

Grant African Methodist Episcopal Church  
Reverend Dr. Timothy Coston Jr, Pastor

**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 supporting Grant AME Church.

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

Name of Ministry: \_\_\_\_\_

Chairperson: \_\_\_\_\_ Phone: \_\_\_\_\_

Coordinator/Event Chair: \_\_\_\_\_ Phone: \_\_\_\_\_

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Event Name: \_\_\_\_\_

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

1) \_\_\_\_/\_\_\_\_/\_\_\_\_ 2) \_\_\_\_/\_\_\_\_/\_\_\_\_ 3) \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location: \_\_\_\_\_

Targeted Attendance: (Please circle) 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 (Please circle)  
*The final program must be submitted for approval at least 3 weeks before the event.*

**Will there be invited guests participating in the program?** Yes No (Please circle)  
*All invited guests must be approved before extending invitations.*

**Will you need services from the Music & Arts Department?** Yes No (Please circle)  
\*\*Administrative Office will contact the Music & Arts Department.

*Please check:* Choir \_\_\_\_\_ Musician(s) \_\_\_\_\_ Dance Ministry \_\_\_\_\_ Video \_\_\_\_\_

**Will you need the assistance of the custodial staff to set up for the event?** Yes No (Please circle)  
*Please specify needs:* \_\_\_\_\_ (Custodial fee must be included in budget)  
*Special Set-up Time:* Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_

**Will there be a reception before or following the event?** Yes No (Please circle)  
*Reception Start Time:* \_\_\_\_\_ *Reception End Time:* \_\_\_\_\_

**Please clean up after the event - discard trash, remove decorations, etc.**

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

**Event Proposed Budget-MANDATORY!!**  
**Your form will be returned if your budget information is not completed.**

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.

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

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

\*\*Security fee: \$100.00  
 (Events held after regular operating hours)

\*Organizations, please purchase hair nets and gloves for the kitchen.

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

\* Check Requisitions turned in by Tuesday at 5 pm will be processed by Friday of the following week.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:
Date Scheduled: _____ Date of Confirmation: _____ Confirmed by: _____