**Fiscal Planning Year**: July 1, 2025 -June 30, 2026 Group#\_\_\_\_\_\_\_

**DEADLINE: April 1, 2025**

**Submitted by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Submitted** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MINISTRY/ORGANIZATION ANNUAL REVIEW AND BUDGET**

The Ministry Coordinating Committee (MCC) appreciates your careful and thorough attention to this annual process.  Please complete all required forms, allowing time for review by your MCC representative prior to the deadline.  INCOMPLETE PACKETS WILL BE RETURNED.

1. **Name of Ministry/Organization/Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Meeting Summary. \*\* FACILITY REQUEST FORMS** are required for all on-site meetings listed below.\*\* **Add additional page if needed**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Meeting** | **Frequency** | **Day++** | **Desired Location++** | **Meeting Time ++** |
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 **3. Summary of planned events held on and offsite.** Examples: golf tournaments, officer installations, Anniversary Masses, food or ticket sales, dinners, speakers.

**\*\* FACILITY REQUEST FORMS &** **EVENT PLANNIG FORMS** are required for all events listed below**.\*\* Add additional page if needed**

++ Your MCC liaison will notify you if your desired location, time, and date are approved.

|  |  |  |  |
| --- | --- | --- | --- |
| **Event (add additional page if needed) ++** | **Date++** | **Desired Location++** | **Time of Event ++** |
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REV 10/24

**Ministry/Organization/Group** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is the ministry doing specifically to help with the success of the building of St. Charles Church?** (Example: Sponsoring from the catalog, raffles or other fundraising event, volunteer to clean SC Church, etc.)
2. **What is the ministry doing to grow in faith and/or assist the parish community and those in need**? (Example, ARS prepares hygiene kits for homeless; Health Ministry has a table at Fatima & Parish Festival; start meetings with a scripture passage or decade of the rosary)

1. **How often can your ministry help with the Bethlehem Café after Sunday masses at St. Charles and promote your ministry?** (set-out/pick-up table cloths & decorations, serve coffee or juice, assist at donut table, etc.)
2. **Comments**: (Include comments about facility needs such as “need room away from loud meetings/events”)

**MINISTRY LEADERS’ INFORMATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Ministry Name / Organization**

**Next scheduled Election of Officers\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (month/year) **Number of active members \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\* Refer to instructions for a Change in Leadership occurring *after* submitting Annual Review form.

**All Ministry Leaders (or Key Leader) must acknowledge notification of the PRIVACY CLAUSE below by initialing to the left of their name**. If the leader is not available to initial below, the leader completing this form may read the PRIVACY CLAUSE statement to the absent leader then initials for the absent leader and the ministry leader reading the PRIVACY CLAUSE statement.

**EXAMPLE**

**Initial Here**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Privacy Clause** |  | **PRINT Leader’s Name and Position** | **Cell Number** | **Email Address / If no email, give mailing address** |
| J D/ ML | Jane Doe, Treasurer | (559) 999-0000 | Janedoe23@example.com |

**The PRIVACY CLAUSE states:** “Personal information shared on this form is for parish use and may be shared with staff, GSCP Advisory Councils and Committees. The primary leader will be the contact person listed in the parish directory and on our website unless a proxy is given. ALL ministry leaders will be added to the parish Flock Note account and begin receiving the GSCP E-Newsletter and emails/texts for ministry leaders”.

**Privacy Clause Initial Here**

**Provide the following contact information for ALL ministry leaders and officers.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **PRINT Leader’s Name and Position** | **Cell Number** | **Email Address / If no email, give mailing address** |
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**Acknowledgement:**

I have read the “Instructions for Completing the Annual Review” and the **Important Reminders** that I will reference as they apply to my ministry in the future. If I have any questions, I will contact my ministry liaison or Deacon Paul Marquez at pmarquez@gscparish.org.

Leader’s

Signature  **\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**