

 **Project/Event Proposal Form**

**Event Details**

Event/Fundraiser Name:

Group Sponsoring:

Event Leader/Contact:

Planning Team Members:

Event Description:

Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start & End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose: Fellowship Christian Formation Fundraising Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration: Single Event Yearly Ongoing (frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Goals/Objectives: ***(for example: spiritual growth, increased visibility in community, Christian outreach, etc.)***

Event Location (Address): Projected Attendance:

Is this considered an event to which other parishes will be invited? Yes No

Will there be a charge for people attending? Yes No

**For fundraising events:**

Will any other charitable organizations benefit from this event? ***(If yes, please name and describe how they will benefit)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will the money be raised (donations, sponsorships, ticket sales, percentage of sales, etc.?)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What additional fundraising activities will take place at this event?

 Raffles Auctions Door prizes

 Other ***(Please describe)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specific needs: *(Please check your specific needs)***

Clergy Publicity

Food Preparation Facility set-up

Onsite child care Photography

Audio/sound equipment Decorations

Transportation services Tickets

Worship Security

Permits Alcohol

**Facility needs: *(Please check your specific space requirements)***

Library Nursery

Parish Hall Picnic Pavilion

Sanctuary Outdoor Chapel

Music Room Kitchen

 Lobby

**Labor requirements and timelines:**

 **Date / Time Action # of volunteers Hrs/volunteer Total**

 Physical Layout/Setup \_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_ hrs.

 Food Preparation \_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_ hrs.

 Pre-event prep (day of) \_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_ hrs.

 Actual event \_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_ hrs.

 Tear down/cleanup \_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_ hrs.

 **Total hours of labor = \_\_\_\_\_\_\_\_\_\_ hrs.**

**Projected Expenses & Income**

Costs projected: $ Estimated donations: $

Income projected: $ Church budgeted amount: $

Post-event evaluation: ***(based on the goals)***

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Application Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Events to be evaluated by Rector and Wardens or Vestry.**

**Please return the completed form to:** Katie Kuceyeski, Office Manager

office@stmarks-canton.org