

Special Event Proposal

Event Overview

Ministry Name: _____ Date: _____

Point of Contact: _____

Email: (Please Print Clearly) _____

Daytime Number: _____ Evening Number: _____ Fax Number: _____

Event Name: _____

Purpose of the Event: _____

Proposed Event Date: _____ Estimated Number of Attendees: _____

Total Projected Budget for this Event: _____ Previous Year Attendance: _____

Is there a General Session? Yes No

Are there any breakout sessions? Yes No

- How many breakout sessions? _____

Will there be a guest speaker(s)? Yes No

- List name(s) of proposed speakers (please attach bios):

1. _____

2. _____

- List name(s) of proposed topic(s):

1. _____

2. _____

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*** List All Setup Requirements Needed**

- Cocktail table # _____
- 6' food table # _____
- 8' food table # _____
- Registration table # _____
- Exhibit table # _____
- Handout table # _____
- Podium
- High back stools # _____
- Coat Rack # _____
- Easel
- Flip Chart w/paper # _____
- Credit Card Machine for Registration
- TV
- TV/DVD
- Microphone on podium
- Lapel Mic. No. # _____
- Mic. w/stand # _____
- Audio CD Playback
- Audio CD Recording
- Overhead Projector
- Video Shown on Screen
- LCD Projection
- Internet Access
- Laptop
- Keyboard

Please specify type of media containing presentation:

- CD
- DVD
- USB

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*** Advertising/Marketing**

Please note all advertisement must be approved by FBCG Marketing & Public Relations Department. Text for all projects should be submitted as a Word document only. It is recommended that you schedule a meeting with the M&PR Department to discuss the details of your marketing plan.

- Design and Layout (minimum 2 weeks required - please check appropriate product)

- Brochure Flyer Postcard Program Poster Other

- Printing Specifications (Times will vary - please check appropriate product)

<u>Brochure</u>	<u>Flyer</u>	<u>Postcard</u>	<u>Poster</u>	<u>Program</u>
QTY: _____	QTY: _____	QTY: _____	QTY: _____	QTY: _____
<input type="checkbox"/> 5 x 7	<input type="checkbox"/> 8.5 x 11	<input type="checkbox"/> 4 x 6	<input type="checkbox"/> 24 x 36	<input type="checkbox"/> Dimensions _____
<input type="checkbox"/> 8.5 x 11	<input type="checkbox"/> 11 x 17	<input type="checkbox"/> 5 x 7	<input type="checkbox"/> Other _____	<input type="checkbox"/> No. of Pages _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 6 x 9		
<u>Color</u>	<u>Color</u>	<u>Color</u>	<u>Color</u>	<u>Color</u>
<input type="checkbox"/> Black & White	<input type="checkbox"/> Black & White	<input type="checkbox"/> Black & White	<input type="checkbox"/> Black & White	<input type="checkbox"/> Black & White
<input type="checkbox"/> 4-Color	<input type="checkbox"/> 4-Color	<input type="checkbox"/> 4-Color	<input type="checkbox"/> 4-Color	<input type="checkbox"/> 4-Color
<input type="checkbox"/> 2-Color	<input type="checkbox"/> 2-Color	<input type="checkbox"/> 2-Color	<input type="checkbox"/> 2-Color	<input type="checkbox"/> 2-Color
<u>Binding</u>				<u>Binding</u>
<input type="checkbox"/> Perfect Bound				<input type="checkbox"/> Perfect Bound
<input type="checkbox"/> Saddle Stitch				<input type="checkbox"/> Saddle Stitch

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*** Food and Beverage Requirements**

<u>Selection</u>	<u># ppl</u>	<u>Selection</u>	<u># ppl</u>
<input type="checkbox"/> Continental Breakfast	_____	<input type="checkbox"/> Breaks	_____
<input type="checkbox"/> Lunch	_____	<input type="checkbox"/> Reception	_____
<input type="checkbox"/> Dinner	_____	<input type="checkbox"/> Beverage Station	_____
<input type="checkbox"/> Paper Products	_____		

(# ppl = Number of People)

*** Additional Support - Will your event require support from any of the following ministries?
Check the appropriate box(es):**

- | | | |
|--|---|---|
| <input type="checkbox"/> Art Ministry | <input type="checkbox"/> Health (Nurses) | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Media/Bookstore | <input type="checkbox"/> Photography | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Music & Arts | <input type="checkbox"/> Safety & Traffic Control | <input type="checkbox"/> Ushers |

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Please be advised that once your proposal is approved an event coordinator will contact you to finalize the arrangements for the event.

Ministry Leader:

Date Received: _____ Approved: Yes or No Date Approved: _____

Comments: _____

Signature: _____

Department Head:

Date Received: _____ Approved: Yes or No Date Approved: _____

Comments: _____

Signature: _____

Pastor Jenkins:

Date Received: _____ Approved: Yes or No Date Approved: _____

Comments: _____

Signature: _____

Events Department Use Only

Received by: _____ Date Received: _____

Comment(s): _____

Date Forwarded for Review: _____

Received by: _____

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SPECIAL EVENT BUDGET FORECAST

Presenters/Speakers	Honorarium	Hotel	Travel	Meals	Other	Subtotal
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Accommodations	Room Nights	Room Rate				Subtotal
	0	\$ -	[Insert Tax Rate]			\$ -
	0	\$ -	[Insert Tax Rate]			\$ -
	3	\$ -	\$ -			\$ -
Transportation		Rate				Subtotal
	0	\$ -				\$ -
TOTALS						\$ -
Food Costs	Costs	# Attendees	# Days			Subtotal
	\$ -	0	0			\$ -
	\$ -	0	0			\$ -
	\$ -	0	0			\$ -
	\$ -	0	0			\$ -
	\$ -	0	0			\$ -
TOTALS						\$ -
Logistical Costs	Costs	Hourly Rate	# Days			Subtotal
Equipment Rental	\$ -	0	0			\$ -
Audio/Visual Costs	\$ -	0	0			\$ -
Technology Costs	\$ -	0	0			\$ -
	\$ -	0	0			\$ -
	\$ -					\$ -
TOTALS						\$ -
Event Supplies	Costs	# Attendees				Subtotals
Printing & Related Costs						
Flyers (color copies)	\$ -	0				\$ -
Registration Form - Trifold	\$ -	0				\$ -
Programs	\$ -	0				\$ -
Meeting Packets:						
Binders/Folders/Portfolios	\$ -	0				\$ -
Pen/Pencils	\$ -	0				\$ -
Name Badges/Paper/Accessories	\$ -	0				\$ -
Misc. Registration Supplies	\$ -	0				\$ -
TOTALS						\$ -
Total Projected Expenditures						\$ -
Deposit						0.00
Total Project Expenditures less deposit						\$ -
Proposed Amount Requested from Church Budget						\$ -