

**Southside Church Of Christ
2101 Hemphill Street
Fort Worth, TX 76110**

Mission Work Nomination Form

(Please answer the following questions and use additional sheets as required)

Today's Date: _____

Who is nominating this work?

1. Contact information of the person who is nominating this work:
 - a. Name: _____
 - b. Phone Number: _____
 - c. Email: _____
 - d. Relationship to the proposed work: _____

Information about the Mission Work

2. Name and **contact information** of missionary or organization that is being proposed
 - a. Name: _____
 - b. Phone Number: _____
 - c. Email: _____
 - d. Relationship to the proposed work: _____

3. Funding Request: (Type and Amount) _____

- a. **Types of Contribution**
 - i. **Special One Time;** This type of contribution is typically in response to an emergency request of event that occurs that does not require continuous funding. Examples include:
 1. a contribution to assist a missionary with unanticipated automobile repairs
 2. Emergency funds for medical assistance
 3. Youth mission trips
 - ii. **Continuing or Dedicated (Annual Commitment) Funding.** This type of funding is designed to support a work for a specified period of time pending periodic reviews of effectiveness and adherence to the goals and objectives of the SSCoC Missions Team.

4. Type of Support: _____

- a. There are three basic types of support for mission works. Sponsoring Congregation, Supporting Congregation, Individual Support.
 - i. A **Sponsoring Congregation** acts as the primary interface and primary contributor to a specific mission work. Most, if not all of the funds that are contributed to the mission work are funneled through the sponsoring congregation. The sponsoring congregation is the primary point of contact for direction, management and maintenance of the mission work.

- ii. A **Supporting Congregation** contributes to a mission work by providing designated funds to a Sponsoring Congregation for a specific mission work.
- iii. **Individual Support** is monetary support provided by an individual directly to the mission work or funds that are supplied by an individual and funneled through a Sponsoring Congregation.

b. Are others financially obligated in supporting your mission? If so, please define?

5. **Summary and Background of the Mission Work:** History, objective, location, duration, past performance, etc.

a. List of family members involved in the work (ages, birthdates, - so we can send cards and letters on special occasions)

b. List of team members or others that are affiliated with the work

c. Resume or biography of primary missionary; education, mission preparation, etc.

d. Do you anticipate a time that your work will be financially self-sufficient?

e. What are your expectations for Southside members as a part of your missionary team?

6. **References and contact information;** (minimum of 3)

7. **Disposition:** this section records the

a. date the request was received,

b. date it was presented and discussed in the GMT meeting and name of the person presenting the nomination

c. the results of the discussion in the meeting with the GMT

d. The date of the response back to the missionary

8. **Reporting Required**

a. Quarterly Mission Status Report

i. The quarterly mission status report will include the Summary Data Sheet above with the following additions:

1. Emergency contact information

2. Monthly mission activity summary (report from the mission)

3. Contact report from the SSCoC point of contact.

4. Did they receive the support check?

5. Any problems or concerns physically or spiritually (prayer requests)

6. Is family ok?

7. Are they scheduled for a trip to the US and if so can they visit SSCoC?

8. Can they participate in a teleconference with the GMT?

9. Birthdays, Anniversaries, special occasions, Christmas, Easter, Thanksgiving, etc.