

2020



BETHEL AMEC
BALTIMORE

MINISTRY PROPOSAL SUBMISSION

DATE SUBMITTED: _____

SUBMITTED BY: _____

MUST BE SUBMITTE 30- 60 BUSINESS DAYS IN
ADVANCE _____

(Initials indicate your acknowledgement)

All forms may be found online at www.Bethel1.org/forms



MINISTRY PROPOSAL FORM

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

GENERAL INFO

Activity/Event:		Name of Ministry/Team:	
Ministry Leader:		Submitted By:	
		Date:	

FACILITIES

Is proposed location a: <input type="checkbox"/> Bethel AME Church property <input type="checkbox"/> Non-Bethel AME Church property <i>If both, please fill out 2 forms</i>	
Select the Bethel AME Church property of the proposed event/program: <input type="checkbox"/> Bethel AME Home Church <input type="checkbox"/> Off Site	
OUTSIDE :	INSIDE: <input type="checkbox"/> Other: _____
Select requested space: <input type="checkbox"/> Coker Hall <input type="checkbox"/> Brooks Chapel <input type="checkbox"/> Narthex <input type="checkbox"/> Kitchen <input type="checkbox"/> Lanvale Lobby <input type="checkbox"/> Parking Lot <input type="checkbox"/> Sanctuary <input type="checkbox"/> Office _____ <input type="checkbox"/> Balcony <input type="checkbox"/> Other: _____	
If "Other" or Non-Bethel AME Church property, please complete: Type of Facility: <input type="checkbox"/> Arena/Stadium <input type="checkbox"/> Chapel <input type="checkbox"/> Convention Center <input type="checkbox"/> Gymnasium <input type="checkbox"/> Park <input type="checkbox"/> Restaurant <input type="checkbox"/> Retreat/Camp <input type="checkbox"/> Other: _____	
Name of Facility or Location:	Facility Contact:
Address:	Telephone Number:
Contract Needed for Venue? <input type="checkbox"/> Yes <input type="checkbox"/> No (attach original contract) Deadline Submission Date: _____	List any building restrictions:
List any permits or licenses needed:	How many participants do you expect? _____ Is Security Needed? _____

OTHER DETAILS

Please list any and other details that will help us support your activity / event.

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MINISTRY PROPOSAL FORM

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

MEETINGS/TRAININGS

Event / Activity

Date:	Time:	Expected Attendance:
Duration: <input type="checkbox"/> One-Time <input type="checkbox"/> Recurring	If Recurring, list recurrence (i.e. every 1 st Monday) Starting Meeting Date: Ending Meeting Date:	Location: <i>Elementary ages in Sanctuary</i> <i>High School- Coker Hall</i> <i>Middle School-Brooks Chapel</i>

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?

<u>Internal Audiences</u> <input type="checkbox"/> Ministry Leaders <input type="checkbox"/> Ministry Volunteers <i>Ministry of Helps</i> <input type="checkbox"/> Bethel AME Church members <input type="checkbox"/> Other: _____ —	<u>External Audiences</u> <input type="checkbox"/> Community <input type="checkbox"/> Bethel AME Church visitors <input type="checkbox"/> Other: _____ —
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ADVERTISEMENT

<input type="checkbox"/> Auto-calls <input type="checkbox"/> E-Blast <input type="checkbox"/> Text Message	<input type="checkbox"/> In-Service Announcement <input type="checkbox"/> Social Media	<input type="checkbox"/> Bethel AME Website <input type="checkbox"/> In Service Announcement
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MINISTRY VOLUNTEERS

How many are required?



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:		Duration:	
Purpose of Meeting:		If Re-occurring:	
		<input type="checkbox"/> One-Time	
		<input type="checkbox"/> Re-occurring	
		<input type="checkbox"/> Daily	
		<input type="checkbox"/> Weekly (Day: _____)	
		<input type="checkbox"/> Monthly (Every _____)	
		<input type="checkbox"/> Quarterly (_____)	
		<input type="checkbox"/> Other (_____)	
		End date of series :	
Off-Site Meeting: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Off-Site, enter preferred locations:	

CATERING / EQUIPMENT

Catering: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please complete Culinary Services Form)	
Equipment: <input type="checkbox"/> Laptop <input type="checkbox"/> Television <input type="checkbox"/> _____ <input type="checkbox"/> CD Player <input type="checkbox"/> _____	Set-up Style:
Furniture: <input type="checkbox"/> Tables # _____ <input type="checkbox"/> Podium	
<input type="checkbox"/> Other: _____	

MISCELLANEOUS

Other Miscellaneous Details:



FACILITIES SUPPORT SERVICE FORM

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

2 of 2

ROOM CONFIGURATION

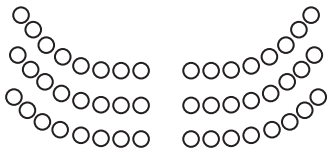
Circle your desired room configuration

Event Date / Time _____

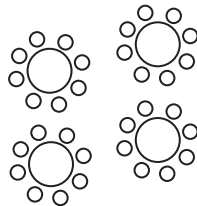
Before or After Worship Service _____

Which Service _____

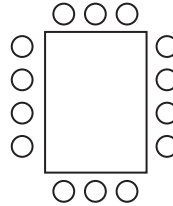
Auditorium



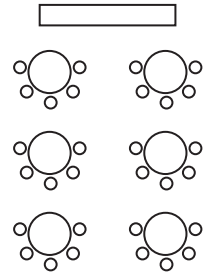
Banquet



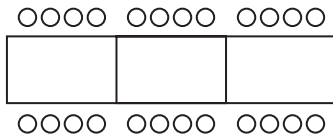
Boardroom



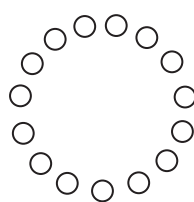
Cabaret



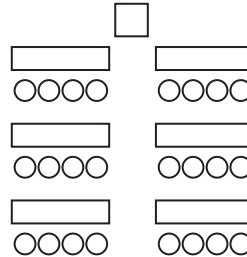
Cafeteria



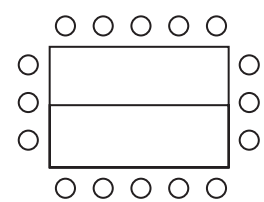
Circle



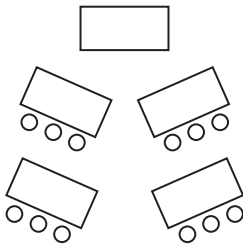
Classroom



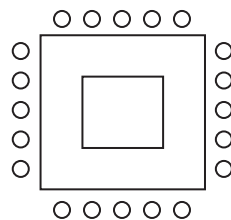
Conference



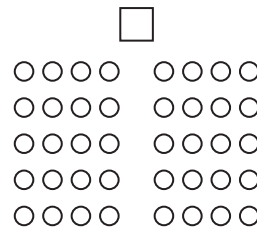
Herringbone



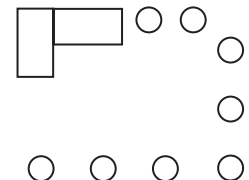
Hollow Square



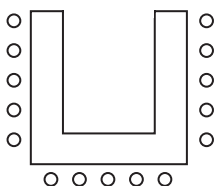
Lecture/Theater



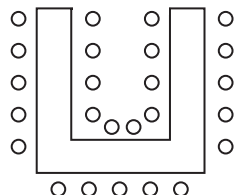
Reception



X U-Shaped



X U-Shaped Plus



Custom

U Shaped for - for Brooks Chapel

U Shaped Plus for - Coker Hall

Total #:

Chairs

Tables

Set-up Notes:



MINISTRY PROPOSAL FORM

REGISTRATION/TICKETING

Is registration needed for this event?
(If yes, complete the section to the right.)

☐ Yes ☐ No

Registration Period: _____

Registration Methods:

☐ Online ☐ On-site

Maximum # of Registrants: _____

Cost per Registrant: _____

Will tickets be sold for this event?
(If yes, complete the section to the right.)

☐ Yes ☐ No

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/Initials: _____

Date Processed: _____

☐ Approved

☐ Not Approved

Chief Ministry Officer Initials: _____

Date Processed: _____

☐ Approved

☐ Not Approved

Comments: _____



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

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Banner (outdoor) | <input type="checkbox"/> Phone / Text | <input type="checkbox"/> Television Ads |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Bethel Website |
| <input type="checkbox"/> E-Blast (external) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Flyer- Self Created | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____



POST EVENT REVIEW FORM

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

1 of 4

GENERAL INFORMATION

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

<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> North	<input type="checkbox"/> West	<input type="checkbox"/> Faith United
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