



### **Mission Statement**

The Mission of FCC is to glorify God, to reach those without a relationship with Jesus Christ with the Gospel, to equip all to share the Gospel of Jesus with others. Our Mission includes helping Christians to achieve a mature faith in Christ.

### **Vision Statement**

The vision of FCC is to be a consistently growing church where people from all walks of life can experience the love of Jesus. As part of our vision, we strive to be a church that challenges and encourages people to have a growing and active faith.

### **The Focus of FCC- Our Slogan**

Changing Lives By Connecting People With Christ.

### **The Values of FCC**

At FCC, we are driven by a set of core values by which we operate as a church. Without our core values, we would simply be another club instead of being a church of Jesus. These values are non-negotiable, and they are the foundation of FCC. The following is a list of some of the core values of FCC:

1. We believe that God desires a relationship with all people; therefore, we will strive to connect people with Jesus. (1 Timothy 2:4)
2. We believe that Jesus is the only way to heaven, the only name by which one can be saved; therefore, we need to be intentional in our outreach efforts since we know that without Jesus people will be lost for eternity. (John 14:6)
3. We believe that Jesus loves everyone, although not everyone will go to heaven. We have all sinned and fallen short of the glory of God. Rom 3:23; therefore, one must accept Jesus to be saved. (Accepting Jesus is done by placing one's faith in Jesus, repenting of one's sin, confessing Jesus as Lord, being baptized (immersed) into Jesus). FCC will show the love of Jesus with whom we come in contact. (Acts 2:42-ff; Romans 3:23)
4. We believe fellowship is an important part of the growth process for the Christian; therefore, we will provide many fellowship opportunities for people at FCC. (Acts 2:42-ff)
5. We believe the Bible is the inspired, inerrant word of God; therefore, we will preach and teach the Word of God with passion, looking to be accurate to the text. We strive to preach and teach the Word with the passion, and in the spirit that it was meant to be presented. We will not force man's traditions to become God's Word. (2 Timothy 3:16-17; 1 Corinthians 4)
6. We believe the Bible is relevant to all times and cultures; therefore, we will strive to teach the Word in a way that connects with people of today.
7. We believe knowing and understanding God's Word is important for those who want to mature in their faith; therefore, we will provide relevant, biblically-centered educational opportunities at FCC. (2 Timothy 3:16)
8. We believe our church polity (Leadership structure) and structure to follow the New Testament model; therefore, we will not give up said structure or model for the sake of any denomination. (1 Timothy 3; Titus 2; Colossians 1:18)
9. We believe that it is exciting to serve Jesus; therefore, we will show our excitement in all we do for Jesus. (Galatians 5:13)



## MINISTRY EVENT PROPOSAL/PLANNING FORM FIRST CHRISTIAN CHURCH

### Instructions

- The Ministry Event Planning Form has 3 parts; please complete each form in full and submit to the Ministry Council:
  - Event Planning Form - Complete in full and submit to the Ministry Staff at least 60-days before the planned event. The Ministry Staff will review and approve all Ministry Events.
  - Budget Development Form - Complete in full and submit along with the Event Planning Form. The Leadership Team will consider and make decisions for all requests for funding to support ministry events.
  - Evaluation Form - Complete in full and submit to the Ministry Staff within 15 days after the event. The Ministry Staff and/or Leadership Team will review and discuss the evaluation with the Event Leader.
- Please complete the form in full to ensure adequate evaluation by the Ministry Staff. Please type or write legibly. If typing, use the tab key to move to the next question. Please feel free to add additional pages.

### Ministry Information

This is a:  New Event       Recurring Event       Unexpected Opportunity (unexpected opportunities will be reviewed within a 1-week period)

<i>Please enter the name of the ministry submitting the event proposal</i>		<i>Please enter date proposal submitted</i>	
Ministry:		Date:	
<i>Please enter Ministry Leader's full name</i>		<i>Please enter Ministry Leader's Phone number</i>	
Ministry Leader:		Phone:	

### Primary Contact

<i>Please enter primary contact person for this event</i>		<i>Please enter contact persons ministry position</i>	
Contact Person:		Ministry Position:	
<i>Please enter phone number for primary Contact Person</i>		<i>Please enter email address for primary contact person</i>	
Phone:		Email:	

### Event Details

<i>Please enter the name of the event</i>		
Event Name:		
<i>When will the event be held?</i>	<i>What time will the event begin?</i>	<i>What time will the event end?</i>
Event Date(s):	Start Time:	End Time:
Is this a recurring event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If this is a recurring event, how often will it occur?	
	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	

**PLEASE ADD AN ATTACHMENT WHEN NEEDED AND NOTE  
"SEE ATTACHMENT #" IN THE SPACE GIVEN ON THE FORM**

**Fulfilling the FCC Mission and Vision**

**Event Purpose/Objective(s)**

Please explain the purpose/objectives of the event and how this event will help achieve the overall FCC vision/ direction.

Which of the 4 quadrants of Connection Ministry does this event support (check all that apply)?

- Worship   Relationships    Learning   Faith in Action

Please indicate the key FCC population group(s) this event will reach (check all that apply):

- Target Audience:   All Church   Children   Community   Couples   Men  
Seniors   Singles   Women   Youth

**Event Program/Attendance/Evaluation**

**Event Speakers / Facilitators**

All speakers/facilitators must be approved by the Ministry Staff before an invitation can be extended. The Ministry Staff will interview the suggested speaker/facilitator and extend the formal invitation or instruct the ministry leader to proceed with the invitation. To ensure a smooth and seamless process, please provide names, topic, church affiliation and phone number for each speaker/facilitator along with a copy of his/her biography. This information must be provided at least 90 days before the event date

a) Will the program include speaker(s) or facilitator(s)?   Yes   No   If yes, please complete below:

Speaker/Facilitator Name	Topic	Church Affiliation	Phone Number

b) Please attach a copy of speakers/facilitators' biography. If not attached, when will the biography be submitted?

**Event Description**

Please provide a brief description of the event, i.e., program outline, planned activities, etc. of what you expect to happen during the event. **PLEASE ADD AN ATTACHMENT**

Event Description:

**Event Attendance**

The number of people you expect to reach by sponsoring this event could be critical to the success of the event. For practical purposes, we have defined group size as small (15-20 persons) and large (over 25 persons). Please indicate the number of persons you expect to participate in the event.

- a) Do you have an attendance goal?   Yes   No   If yes, what is the attendance goal?  
b) Will other churches be invited to participate in this event?   Yes   No  
c) Will the community be invited to participate in this event?   Yes   No

**Ministry Collaboration**

**Ministry Collaboration**

To increase the reach of ministry events within our congregation and community and better allocate our limited resources, we encourage you to work with other ministries plan and organize events that advance the FCC mission.

a) What other Connection Ministries might benefit/support this event?

- b) Have you communicated with the ministry team leader(s) to determine their interest in supporting this event? Yes No

### Planning and Implementation

#### Planning and Implementation

*"Excellence is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives." William Foster. Please answer the following questions to ensure adequate consideration has been given to how to best organize for a fruitful event.*

- a) How many people are needed to plan this event?
- b) How will you organize to plan this event?:  Leadership Team  Single individual  Committee
- c) Will you solicit servant volunteers from the FCC membership?  Yes  No
- d) What methods will you use to ensure tasks are completed in a timely manner?
- e) How will the event be promoted (*check all that apply*)?  Sunday Bulletin  FCC Web Site/Facebook  
 Email  Flyers  Direct Mail  Newspapers  Radio  Foyer Display  Church Sign

### Event Logistics/Ministry Support Services

#### Event Site

*Please indicate where the event will be held, and provide details about events planned off-campus.*

Event Location:  FCC Campus  Off-site Location

- a) If on-site, which room would you like to reserve?  Blue Room  Green Room  Sanctuary  
 Fellowship Hall  Library  Parking Lot  Kitchen  Teen Room  Leadership Room  
 Stage Class  Nursery  Yellow Room
- b) If off-site, please provide facility name, address and phone:
- c) If off-site, will a contract be required?  Yes  No
- d) If off-site, will a deposit be required?  Yes  No
- e) If a deposit is required, how much is the deposit? \$

#### Registration

*Please indicate if participants will be required to register for this event and if a fee will be charged.*

- a) Will registration be required?  Yes  No
- b) Will there be a registration fee?  Yes  No  
If yes: What is the fee? \$                      What does the fee include?:

#### Ministry Support Services

*Please identify the ministry support services needed to help make this event successful. The event planner is responsible for communicating needs directly to the Ministry Team Leader:*

Audio/Visual Ministry  Childcare  Social/Hospitality  Music Ministry  Room Set-up

#### Audio/Visual Equipment

*Please select the audio/visual equipment you will need:*

Computer  Dry Erase Board/Markers  Easel  Flip Chart/Markers

LCD projector

Lectern

Microphone(s)

TV/DVD Player



## MINISTRY EVENT BUDGET DEVELOPMENT FORM

### FIRST CHRISTIAN CHURCH

Please complete the Budget Development Form in full and submit it to the Ministry Staff along with the Ministry Event Planning Form. The Leadership Team will consider all budget requests allocate funds as appropriate.

- 1) Ministry: \_\_\_\_\_ Ministry Leader: \_\_\_\_\_
- 2) Are you requesting Church funds? Yes No      If yes, how much are you requesting: \$ \_\_\_\_\_
- 3) Who will manage the finances for this event? \_\_\_\_\_
- 4) Do you expect to generate income from this event? Yes No
- 5) Will there be a registration fee? Yes No
- 6) Will you sell tickets for this event? Yes No
- 7) Will you solicit funds for this event?:    Yes No    If yes, please identify:  
Congregation Donations/Gifts    Corporate Donations    Other:
- 8) Budget Development

Anticipated Revenue	Anticipated Income
Registration Fees \$      X      Participants	\$ _____
Donations	
Source 1:	\$ _____
Source 2:	\$ _____
Source 3:	\$ _____
Congregation Donations	\$ _____
Other:	\$ _____
<b>Estimated Revenue</b>	<b>\$ _____</b>

Anticipated Expenses	Anticipated Costs
Speaker Costs	
Speaker Housing	\$ _____
Speaker Travel	\$ _____
Speaker Honorarium	\$ _____
Off-site Facility Rental Cost	\$ _____
Deposit Amount: \$      When needed:	\$ _____
Lodging: \$      X      Rooms X      Nights	\$ _____
Meal Functions:	\$ _____
Breakfast \$      X      People	\$ _____
Lunch \$      X      People	\$ _____
Dinner \$      X      People	\$ _____
Decorations	\$ _____
Materials and Supplies	\$ _____
Gifts and Prizes	\$ _____
Printing and Copying	\$ _____
<b>Total Anticipated Expenses</b>	<b>\$ _____</b>



## MINISTRY EVENT EVALUATION FORM

FIRST CHRISTIAN CHURCH

It is important to assess our events and programs in order to document our successes, address areas that need improvement, and plan for the next event. Please complete the **Ministry Event Evaluation Form** after each event or program, and submit a copy to the Ministry Staff within 15-days following the event. The completed form will be shared with the Ministry Staff for input and comments.

### MINISTRY EVENT EVALUATION FORM

Please complete the **Ministry Event Evaluation Form** after each event or activity and submit a copy to the Ministry Staff within 15-days following the event ([jeff@fccsv.com](mailto:jeff@fccsv.com) or [Jerry@fccsv.com](mailto:Jerry@fccsv.com)). **ADD ATTACHMENTS WHERE NEEDED AND PLEASE NOTE THEM ON THE FORM**

#### Ministry Event Information

Ministry:	Ministry Leader:
Event:	Date Event was held:
Is this a recurring event? <input type="checkbox"/> Yes <input type="checkbox"/> No	

#### Fulfilling the FCC Mission and Vision

<p><b>Event Purpose/Objective(s)</b> <i>Please describe how the event purpose/objectives were met</i></p> <p>a) What were the purpose/objectives of this event/program?</p> <p>b) Were the purpose/objectives accomplished? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>c) Please elaborate on how the ministry objectives were met or not met:</p>
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#### Event Program / Attendance / Evaluation

<p>a) Do you consider the program a success? <input type="checkbox"/>Yes <input type="checkbox"/>No Please explain why or why not:</p> <p>b) Did you have an attendance goal? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes: a) what was the attendance goal?</p> <p>c) Was the attendance goal reached? <input type="checkbox"/>Yes <input type="checkbox"/>No If no, what prevented you from reaching it?</p> <p>d) Was the planning team or event leader asked to give feedback? <input type="checkbox"/>Yes <input type="checkbox"/>No, If yes, please summarize the results</p> <p>e) Were participants asked to complete satisfaction survey? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, please attach a summary of the results of the survey.</p>
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#### Ministry Collaboration

<p>a) Were other ministries involved in the planning and implementation of the event? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>b) How did the event benefit by involving other ministries?</p> <p>c) What challenges did you realize by involving other ministries?</p>
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### Planning and Implementation

- a) How was the planning/organized?  Leadership Team  Single individual  Committee
- b) Was this method successful?  Yes  No If no, what would you do differently?
- c) How many people were involved in planning/implementing this event?
- d) Was this a sufficient number?  Yes  No
- e) Were members other than the Ministry Leadership Team involved?  Yes  No  
If yes, what were the benefits and/or challenges of involving other FCC members?
- f) Are there areas of the planning/implementation that you would do differently?  Yes  No  
If yes, please identify these areas:
- g) Could the ministry benefit by sponsoring this event again?  Yes  No (IF YES, HOW?)
- h) How did you promote the event?
- i) Were the methods of promoting the event effective:  Yes  No  
If no, what would you do differently?

### Logistics and Support Services

#### Event Site

- a) Where was the event held?  FCC Campus  Off-site Location:
- b) If off-site, would you use this facility again?  Yes  No

#### Registration

- a) Were participants required to register for this event?  Yes  No
- b) How well did the registration process work for this event?
- c) Is there anything you would change about the registration process?

#### Ministry Support Services

- a) What ministry support services did you use for this event?  
 Audio/Visual Ministry  Childcare  Social/Hospitality  Music Ministry  Room Set-up
- b) How well did the process for requesting ministry support services work?
- c) Were the services provided performed to your satisfaction?  Yes  No  
If no, what changes would you recommend?

### Event Budget

- a) How was this event funded (please check all that apply)?  FCC Funds  Ticket Sales  
 Congregation Donations/Gifts  Other Donations
- b) What was the actual cost to sponsor this event? \$
- c) Is this amount:  Break-Even  Over-Budget  Under-Budget?

Thank you for taking the time to complete the evaluation.