Hope Partnership

P.O. Box 7030 Indianapolis, IN 46207

Toll Free: (800) 274-1883 Fax: (317) 635-6534

Email: [mdefields@churchextensionfmr.org](mailto:mdefields@churchextensionfmr.org)

This is to advise you that at a meeting of the Official Governing Body of:

Congregation Name:

Address:

City: State: Zip: Phone:

**Ethnicity (~%):** \_\_\_\_ C \_\_\_\_AF-A \_\_\_\_H \_\_\_\_AS-A \_\_\_\_O

It was voted to request the Recasting Service of Hope Partnership. We agree to pay the fee of **$9,167.00 (1/6 of the $55,000 fee for this service)** for this service which will be invoiced at the time of the assessment.

**We also agree to pay 1/6 of reasonable costs for our assessor’s and facilitator’s travel and maintenance.**

Authorized Signature: Date:

***A church's decision to cancel or postpone the service after submitting this request may result in a $250 cancellation charge if travel reservations have already been purchased. If cancellation occurs after assessment is rendered the congregation will be responsible for the expenses incurred.***

**Setting up the Assessment:**

Assessments run on a weekday from 3:00-9:00PM. ***Date must be at least 4 weeks from the date of application***. (Please give **5-10 different weekdays** when church leaders would be available to attend)

We would like to request the Assessment be done one of these weekdays: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Setting up the Leadership Training:**

Training will be done on mutually acceptable dates. Day One (Friday - 6:00-9:00PM) is open to the entire congregation. Day 2 (Saturday - 8:30 AM-4:00PM) is for house meeting facilitators and pastor only. ***Date must be at least 6 weeks from assessment date.*** (Please give a 2 week window)

We would like to schedule our Leadership Training for the weeks of

**Office use only**:

Date received: Invoice request:

Assessor: Facilitator:

Assessment Date: Leadership Training:

**Clergy information:**

Name: Position at Church:

Email: Phone Number:

**Who will be your congregation's primary contact person regarding this service?**

Name: Position at Church:

Email: Phone Number:

**Who should we contact regarding your participants profile? (Addresses, gender, tenure etc.)**

Name: Position at Church:

Email: Phone Number:

**Treasurer Information:**

Name: Phone Number:

Email: Phone Number:

**Additional Contacts :**

Name: Position at Church:

Email: Phone Number:

Name: Position at Church:

Email: Phone Number:

**Region/Diocese/Conference/Presbytery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Contact for above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLERGY LEADER QUESTIONNAIRE**

**\*Must be turned in prior to assessment\***

Questions: In order to serve you well in our assignments, we ask that your **clergy leader** submit answers to these questions. This may be separate from the Application, but must be completed before the assessment date.

1. Briefly describe your congregation's history.

2. Describe the challenges the church is currently facing that you hope the Recasting process will address.

3. What is the one thing you appreciate most about this congregation?

4. How did the congregation discover Recasting?