

ANNUAL PARISH GOALS FOR OFFICE OF PARISH TRANSFORMATION

PARISH NAME:

CITY:

DATE:

Person(s) filling out report:

Contact information: Phone number:

E-mail address:

Step I: General Information and Insights

What Trends and/or feedback did you see when reviewing your **parish snapshot data**?

What trends and/or feedback did you see in your response to the **Pillar IV Checklist**?

What budget modifications have you made in support of moving from **maintenance to mission**?

What strategic planning process did you use when setting your annual goals?

What growth have you already experienced prior to submitting your annual goals?

Please email all reports in the format provided above to Christine Newkirk (cnewkirk@catholicdos.org), **DIRECTOR OF THE OFFICE OF PARISH TRANSFORMATION**, no later than May 15, 2026. You may submit any time prior to the due date and expect a formal response within a month of your submission.

ANNUAL PARISH GOALS FOR OFFICE OF PARISH TRANSFORMATION

PARISH NAME:

CITY:

DATE:

Step II: Goals and Plan

Mission Goal 1:

Desired outcome	Activities	How will you know you are succeeding – Measurable data	Self-reported progress (provide evidence)	Begin/end dates	Responsible party	Budget Allocation

Comments (optional):

ANNUAL PARISH GOALS FOR OFFICE OF PARISH TRANSFORMATION

PARISH NAME:

CITY:

DATE:

Step II: Goals and Plan

Mission Goal 2:

Desired outcome	Activities	How will you know you are succeeding – Measurable data	Self-reported progress (provide evidence)	Begin/end dates	Responsible party	Budget Allocation

Comments (optional):

ANNUAL PARISH GOALS FOR OFFICE OF PARISH TRANSFORMATION

PARISH NAME:

CITY:

DATE:

Step II: Goals and Plan

Maintenance Goal 1:

Desired outcome	Activities	How will you know you are succeeding – Measurable data	Self-reported progress (provide evidence)	Begin/end dates	Responsible party	Budget Allocation

Comments (optional):

ANNUAL PARISH GOALS FOR OFFICE OF PARISH TRANSFORMATION

PARISH NAME:

CITY:

DATE:

Step II: Goals and Plan

Additional Goal(s) if desired:

Desired outcome	Activities	How will you know you are succeeding – Measurable data	Self-reported progress (provide evidence)	Begin/end dates	Responsible party	Budget Allocation

Comments (optional):