One God One Thought Center for Better Living, Inc.

3605 Coronado Road /Baltimore, MD 21244

Phone: 410-406-5188 / Fax: 410-496-5270

**EVENT PROPOSAL FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Proposal: | |  | Date(s) of Event: |  |
| Event Chairperson: | |  | Contact Info: |  |
| Event Team Members: |  | | | |
|  |  | | | |
| Theme of Event: |  | | | |
| Time(s) of Event: |  | | | |
|  |  | | | |
| Purpose of Event:  (Include Spiritual Intent) |  | | | |

**Event Activities**

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| DAY ONE | | |
| Date and Time: |  | |
| Activity: |  | |
| Place: |  | |
| Address: |  | |
|  | |
| Donation: |  | |
| Expected Number of People: | |  |

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| DAY TWO | | |
| Date and Time: |  | |
| Activity: |  | |
| Place: |  | |
| Address: |  | |
|  | |
| Donation: |  | |
| Expected Number of People: | |  |

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| DAY THREE | | |
| Date and Time: |  | |
| Activity: |  | |
| Place: |  | |
| Address: |  | |
|  | |
| Donation: |  | |
| Expected Number of People: | |  |

Ministry Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Report Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Ministry Event Financial Plan** | | | | |
| **Category** | **Estimated Quantity** | **Estimated Cost per Unit** | **Estimated Subtotal** | **Notes** |
| **Anticipated Revenue/Income** |  |  |  |  |
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| **Total Anticipated Revenue/Income** | | |  |  |
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| **Anticipated Expenses** |  |  |  |  |
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| **Total Anticipated Expenses** | | |  |  |
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| **Anticipated Net Income** | | |  |  | |  |  |  |

Ministry Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Report Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Ministry Event Financial Report** | | | | |
| **Category** | **Quantity** | **Cost per Unit** | **Subtotal** | **Notes** |
| **Actual Revenue/Income** |  |  |  |  |
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| **Total Actual Revenue/Income** | | |  |  |
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| **Actual Expenses** |  |  |  |  |
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| **Total Expenses** | | |  |  |
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| **Net Income** | | |  |  | |  |  |  |