strategy. Please include:

How this ministry focus group is best reached

How will you make contact with and disciple new people

When? Preliminary Timeline for Developing a Church

Include projected start date and key milestones.

Include target date for the mission being organized as a congregation.

How Much? Resources Needed

Give a preliminary estimate of how much money is needed? Please include a 3-year budget of projected sources of income vs. expense (see format provided).

Are there other needs, especially non-monetary needs?

Outreach North America
Church Planting Proposal Details

To Be Submitted to ONA Office with Proposal

Start Date for Supplements: _____

Who will be administering your payroll: _____

Address for Checks to be sent to: _____

City: _____ State: _____

Zip Code: _____

Will you be on General Synod's Group Health Insurance Policy: _____

Note: If not you will need to sign a paper declining benefits. Contact Central Services to obtain.

Are you Ordained: _____

Will you be on General Synod's Retirement Plan: _____

Contact Central Services at 864.232.8297 to enroll in Benefits