

EVENT PLANNING FORM: STEP 2

EVENT BUDGET REQUEST FORM

Instructions: Please complete this form to propose cost items and donations associated with an event (one form per event) and submit it to the Events Department via email to events@harvestlifechangers.com or hard copy to the Ministry Admin Box in Room 300.

YOUR INFORMATION:

Date: _____

Name: _____
First Last

Contact #: _____ Work #: _____

Email: _____

Ministry/Life Group: _____

EVENT INFORMATION:

Event Title: _____

Event Date(s): _____ Time: _____

Event Location: _____

Estimated Number of Attendees for this Event: _____

Proposed Registration Cost Per Person for this Event (if applicable): _____

BUDGET SUMMARY:

First complete the "Detailed Expenses" for the categories listed on the following pages. After you calculate your totals for each area, list them in the table below along with the various revenue totals.

** Events Staff will provide costs*

Anticipated Revenue

Registrations (# of people. X reg. cost)	\$ _____
Donations	\$ _____
Sponsorships	\$ _____
Fundraising	\$ _____
Other: _____	\$ _____

TOTAL REVENUE \$ _____

Estimated Expenses

Facilities Rental Fee*	\$ _____
Food * <i>if catered</i>	\$ _____
Decorations	\$ _____
Entertainment*	\$ _____
Guest Speaker/Artist*	\$ _____
Hotel*	\$ _____
Travel*	\$ _____
Harvest Shuttle*	\$ _____
Equipment	\$ _____
Prizes	\$ _____
Marketing*	\$ _____
Supplies	\$ _____
Other: _____	\$ _____

TOTAL EXPENSES \$ _____

If your total expenses exceed your total revenue, you may need to adjust your program.

DETAILED EXPENSES:

Provide the details of the various expenses of your event in the sections below. Please list all items that require purchasing or have costs and how you propose to cover the costs. Complete a Purchase Request Form in order to purchase approved items.

Please note that you are not authorized to negotiate contracts or contact speakers or artists on behalf of the church. All contracts will be handled by the Finance Department.

Proposed Menu (See Food Cost Reference Sheet):

MEATS	SIDES	DESSERT	BEVERAGES	OTHER

Are you proposing for your event to be catered? If so, you **do not** have to complete the budget form below for the food items that will be catered. Simply list your proposed menu and caterer (if known) and the Events Department will take it from here!

Do you have proposed caterer? _____

Item to Purchase	Qty.	Estimated Cost	Date Needed	Method to cover cost	Approval
				<input type="checkbox"/> Ministry members will donate money (at the Resource Center) <input type="checkbox"/> Ministry members will donate item <input type="checkbox"/> Through event registrations <input type="checkbox"/> Church cover cost <input type="checkbox"/> From ministry fundraising account (if applicable)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
				<input type="checkbox"/> Ministry members will donate money (at the Resource Center) <input type="checkbox"/> Ministry members will donate item <input type="checkbox"/> Through event registrations <input type="checkbox"/> Church cover cost <input type="checkbox"/> From ministry fundraising account (if applicable)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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				<input type="checkbox"/> Ministry members will donate money (at the Resource Center) <input type="checkbox"/> Ministry members will donate item <input type="checkbox"/> Through event registrations <input type="checkbox"/> Church cover cost <input type="checkbox"/> From ministry fundraising account (if applicable)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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				<input type="checkbox"/> Ministry members will donate money (at the Resource Center) <input type="checkbox"/> Ministry members will donate item <input type="checkbox"/> Through event registrations <input type="checkbox"/> Church cover cost <input type="checkbox"/> From ministry fundraising account (if applicable)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

Facility Name	Estimated Cost	Date Needed	Method to cover cost	Approval
	<i>Events Staff will handle</i>		<input type="checkbox"/> Ministry members will donate money (at the Resource Center) <input type="checkbox"/> Ministry members will donate item <input type="checkbox"/> Through event registrations <input type="checkbox"/> Church cover cost <input type="checkbox"/> From ministry fundraising account (if applicable)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

Item to Purchase	Qty.	Estimated Cost	Date Needed	Method to cover cost	Approval
				<input type="checkbox"/> Ministry members will donate money (at the Resource Center) <input type="checkbox"/> Ministry members will donate item <input type="checkbox"/> Through event registrations <input type="checkbox"/> Church cover cost <input type="checkbox"/> From ministry fundraising account (if applicable)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
				<input type="checkbox"/> Ministry members will donate money (at the Resource Center) <input type="checkbox"/> Ministry members will donate item <input type="checkbox"/> Through event registrations <input type="checkbox"/> Church cover cost <input type="checkbox"/> From ministry fundraising account (if applicable)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Item to Purchase	Qty.	Estimated Cost	Date Needed	Method to cover cost	Approval
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				<input type="checkbox"/> Ministry members will donate money (at the Resource Center) <input type="checkbox"/> Ministry members will donate item <input type="checkbox"/> Through event registrations	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

				<input type="checkbox"/> Church cover cost <input type="checkbox"/> From ministry fundraising account (if applicable)	
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Destination	Shuttles needed	Estimated Mileage	Date Needed	Method to cover cost	Approval
				<input type="checkbox"/> Ministry members will donate money (at the Resource Center) <input type="checkbox"/> Ministry members will donate item <input type="checkbox"/> Through event registrations <input type="checkbox"/> Church cover cost <input type="checkbox"/> From ministry fundraising account (if applicable)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

Item to Purchase & Vendor Name	Qty.	Estimated Cost	Date Needed	Method to cover cost	Approval
				<input type="checkbox"/> Ministry members will donate money (at the Resource Center) <input type="checkbox"/> Ministry members will donate item <input type="checkbox"/> Through event registrations <input type="checkbox"/> Church cover cost <input type="checkbox"/> From ministry fundraising account (if applicable)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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Proposed Speaker, Artist or Entertainment	Estimated Cost	Date Needed	Method to cover cost	Approval
<i>Events</i>			<input type="checkbox"/> Ministry members will donate money	<input type="checkbox"/> Approved

	Staff will handle		(at the Resource Center) <input type="checkbox"/> Through event registrations <input type="checkbox"/> Church cover cost <input type="checkbox"/> From ministry fundraising account (if applicable)	<input type="checkbox"/> Disapproved
	Events Staff will handle		<input type="checkbox"/> Ministry members will donate money (at the Resource Center) <input type="checkbox"/> Through event registrations <input type="checkbox"/> Church cover cost <input type="checkbox"/> From ministry fundraising account (if applicable)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

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Please sign and date below and submit the completed form to the Events Department via email to events@harvestlifechangers.com. Hard copies can be submitted to the Ministry Admin Box in Room 300.

Event Lead: Signature: _____ Date: _____

Ministry Director: Signature: _____ Date: _____
 (If applicable)

EVENTS DEPARTMENT ONLY				
Date Received: _____	Initial: _____	Date Forwarded: _____	Finance Manger: _____	Date Ministry Notified: _____