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** | **EstimatedQuantity** | **EstimatedCost per Unit** | **EstimatedSubtotal** | **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** |  |  |  |  |  |