

KEI KEII CD M&E

(Strategic Leader)_____
(Date)

Department Leaders

Event's Package Approval Sheet

Fundraiser _____

Outreach _____

Event Date & Concept

Missions Director Approved _____

Missions Director Denied _____

Date _____

By: _____

Elder Ricky Graham

Event Speaker

Pastor Approved _____

Pastor Denied _____

Date _____

By: _____

Pastor Joe Louis Middleton

Event Budget

Admin. Approved _____

Admin. Denied _____

Date _____

By: _____

Sister Mamie Motley

Final Event Approval (Director, Church Operations)

Approved _____

Denied _____

By: _____

Sister Mamie Motley

General Event

Notify Missions: Date _____ By: _____

Notify Strategic Leader: Date _____ By: _____

Notify Ads & Promotions: Date _____ By: _____

CITY OF LIFE

AUXILIARY/DEPARTMENT LEADERS

EVENTS PACKAGE

This package is provided to better serve you and ensure that the planning for your event will run smoothly. Please read and complete each form. We have provided you with information that will guide you as you plan your programs and events for the upcoming year.

Each form included in the package is not always necessary for all of your events, please use the forms that are relevant to your program or event.

Upon completion of this package, please submit to the Event's Coordinator for approval and or confirmation. Let's work together to make this year a year to remember!

*****NOTE:** Those areas that do not apply, please indicate on the sheet with

N/A

Step 1 - Complete Auxiliary Event Proposal (*See Example*)

Step 2 - Complete Operations Graphics Request Form

Step 3 - Complete Announcement Sheet

Step 4 – Complete Foyer Usage Request (*if applicable*)

Step 5 – Complete Set-up or Equipment/Material Removal Form (*if applicable*)

Step 6 – Auxiliary/Ministry Request Form

Use Budget/Finance Information Package Only if request for money is involved!

Read Letter to Leaders on Page 9 first!

CITY OF LIFE

Example

AUXILIARY EVENT PROPOSAL

Auxiliary: Living Singles	Current Date: 7/30/97
Event: Love Clinic	Date of Event: 10/31-11/01
Phone: (314) 222-2222	Email: me@yahoo.com

Note: Return this form to the Event's Coordinator

DESCRIPTION OF EVENT:

Have a speaker to discuss issues such as compromising, finances, single parenting, sex engagements, etc. Questions and answer session and mix and mingle session.

HOW DOES THE EVENT RELATE TO THE MISSION OF THE CHURCH?

This event will reach out to unsaved singles that feel they can't live a successful single life as a Christian. It will also edify, educate and develop the areas in the saved single Christian's life that may be depressed, stressed or confused about their singleness.

PROPOSED SPEAKER AND PARTICIPANTS

******(Must speak with Pastor Middleton before speakers can be contacted!)***

Pastor Sheron Patterson _____

Note: Event's Coordinator will contact approved speakers. DO NOT contact or make any scheduling commitments. NO EXCEPTIONS!!!!

CITY OF LIFE

AUXILIARY EVENT PROPOSAL

Auxiliary:	Current Date:
Event:	Date of Event:
Phone:	Email:

Note: Return this form to the Event's Coordinator

DESCRIPTION OF EVENT:

HOW DOES THE EVENT RELATE TO THE MISSION OF THE CHURCH?

PROPOSED SPEAKER AND PARTICIPANTS

*****(Must speak with Pastor Middleton before speakers can be contacted!)**

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Note: Event's Coordinator will contact approved speakers. DO NOT contact, email or make any scheduling commitments. NO EXCEPTIONS!!!!

Operations Department Graphics/Flyer Request Form

Date: _____

DEPARTMENT: _____

CONTACT PERSON: _____ **Phone No.:** _____

Please fill out all information pertaining to your event. Attach your **graphic flyer sample** to this sheet for approval.

All requests should be turned in six (6) weeks prior to event.

EVENT: _____

DATE: _____

TIME: _____

COST: _____

SPEAKER: _____

OTHER: _____

(Example: Describe kind of event, purpose & who it's geared to (your audience)).

Date you wish to receive the proof: _____

Date you wish the flyers to be distributed: _____

ANNOUNCEMENT

Date Submitted: _____

Person submitting: _____

Department: _____

Video Announcement

Bulletin

Announcement Dates/Range:

From: ___ / ___ / ___

To: ___ / ___ / ___

****(Announcements will only be aired for 4 weeks.)*

Please PRINT Announcement

Person (s) to contact for more information: _____

THE CITY HALL USAGE REQUEST

Today's Date: _____ Auxiliary: _____

Name of Requester: _____

Phone No.: _____ Email: _____

Reason(s) The City Hall is needed:

1. Fund-raiser/promotion (*selling or promoting items or event*)

What will you be selling or promoting? _____

2. Collections (*items and/or money*)

What items will be collected? _____

(Will you need containers/barrels) Yes No

3. Sign-up (*Asking individuals to sign-up for an activity or event*)

For what event or activity will people be signing up? _____

4. When will you need The City Hall? (*MUST include total length of time needed!*)

Dates Requested _____

Alternate Dates _____

5. THE CITY HALL Location: Front Back

Is a table needed? Yes No

Will a clothes rack be needed to hang display? Yes No

*****Please don't hang articles from the ceiling.**

Name of person responsible for Clean-Up in The City Hall _____

Office Use Only:

Approved _____ Date(s) _____ Denied: _____

Location: The City Hall

City of Life

Equipment/Material Set-Up or Removal Form

Date: _____

Department/Auxiliary: _____

Person Requesting: _____

Who is the Contact Person: _____

Reason for Removal or Set-Up of Equipment: _____

Equipment/material Desired for Set-up or Removal <i>(Ex. Number of Tables, chairs, etc.)</i>	Quantity	Date Needed	Date Returned/Removed

******If set-up is needed, please select from the attached diagrams of how you want items placed & where!******

For Administration Use Only! Do Not Complete any Items Below

Actual Date of Pick-Up _____ **Actual Date of Return** _____

Remarks:

Approved _____

Disapproved _____

Church Maintenance / Equipment Dept.

Administration

City of Life

Auxiliary / Ministry Request Form

Please check all ministries below that apply to your event. Attach your **specific requirements for each ministry** to this sheet for approval.

All requests should be turned in six (6) weeks prior to event.

EVENT _____ DATE _____

TIME _____ LOCATION _____

CONTACT PERSON _____

OTHER IMPORTANT INFO _____

*****Note: Return this form to the Event's Coordinator along with your Events Package.**

- Sound (*microphones, CD recording, etc.*)
- Promotions (*Public Service Announcements, CD/DVD sales, etc.*)
- Video
- Ushers / Greeters (*Please circle all that apply*)
- Transportation: church van, rental car, other (*circle one*)
Number of drivers needed: _____
- Armour Bearer
- Altar Workers / Ministers
- Security / Deacons
- Choir / Praise & Worship Team (*circle all that apply*)
- Musicians
- Dancers
- City Café (*Food Service*)

Leaders,

If you need to request money from your ministry/auxiliary account for an event/activity (you must have funds in that account) and/or you are asking church members to pay a certain amount to attend your event, then you need to complete the Budget Information forms attached.

Please only complete budget forms that are relevant to your event or activity.

Thank you & God Bless

Administration



AUXILIARY/DEPARTMENT LEADERS

BUDGET INFORMATION

These forms are provided to better serve you and ensure that the budget for your event is realistic. Please read and complete each form that is applicable.

***Please use the forms that are relevant to your program or event.

Upon completion, please submit the entire Events Package to the Event's Coordinator for approval and/or confirmation. Let's work together to make this year a year to remember!

Pages 12-13: Examples of Budget Forms

Page 14: Complete Auxiliary Budget Proposal Form

Page 15: Complete Fund Raiser Form (*if applicable*)

Page 16: Complete Check Disbursement Forms (*when needed*)

Page 17: Complete Check Disbursement Forms (*if applicable*)

Page 18: Complete Money Collection, *when needed*

Page 19: Complete Guest Speaker's Checklist (*for office use only*)

Page 20: Complete Event Checklist after approval of event (*for office use only*)

***NOTE: Those areas that do not apply, please indicate on the sheet: N/A

EXAMPLE**Auxiliary Budget Proposal Form**

Auxiliary: Living Singles Ministry
 Dept. Head: Sebrena Smith
 E-mail Address Sab@4yourglory

Event: Love Cline
 Date of Event: 10/31 – 11/01
 Daytime Phone (423)555-1212

Note: Use this example for guidance.

Name	Estimated Income	Expenses	Description (Details Required)
Dues / Fees/ Free Will Offering	\$800.00		Auxiliary Dues \$20.00 X 40 people
Programs			
Fundraisers	\$1,000.000		**Include fund raiser request form with Budget for approval
Vendor Booth			
Other			
Expenses			
Honorarium		\$400.00	**See Budget for Speaker Guide for your estimate
Hotel Accommodations		N/A	
Transportation: Air		N/A	
Land		N/A	
Car Rental			
Food / Gratuity		\$150.00	Finger Food for Fellowship
Repast			
Gift Basket		\$50.00	Gift Basket for Speaker
Supplies		\$500.00	Fundraiser Expenses
Postage		\$68.00	Postage for 200 mailings @\$0.34
Advertisement: Radio			
TV			
Flyers		\$20.00	Colored Paper for flyers
Brochure			
Magazine			
Newspaper			
Other		\$5.00	Envelopes
Banquet Room			
Decorations			
Awards (Trophy, ribbons)			
Equipment			
Miscellaneous		\$100.00	**Maintain all receipts for submission after the event
Total of Income & Expenses	\$1,800.00	\$1,193.00	
Date submitted:			Date submitted to Pastor:
Approved:			Disapproved:

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BUDGET FOR SPEAKERS



EXPENSES	COST	COMMENTS
Advertisement	100.00 - 700.00	Flyers, Brochures, Radio, Magazine and Television
Air Fare	200.00 - 500.00	When tickets are purchased well in advanced of schedule
Travel in the City	50.00 - 150.00 per day	Transportation to and from airport and church. Car Rental
Hotel/Motel	100.00 - 200.00	Depending on Speaker (Marriott/Renaissance) *Does not include movies, long distance calls.
Food/Gratuity	30.00 - 50.00 per day	Includes attendants food
Guest Gift Basket	35.00 - 50.00	To be placed in hotel room for Guest Speaker
Miscellaneous	200.00 per day	Repass, cleaners, unexpected guest, sight seeing excursion,
Speaker's Honorarium	200.00 - 3000.00	Consider length of event and notoriety of Speaker

MEETING PLANNER

EX AMPLES (seminar per session)

Luncheon Speaker Fee:	350.00 - 1,000.00
Seminar Speaker Fee:	200.00 - 1,000.00
1 Night Revival Conference Service:	500.00 - 1000.00
3 Night Revival Service:	1,500.00 - 2,000.00 (Thu. Fri., & Sun.)

- Others: Bishop Johnson, Bishop Jakes 3,500.00 - 5,000.00

Auxiliary Budget Proposal Form

Auxiliary: _____
 Dept. Head: _____
 E-mail Address _____

Event: _____
 Date of Event: _____
 Daytime Phone _____

Note: Refer to Example at beginning of Packet for guidance

Name	Estimated Income	Expenses	Description (Details Required)
Dues / Fees/ Free Will			
Offering			
Programs			
Fundraisers			
Vendor Booth			
Other			
Expenses			
Honorarium			
Hotel Accommodations			
Transportation: Air			
Land			
Car Rental			
Food / Gratuity			
Repass			
Gift Basket			
Supplies			
Postage			
Advertisement: Radio			
TV			
Flyers			
Brochure			
Magazine			
Newspaper			
Other			
Banquet Room			
Decorations			
Awards (Trophy, ribbons)			
Equipment			
Miscellaneous			
Total of Income & Expenses	\$	\$	
Date submitted:			Date submitted to Pastor:
Approved:			Disapproved:

FUND RAISER PROPOSAL FORM

Department: _____

Purpose: _____

Date Begins: _____

Date Ending: _____

Phone & Email: _____

Give a complete description of how money will be raised and what the overall cost will be if any to the church as a body. Please be sure to check all legal matters if you are using an outside company.

Signature: _____ **Date:** _____

Approval:

Disapproval:

City of Life

Department Check Disbursement Form

This form is to be used when a department wants to request funds from the **department account** for petty cash, projects or departmental expenses

CHECK LIST

- Submit supporting documentation
- Obtain Department Head signature
- Submit to Auxiliary Treasurer or Department Head

STATEMENT OF EXPENSE

TODAY'S DATE	DATE CHECK (S) DESIRED	DEPARTMENT	ACCOUNT CODE

	DESCRIPTION OF EXPENSES	AMOUNT

Mail Check: YES NO

Make Payable to: Name _____

Company _____

Address _____

City _____ **ST** _____ **ZIP** _____

Signature: _____

Dept. Head Signature: _____

ACCOUNTING USE ONLY

Approved	Rejected	Date	Account #	Check #	Issued By

City of Life Check Request Form

This form is to be used when an individual or group requires a check to purchase items for the **church, church event or the First Family.**

CHECK LIST

- Submit supporting documentation
- Obtain Department Head signature
- Submit to Auxiliary Treasurer or Department Head

STATEMENT OF EXPENSE

TODAY'S DATE	DATE CHECK (S) DESIRED	DEPARTMENT	ACCOUNT CODE

	DESCRIPTION OF EXPENSES	AMOUNT

Mail Check: YES NO

Make Payable to: Name _____
 Company _____
 Address _____
 City _____ ST _____ ZIP _____

Signature: _____

Dept. Head Signature: _____

ACCOUNTING USE ONLY

Approved	Rejected	Date	Account #	Check #	Issued By

MONEY COLLECTION FORM (11/7/2013)

Ministry Name: _____

DATE: _____

LIST INDIVIDUAL CHECKS BELOW

Check Numbers	Name on Check	Check Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL → \$ _____

LIST CREDIT CARD PURCHASES SEPARATELY

Credit Card Number	Purchaser's Name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL → \$ _____

CASH

Currency (Bills) Coins
 \$ _____ + \$ _____ = **TOTAL ▶ \$** _____

TOTAL AMOUNT

TOTAL CHECKS **TOTAL CREDIT CARDS** **TOTAL CASH** **TOTAL AMOUNT**
 \$ _____ + \$ _____ + \$ _____ = \$ _____

Submitter's Name: _____ **2nd Submitter's Name:** _____

Administrator's Signature: _____

Administrator's Signature confirms the receipt of monies collected. Signed copy will be returned to Auxiliary Leader.

GUEST SPEAKER CHECK LIST (for office use only)

Name of Speaker _____

Airport Pick-Up _____

Itinerary Flight # _____ Time _____

Attendant _____

Hotel Info _____

Guest Speaker Basket _____

Welcome Letter _____

Speaker's Info. Sheet _____

Technical Preferences _____

Wireless hand-held microphone

Lavalier Microphone

CD Playback

Handouts _____

Product Sales _____

8 ft. table

Price Sheet

Personnel to man Product Sale Table

Notes: _____

EVENT CHECK LIST
(for office use only)

- Completed Event Proposal Form (at least 3 months before event):
Date Completed _____
- Completed Budget Proposal Form (at least 3 months before event):
Date Completed _____
- Balance Sheet (from Finance Department)
- Letter of Invitation: **Date mailed** _____
- Confirmation Letter and Speaker Bio:
Date received: _____
- Picture of Speaker: **Date received** _____
- Advertising (6 weeks in advance of event)
 - Flyers
 - Radio Announcement
 - Marquee Sign
 - Posters
- Follow Up Budget Sheet (2 months prior to event)
- Follow Up Budget Sheet (1 month prior to event)