



Dr. Kenneth L. Samuel, Pastor & Organizer

## **COORDINATOR'S MONTHLY REPORT**

**(This report is due at coordinating council each month.)**

**MINISTRY NAME:** \_\_\_\_\_

**COORDINATOR(S) NAME(S):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

- I. Give a written Status Report for your ministry, noting in particular:
  - A) An assessment of your current operations
  - B) An evaluation of membership involvement – what are your numbers looking like? Submit your budget when applicable.
  - C) A listing of any particular challenges, questions, or concerns you have regarding the functioning of your ministry.
  
- II. Provide an update on current proposals and plans for your ministry.