

St. Louis de Montfort  
Standard Operating Policy  
New Ministry Form  
Approved  
Date



Name of Proposed Ministry \_\_\_\_\_  
Date of Application \_\_\_\_\_  
Pastor's Tentative Approval \_\_\_\_\_

What is the purpose of this ministry?

\_\_\_\_\_  
\_\_\_\_\_

What is the expected duration of this ministry? \_\_\_\_\_

Where will this ministry meet and how frequently?

\_\_\_\_\_

Are there any budget requirements (funds need from SLDM parish operating budget)? \_\_\_\_\_

If funds are needed, please explain amount and purpose.

\_\_\_\_\_  
\_\_\_\_\_

Number of Ministry Members anticipated. Initially \_\_\_\_\_ Long Term \_\_\_\_\_

Names of Ministry Members (initial)

\_\_\_\_\_  
\_\_\_\_\_

Vision Statement for the Ministry

\_\_\_\_\_  
\_\_\_\_\_

Mission Statement for the Ministry

\_\_\_\_\_  
\_\_\_\_\_

Are there any fundraising activities planned for this ministry? \_\_\_\_\_

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Pastor Approval Date \_\_\_\_\_ Signature \_\_\_\_\_

Pastoral Council Approval Date \_\_\_\_\_ Signature \_\_\_\_\_