

## The Church of St. John the Divine

## Ministry Plan and Request for Allocation of Resources

Name of Ministry:		
Ministry Administrator:		
Ministry Objectives:		
General Plan of Action:		
Necessary Program Costs:		
Description	Cost	
	\$	
	\$	
	\$	
	\$	

\$

\$

\$

\$

Total

Discretionary Program Costs (What you would like to do if you had the money)

Description	Cost
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

TOTAL BUDGET REQUEST	\$
(Necessary + Discretionary)	

Submitted by:	Date:	