

Grant African Methodist Episcopal Church Ministry Event Planning Form

Each event must have a separate form.

The purpose of this form is to assist you through the development process for successful events. The information should be used as a guideline to determine your desired outcome of the event as it relates to the support of Grant AME Church.

This form must be submitted to the Church Office one month prior to the event.

Name of Ministry: _____

Chairperson: _____ Phone: _____

Coordinator/Event Chair: _____ Phone: _____

Event Name: _____

Date of Event *(please list three choices)*:

1) ____/____/____ 2) ____/____/____ 3) ____/____/____

Time: Start Time: _____ End Time: _____

Location: _____

Targeted Attendance: ____ 100-200 ____ 200-400 ____ 400-600 ____ 600+

Event Theme: _____

Purpose of Event (How does the event contribute to the mission of Grant Church?):

Will there be a printed program? ____ Yes ____ No

The final program must be submitted for approval at least 3 weeks prior to the event.

Will there be invited guests participating in the program? ____ Yes ____ No

All invited guest must be approved prior to extending invitations.

Will you need services from the Music & Arts Department? ____ Yes ____ No

Please check: Choir _____ Musician(s) _____ Dance Ministry _____

Will you need the assistance of the custodial staff to set-up for the event? ____ Yes ____ No

Please specify needs: _____ (Custodial fee must be included in budget)

Special Set-up Time: Start Time _____ Finish Time _____

Will there be a reception prior to or following the event? ____ Yes ____ No

Reception Start Time: _____ Reception End Time: _____

Please clean up after the event - discarding trash, removing decorations, etc.

Publicity – All publicity must be approved prior to distribution. Please attach fliers, media announcements, church bulletin announcements, etc. The Church Office will coordinate Media publicity.

Event Proposed Budget

This budget will be reviewed by the Stewardship and Finance Commission and is subject to its final approval.
Please attach quotes, invoices, and any supporting documentation.

Proposed Income	Proposed Expenses
Offering: \$	Advertising: \$
Patrons Lists: \$	Musicians: \$
Sponsorships: \$	Reception: \$
Souvenir Book: \$	Printing Cost: \$
Tickets Sales: \$	Postage Cost: \$
Other: \$	Decorations: \$
Other: \$	Honorariums: \$
	Other: \$
	Custodial:\$
Total Proposed Income: \$	Total Proposed Expenses: \$

**Custodial fee: \$100.00 per event
\$30.00 Set-up only
\$30.00 Breakdown

Net proceeds Expected: \$ _____
(Proposed Income-Proposed expenses)=Net Proceeds expected

Submitted by: _____ Date: _____

Received by: _____ Date: _____

Pastor's Approval: _____ Date: _____

<p>Office Use Only:</p> <p>Date Scheduled: _____ Date of Confirmation: _____ Confirmed by: _____</p>
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