BETHEL AMEC
BALTIMORE

MINISTRY PROPOSAL SUBMISSION

All forms may be found online at http://bethel1.org/member-forms/

PROPOSAL CHECKLIST

(print this page to assist you in submitting all appropriate forms)

☐ **Ministry Proposal Form** **Must be filled out*
(did I complete each section of the form, including budgets?)

☐ **Announcement Request Form** **if needed*
(does my event need any marketing or publicity? flyers, radio commercials, newspaper ads, etc.?)

☐ **Background Check** **if required*
(security personnel and volunteers in contact with children must complete a background check)

☐ **Child Info Record** **if required*
(provide Bethel AME Church with information related to the care of your child(ren))

☐ **Clerical Support Form** **if needed*
(does my event have needs data entry, faxing, or photocopies of agendas, programs, etc. ?)

☐ **Food Services Request Form** **if required*
(does my event have needs for prepared food; onsite or offsite?)

☐ **Facilities Support Service Form** **if needed*
(does my event require tables, chairs, audio/video equipment? how do I need the room to be set-up?)

☐ **Guest Travel Preferences & Profile Form** **submitted after inital proposal meeting-as needed*
(if my event is hosting a special guest, what are their preferences for travel, hotel, ground transportation, meals and snack?)

☐ **Inventory Order Form** **if needed*
(does my event require special items to be purchased? what is the preferred vendor, prices, quantities?)

☐ **Lodging & Transportation Request Form** **if needed*
(does my event require hotel accommodations, airfare or other travel arrangements for a person or party?)

☐ **Meeting / Space Request Form - For In House Ministry Meetings or Larger Church-wide Mtgs** *(separate forms)*
(does my event require additional meetings or table space at a worship service or event?)

☐ **Ministry Funds Request**
(does my event require Bethel AME to spend any financial resources? What costs are associated with the other forms?)

Ministry Support Form
(does my event require other ministries of Bethel AME to provide assistance and support before/during/ after event?)

Vehicle Request Form
(does my event require a vehicle such as the Bethel van, a bus, moving truck, etc. driven by staff member?)

☐ **Passenger Waivers**

(must be filled out and turned into prior to trip)

☐ **Post-Event Review Form** (complete at conclusion of event)
(what were the results of my event? were souls saved/lives changed? what was the attendance? did I go over budget? what would I do differently)

MINISTRY PROPOSAL FORM

Complete the form below and submit to the Pastor's Assistant

GENERAL INFORMATION

Department:	Name of Ministry/Team:	
Ministry Leader:	Submitted By:	Date:

FACILITIES

Is proposed location a: ❑ Bethel AME Church property ❑ Non-Bethel AME Church property

Select the Bethel AME Church property of the proposed event/program:

❑ Bethel AME Home Church

❑ Other: _____

Select requested space:

❑ Coker Hall ❑ Brooks Chapel ❑ Narthex ❑ Kitchen ❑ Lanvale Lobby

❑ Parking Lot ❑ Sanctuary ❑ Office _____ ❑ Balcony ❑ Other: _____

If "Other" or Non-Bethel AME Church property, please complete: Type of Facility:

❑ Arena/Stadium ❑ Chapel ❑ Convention Center ❑ Gymnasium

❑ Park ❑ Restaurant ❑ Retreat/Camp ❑ Other: _____

Name of Facility:	Facility Contact:
Address:	Telephone Number:
Contract Needed for Venue? ❑ Yes ❑ No (attach original contract) Deadline Submission Date: _____	List any building restrictions:
List any permits needed:	List any licenses needed:

INVENTORY NEEDS

Please list all the materials that are needed for the event/meeting. (Please specify quantities to the right of item.)

Facilities

- ❑ Tables
- ❑ Chairs
- ❑ Skirting/Linen
- ❑ Easels/Dry erase Boards
- ❑ Audio/Video Equipment
  - ❑ Microphone
  - ❑ Screen
  - ❑ Laptop
  - ❑ Cd Player/radio
- ❑ Other:_____
- ❑ Other:_____

Materials - to be provided by your ministry

- ❑ Paper
- ❑ Pens
- ❑ Pencils
- ❑ Easel Pads/Markers
- ❑ Binders folders
- ❑ Workbooks
- ❑ Will training packages need to be to be completed?
- ❑ Copies/printing needs
- ❑ Other:_____
- ❑ Other:_____

Facilities -provided by your ministry

- ❑ Plates
- ❑ Cups
- ❑ Napkins
- ❑ Flatware
- ❑ Food-catering/light refreshments D Other: _____ _

MINISTRY PROPOSAL FORM

Complete the form below and submit to the Pastor's Assistant

MEETINGS/TRAININGS CHURCH-WIDE OR DISTRICT / REGIONAL

Date:	**Time:**	**Expected Attendance:**
Duration: ❑ One-Time ❑ Recurring	**If Recurring, list recurrence** (i.e. every 1st Monday) **Starting Meeting Date:** **Ending Meeting Date:**	**Location:** _____

Please attach a prepared agenda and facilitators for the meeting/training and (2) layout for the room(s) needed for the meeting

MINISTRY COMMUNICATIONS

Who needs to be contacted?

Internal Audiences	External Audiences
❑ Ministry Leaders ❑ Ministry Volunteers ❑ Bethel AME Church members ❑ Other: _____	❑ Community ❑ Bethel AME Church visitors ❑ Other: _____

ADVERTISEMENT

❑ Auto-calls	❑ In-Service Announcement	❑ Table (Lobby)
❑ Banners	❑ Direct Mail / Postcard	❑ Television Ads
❑ Billboard/Transit Ads	❑ Newspaper Ad	❑ Text Message
❑ Cinema Ads	❑ Quarterly Magazine	❑ Bethel AME Commercial
❑ E-Blast (external)	❑ Radio Ads	❑ Bethel AME Website
❑ Flyer / Leaflet drop	❑ Social Media	❑ Worship Guide

ATTIRE

What is the recommended attire?			
Are there any costs associated with attire?	❑ Yes	❑ No	*(If yes, please submit quotes for pricing.)*
Is this currently a part of your ministry attire?	❑ Yes	❑ No	*(If no, please attach a picture.)*

MINISTRY VOLUNTEERS

How many are required?	How many are currently serving?	How many needs to be recruited?
How will recruitment be conducted?		

MEETING / SPACE REQUEST FORM

Complete the form below and submit to the Pastor's Assistant

MEETING INFORMATION

IN-HOUSE MEDIA MINISTRY

Type of Request: ☐ Meeting Room ☐ Table Space ☐ Equipment Only

Requesters Name:		Date of Request:
Meeting Date:	Meeting Time:	Meeting Location:

Meeting Title:

Purpose of Meeting:

Duration:

☐ One-Time

☐ Re-occuring

If Re-occuring:

☐ Daily

☐ Weekly (Day: _____)

☐ Monthly (Every _____)

☐ Quarterly (_____)

☐ Other (_____)

End date of series :

Off-Site Meeting: ☐ Yes ☐ No

If Off-Site, enter preferred locations:

CATERING / EQUIPMENT

Catering: ☐ Yes ☐ No

(if yes, please complete Culinary Services Form)

Equipment: ☐ Laptop ☐ Television ☐ _____

☐ CD Player ☐ _____

Furniture: ☐ Tables #_____ _____ ☑ Podium

☐ Other: _____

Set-up Style:

MISCELLANEOUS

Other Miscellaneous Details:

MINISTRY PROPOSAL FORM

MINISTRY SUPPORT

Which one of the following departments will be needed and/or affected by this event/meeting?

Christian Maturity
- ☐ Communications Team
- ☐ Curriculum Team
- ☐ Logistics Team
- ☐ Registration Team
- ☐ Teacher/Teacher Assistant

Congregational Care
- ☐ Hospital Visitation
- ☐ Intercessory Prayer
- ☐ Pastoral Care
- ☐ Transition of Life

Evangelism & Outreach
- ☐ Benevolence
- ☐ Blessed to be a Blessing
- ☐ Foreign & Global Missions
- ☐ Giving Tree
- ☐ Mission
- ☐ My Brother's Keeper
- ☐ No Soul Left Behind
- ☐ Prison
- ☐ Street Team

Family Life & Empowerment
- ☐ Business Network
- ☐ Family Enrichment
- ☐ Financial Empowerment
- ☐ Marriage
- ☐ Men
- ☐ Political Information
- ☐ Singles
- ☐ Women

Health And Wellness
- ☐ Recreation
- ☐ Health Education
- ☐ Mental Health

IMPACT Youth
- ☐ ALTARed
- ☐ Ascension
- ☐ AWANA
- ☐ Baby Spot
- ☐ EQUIP
- ☐ IMPACT Youth Council
- ☐ Mentoring
- ☐ Mime
- ☐ Outreach
- ☐ PromiseLand
- ☐ Security Cadets
- ☐ Youth Media

Media & Communications
- ☐ Graphic Design
- ☐ Marketing/Advertising
- ☐ Photography
- ☐ Publications
- ☐ Social Media
- ☐ Sound Engineering
- ☐ SWK Ministries
- ☐ Video/TV

Music & Sacred Arts
- ☐ Band
- ☐ Dance
- ☐ Mass Choir
- ☐ Mime
- ☐ Praise Team
- ☐ Other

New Members
- ☐ Baby Dedication
- ☐ Baptism
- ☐ Decision Time
- ☐ First Impressions

Office of the Pastor
- ☐ Administrative Support
- ☐ Culinary
- ☐ Diaconate
- ☐ Facilities Support
- ☐ Ministers
- ☐ Special Events

Worship Support
- ☐ Adult Ushers
- ☐ Ministry of Helps
- ☐ Youth Ushers
- ☐ Parking
- ☐ Security

List the recommended attire for supporting ministries:

Will supporting ministries need to attend a meeting, training or walk-thru? ❑ Yes ❑ No

If yes, please list related information:

FACILITIES SUPPORT SERVICE FORM

Complete the form below and submit it to the Department Head.

GENERAL INFORMATION

Name:	Date:
Submitted by *(include title)*:	
Ministry:	Ministry Leader:

EQUIPMENT REQUEST

Audio Equipment

- ☐ Amp (Bass)
- ☐ Amp (Large)
- ☐ Amp (small)
- ☐ Aviom Headphones
- ☐ Aviom Stands
- ☐ Avioms
- ☐ Drum Cage
- ☐ Drum Kit
- ☐ Drum Stool
- ☐ Keyboard
- ☐ Keyboard Stand
- ☐ Keyboard Stool
- ☐ Microphone (Wireless)
- ☐ Microphone Stands
- ☐ Microphones (Choir)
- ☐ Microphones (Praise Team)
- ☐ Monitors
- ☐ Sound Board
- ☐ Speakers
- ☐ Other _____

Video Equipment

- ☐ DVD Player
- ☐ Extension Cord (Heavy-duty)
- ☐ Extension Cord (Household)
- ☐ Laptop Computer
- ☐ Media Cart
- ☐ Power Strip
- ☐ Projector
- ☐ Screen
- ☐ Television (Big Screen)
- ☐ Television (Flat Panel)
- ☐ Television (Regular)
- ☐ VCR
- ☐ Video Screen (Fixed)
- ☐ Video Screen (Portable)
- ☐ Other _____
- ☐ Other _____

FURNITURE REQUEST

- ☐ Chairs (Black- Handle)
- ☐ Chairs (Brown- Handle)
- ☐ Chairs (Brown- Hi-Back)
- ☐ Chairs (Brown- Low-back)
- ☐ Chairs (Burgundy- Padded)
- ☐ Chairs (Gold- Folding)
- ☐ Chairs (Orange- Handle)
- ☐ Chairs (Pulpit- South)
- ☐ Chairs (Pulpit- West)
- ☐ Chairs (Tan- Folding)
- ☐ Choir Risers (rental)
- ☐ Lectern (Lectern)
- ☐ Pipe and Drape (Panels) (rental)
- ☐ Pipe and Drape (Poles) (rental)
- ☐ Podiums (Acrylic)
- ☐ Staging (rental)
- ☐ Stanchions
- ☐ Table Linen (8' Black)
- ☐ Table Linen (8' White)
- ☐ Table Skirt (8' Black)
- ☐ Table Skirt (8' White)
- ☐ Tables (40' Round- Metal)
- ☐ Tables (6' Rectangular- Plastic)
- ☐ Tables (6' Rectangular- Wood)
- ☐ Tables (60" Round- Wood)
- ☐ Tables (8' Rectangular- Plastic)
- ☐ Tables (8'- Rectangular- Wood)
- ☐ Tables (Pentagon- Metal)
- ☐ Other _____
- ☐ Other _____

(see reverse side to select room configuration)

FACILITIES SUPPORT SERVICE FORM

Complete the form below and submit it to the Department Head.

ROOM CONFIGURATION

Circle your desired room configuration

☐ Auditorium

☐ Banquet

☐ Boardroom

☐ Cabaret

☐ Cafeteria

☐ Circle

☐ Classroom

☐ Conference

☐ Herringbone

☐ Hollow Square

☐ Lecture/Theater

☐ Reception

☐ U-Shaped

☐ U-Shaped Plus

☐ Custom

Total #:	**Set-up Notes:**
_____ **Chairs**	
_____ **Tables**	

MINISTRY PROPOSAL FORM

REGISTRATION/TICKETING

Is registration needed for this event? ❑ Yes ❑ No *(If yes, complete the section to the right.)*	Registration Period: _____ Registration Methods: ❑ Online ❑ On-site Maximum # of Registrants: _____ Cost per Registrant: _____
Will tickets be sold for this event? ❑ Yes ❑ No *(If yes, complete the section to the right.)*	Ticket Sales Period: _____ Ticketing Methods: ❑ Online ❑ On-site Maximum # of Tickets for Events: _____ Cost per Ticket: _____ *FOR ON-SITE TICKETING ONLY:* List responsible party for selling tickets, managing ticket inventory, and ticket sales reconciliation: _____

FOR OFFICE USE ONLY

Pastor/CEO Initials: _____ Date Processed: _____ ❑ Approved ❑ Not Approved

Chief Ministry Officer Initials: _____ Date Processed: _____ ❑ Approved ❑ Not Approved

Comments: _____

_____

MINISTRY PROPOSAL FORM

BUDGET

What is the total cost of the entire event? (attach official documentation, quotes and Ministry Funds Request(s) to support total cost)	**$**

Please break down the total cost by identifying each individual category and the amount.

Category	**Amount**
Administrative Expenses (accounting, legal fees, consultant, etc.)	_____
Audio/Visual (equipment rental , media technician -etc.)	_____
Attire (cost of staff T-shirts, lanyards/ badges, name tags etc.)	_____
Décor Vendors (accent lighting, flowers, balloons etc.)	_____
Entertainment (musician, honorarium, speaker fees, rider, etc.)	_____
Event Rentals (linens, tents, stage, etc.)	_____
Food & Catering *Culinary form needed*	_____
Marketing & Registration (print/design, flyers, registration, etc.)	_____
Planning & Organization (staffing, office supplies, travel, etc.)	_____
Speaker/Preacher/Facilitator (fees, meals)	_____
Travel/Accommodations (airfare, ground transportation, lodging, meals, etc) *Additional forms needed*	_____
Venue Costs (venue rental, security deposit, insurance, parking, etc.)	_____
Other: _____	_____
Other: _____	_____

Are there any sponsors or donations for the event? If so, please list the sponsor, their contribution and what they are asking for in return.	

ANNOUNCEMENT REQUEST FORM

Complete the form below and submit it to Dir. of Church Growth / Sis. Janette

GENERAL INFORMATION

President:	Name of Ministry/Team:
Director:	Submitted by:
Requesting Dates: (Circle One) Jan 1 - Mar 31 Apr 1 - Jun 30 Jul 1 - Sept 30 Oct 1 - Dec 31	

Comments: _____

_____

ANNOUNCEMENT INFORMATION

Complete the following in its entirety.

Title of Event: _____

Date of Event: _____ Cost: _____

Location of Event: _____

Target Group: (Age, Gender, Marital Status, etc.) _____

Description of Event: (Include Cost, Purpose of Event, etc.) _____

_____

_____

FOR OFFICE USE ONLY

Received by: _____ Date Processed: _____

☐ Approved ☐ Not Approved

☐ Banner (outdoor)
☐ Banner (indoor)
☐ Billboard
☐ E-Blast (external)
☐ Flyer / Leaflet drop
☐ Magazine Ads
☐ Mailer / Postcard
☐ Newspaper Ad
☐ Phone / Text Message
☐ Radio Ads
☐ Television Ads
☐ Bethel AME Commercial
☐ Bethel AME Newsletter
☐ Bethel AME Web Ad
☐ Worship Guide

Comments: _____

_____

_____

VEHICLE REQUEST FORM

Complete the form below and submit it to your Department Head.

GENERAL INFORMATION

Department:	Name of Ministry/Team:
Department Head:	Submitted by:
Requesting Dates: (Circle One) Jan 1 - Mar 31 Apr 1 - Jun 30 Jul 1 - Sept 30 Oct 1 - Dec 31	

REQUEST INFORMATION

Type of Vehicle: # _____ ☐ Bus ☐ Limousine ☐ Luxury Sedan ☐ Passenger Van ☐ Truck	
Vendor Name:	
Driver: ☐ Company Driver ☐ Bethel AME Church Staff ☐ Ministry Volunteer (complete section below)	
Pick-up Time:	Date:
Return Time:	Date:
Purpose of Trip (Event/Function):	

MINISTRY VOLUNTEER INFORMATION

Name:	
D.O.B.	Driver's License Number
Destination:	Signature: (Ministry Leader Requesting Usage)

Vehicle	Odometer Reading		
	Beginning	Ending	Total Miles Driven

FOR OFFICE USE ONLY

☐ Approved ☐ Not Approved

Comments Regarding Decision:

Authorized Signature: _____ Date: _____

Signature

POST EVENT REVIEW FORM

Complete the form below and submit it to the Department Head.

GENERAL INFORMATION

Name:	Date:
Submitted by *(include title)*:	
Ministry:	Ministry Leader:

Checklist of attached items:

☐	Event photographs
☐	Attendance sheets
☐	Setup diagram
☐	Proposed budget
☐	Inventory needs
☐	Expense receipts

Expectations & Results:

	Proposed	Actual
Attendance		
Volunteers		
Expenses		

IMPACT

1. Was the event evangelical or community outreach driven? (Circle one)
2. What was the focus of the event?
3. Were souls won to Christ? Y N If yes, how many?
4. Who has the information for the new souls? Please provide name & contact info
5. Any other outcomes?

FACILITIES

1. Was room and materials setup 90 minutes prior to start time?	☐ Y	☐ N
2. Was room and materials properly setup?	☐ Y	☐ N
3. Were table covers and skirting clean with neat appearance?	☐ Y	☐ N
4. Was seating set as depicted in proposal diagram?	☐ Y	☐ N
5. Was flooring clean (swept, mopped or vacuumed)?	☐ Y	☐ N
6. Was podium properly located and sturdy?	☐ Y	☐ N
7. Was lighting cast to appropriate brightness?	☐ Y	☐ N
8. Were restroom areas cleaned and well-stocked with supplies?	☐ Y	☐ N
9. Was there a pleasant fragrance to the area in use?	☐ Y	☐ N
10. Were walkways and entrances clean, without clutter and properly spaced from tables?	☐ Y	☐ N

EVENT LOCATION

☐ South ☐ East ☐ North ☐ West ☐ Faith United

POST EVENT REVIEW FORM

Complete the form below and submit it to the Department Head.

BUDGET

What was the proposed budget? _____ Were there any unplanned expenses? Y N

Did this event go over budget? Y N If yes, by how much? _____

- Why did this event go over budget? _____

_____

_____

Does this event require any reimbursement? Y N

- If yes, who & how much? _____

_____

_____

Please attach all receipts to this form

MINISTRY SUPPORT

1. Did this event require the assistance of other ministries?	Y	N
2. Were those ministries notified 90 days prior to this event?	Y	N
3. Did the planner of this event receive confirmation from other ministries?	Y	N
4. Did the other ministry volunteers arrive at least 45 minutes prior to starting time?	Y	N
5. Did enough other ministry volunteers assist?	Y	N
6. Were directives given from this ministry to the others prior to the start of the event?	Y	N
7. Were materials prepared in advance?	Y	N
8. Were announcements prepared and delivered well enough in advance?	Y	N
9. Was a sign-in sheet used for this event? (please attach to this form)	Y	N
10. Are there follow-up communications that need to be made to event participants?	Y	N

TRAINING

1. Did the participants in this ministry require training?	Y	N
2. Was the training previously scheduled?	Y	N
3. Who were the lead trainer(s) / facilitator(s)	Y	N
Please Name:		
4. Was there a walkthrough prior to the event?	Y	N
5. Was there a layout designed for the event?	Y	N
6. Were event materials / packages properly prepared prior to event?	Y	N

POST EVENT REVIEW FORM

Complete the form below and submit it to the Department Head.

MEETINGS

1. Are there subsequent meetings and/or events from this event? ☐Y ☐N
2. If yes, has the proper paperwork been submitted for those meetings / events? ☐Y ☐N

Please write the name & contact information for the person responsible for planning:

INVENTORY NEEDS

1. Were requested materials/equipment made available in a timely manner? ☐Y ☐N
2. Were those materials/equipment supplied in desired supply amount? ☐Y ☐N
3. Were leftover supplies returned to Ministry Administrator? ☐Y ☐N
4. Are there recommendations for future purchase? ☐Y ☐N

Please List:

TRANSPORTATION

1. Did the transportation request adequately meet the needs of this event? ☐Y ☐N
2. How many people required transportation?
3. Who made the transportation arrangements?
4. What company provided transportation?

MINISTRY COMMUNICATION

1. Were all ministry team members contacted? ☐Y ☐N
   - 1a. Email (upon the scheduling of event)? ☐Y ☐N
   - 1b. Email (2 weeks prior to event)? ☐Y ☐N
   - 1c. Phone call (1 week prior to event)? ☐Y ☐N
2. Did ministry leader receive confirmation of those contacts to the team? ☐Y ☐N

MINISTRY ATTIRE

1. Was attire recommendation for event approved by executive team? ☐Y ☐N
2. Did executive communication respond to recommendation (and/or adjustments)? ☐Y ☐N
3. Were ministry team members informed of attire recommendation? ☐Y ☐N
4. Did the attire work toward the benefit of the event? ☐Y ☐N

MINISTRY VOLUNTEERS

1. Were there more than a sufficient number of volunteers? ☐Y ☐N
2. Was there sufficient support from other ministries (if requested)? ☐Y ☐N
3. How many active volunteers currently assist this ministry _____
4. Does there need to be a recruitment initiative for this ministry ☐Y ☐N

POST EVENT REVIEW FORM

Complete the form below and submit it to the Department Head.

ADVERTISING

Advertising Method *Check all that apply*	Dates of Advertisement	
	Start Date	End Date
☐ Television (What Stations: _____)		
☐ Radio (What Stations: _____)		
☐ Newspaper (Name: _____)		
☐ Postcards (How Many: _____)		
☐ Brochures (How Many: _____)		
☐ Leaflets (How Many: _____)		
☐ Website		
☐ Billboards (Where: _____)		
☐ Movie Theaters (Which: _____)		
☐ Mass Phone Calls (How Many: _____)		
☐ Email Blast (How Many: _____)		
☐ Banners		

ADDITIONAL COMMENTS