**CORNERSTONE CHOSEN MINISTRIES**

**OBJECTIVE TASK ACTION PLAN (OTAP)**

***PLEASE DO NOT COMMIT TO ANY SERVICES, ACTIVITIES OR PROGRAMS PRIOR TO APPROVAL***

*CALENDAR YEAR:* ***2020***  *NAME OF MINISTRY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*MINISTRY LEADER (S)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*CO-LEADER (S) )* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*DESIGNATED INTERIM LEADER(s) APPOINTED BY YOU IN YOUR ABSENCE. (If you do not have a co-leader to assume the tasks of this ministry if you are not available) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

IS THIS YOUR FIRST YEAR LEADING THIS MINISTRY?*YES\_\_\_\_ NO\_\_\_\_*

*WHAT IS YOUR COMMITMENT TIME FRAME FOR THIS MINISTRY? (Do you only want to lead it for a year? Two years? Indefinitely? Please explain your answer:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*HAVE YOU PRAYED ON THE PURPOSE OF THIS MINISTRY? YES\_\_\_\_ NO\_\_\_\_*

*HAVE YOU ALREADY SPOKEN WITH PASTOR ABOUT THIS? YES\_\_\_\_ NO\_\_\_\_*

*OBJECTIVE(S) (WHAT IS THE PURPOSE/BENEFIT OF CSCM HAVING THIS MINISTRY)*

*1.*

*2.*

*HAVE YOU SELECTED A COMMITTEE FOR THIS MINISTRY? YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_*

*IF YOU ANSWERED YES, PLEASE LIST THE NAME(S) OF YOUR COMMITTEE MEMBERS:*

*1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***(ATTACH ADDITIONAL SHEET TO LIST ADDITIONAL COMMITTEE MEMBERS:)***

*EVANGELISM TASK: (HOW WILL THIS MINISTRY WIN SOULS FOR CHRIST OR BRING AWARENESS OF CHRIST?)*

*1.*

*PLAN OF ACTION: (How do you plan to fulfil the purpose of this ministry?)*

*1.*

*REVENUE PLAN(S) (Will you generate revenue with this ministry and if so what is the goal)*

*1.*

***PRE-PLANNING:***

*WILL YOU HOST ANY FUNDRAISERS YES\_\_\_\_ NO\_\_\_\_*

*WILL YOU NEED ANY DEPOSITS OR FUNDS FROM THE CHURCH FOR THIS MINISTRY? YES\_\_\_\_ NO\_\_\_\_*

*HOW WILL YOU CONDUCT MEETINGS FOR THIS MINISTRY?*

*WEEKLY\_\_\_\_\_\_\_ MONTHLY\_\_\_\_\_ SEMI-ANNUALLY\_\_\_\_\_\_\_ OTHER\_\_\_\_\_\_\_\_\_*

*PLEASE LIST ADDITIONAL INFORMATION FOR MEETINGS: SET DAYS (ETC…. IE: EVERY TUESDAY,…..)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*PLEASE ATTACH ADDITIONAL INFORMATION THAT YOU FEEL IS NEEDED TO GIVE THE PURPOSE AND PLAN OF THIS MINISTRY.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*PROJECTED BUDGET $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUBMITTED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***WHAT WILL THIS MINISTRY DO DIFFERENT THIS YEAR?***

***NAME SOMETHING THAT THIS MINISTRY PROVIDED OR DIDN’T PROVIDE THAT WILL EITHER BE OMITTED OR IMPLEMENTED IN THE COMING YEAR?***

***DO NOT WRITE BELOW THIS LINE ~ ADMINISTRATION USE ONLY***

*PREVIOUS YEAR PROJECTED BUDGET: $\_\_\_\_\_\_\_\_ ACTUAL EXPENSES INCURRED: $\_\_\_\_\_\_\_\_\_\_*

*Projected budget has been:*

*\_\_\_APPROVED APPROVED WITH ADJUSTED BUDGET AMOUNT OF $\_\_\_\_\_\_*

*\_\_\_REJECTED REASON FOR DECISION (IF NECESSARY)*