2024

# URCH

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## Ministry Name Ministry Leader

Ministry Name

Phone Email Address Date Submitted

**Submission Deadline: Tuesday, November 14, 2023**

Please Return Completed )orm to Rev. Dr. S. Raschaad Hoggard for approval

via Karmesha Peake:

**EMAIL:**

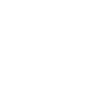
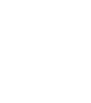
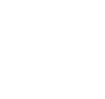
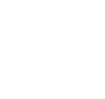
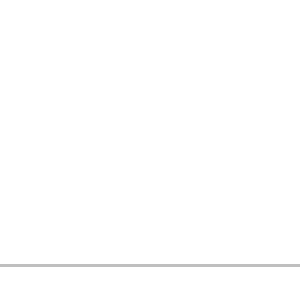
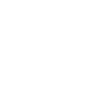
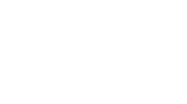
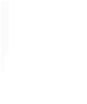
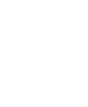
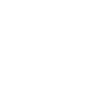
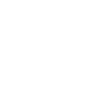
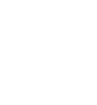
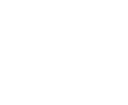
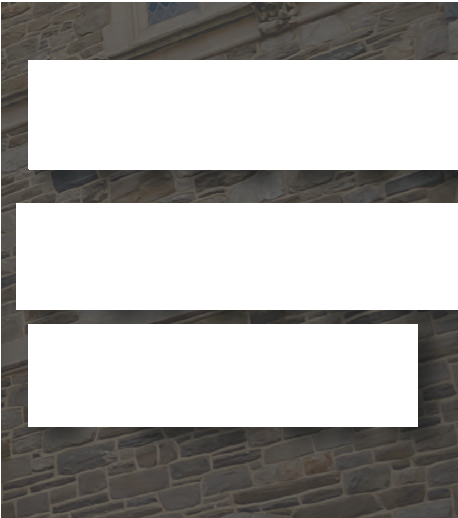
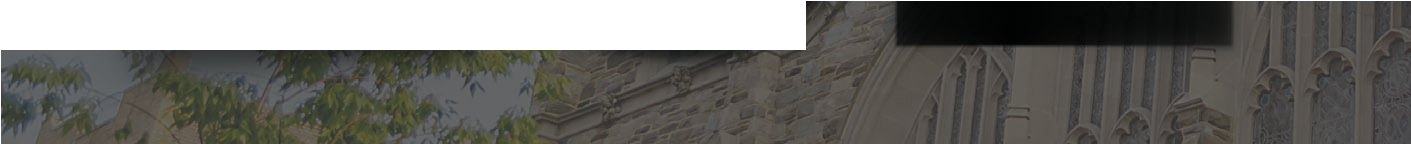
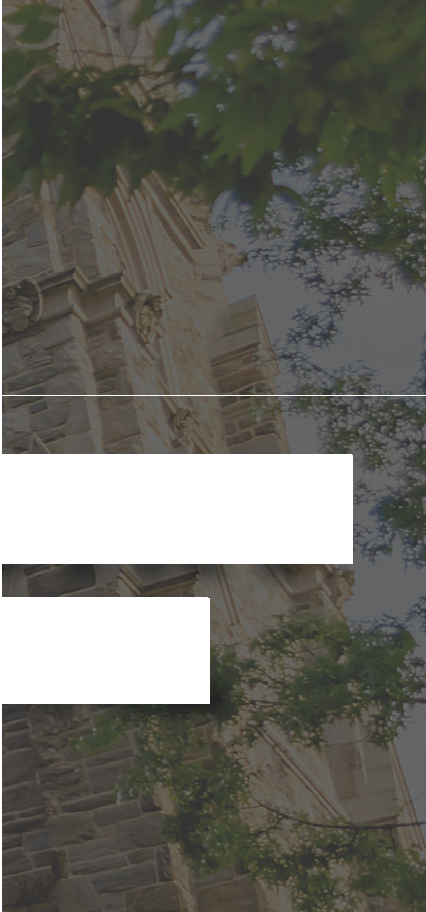
[**kpeake@abyssinian.org**](mailto:kpeake@abyssinian.org)

**BY MAILBOX:**

Addressed to Karmesha Peake via reception lobby

**BY FAX:**

### Karmesha Peake Fax: 646.870.0856



The Abyssinian Baptist Church

132 Odell Clark Place I New York, New York 10030

(212) 862.7474 (t) I (646) 870-0856 (f) I [www.abyssinian.org](http://www.abyssinian.org/) Karmesha Peake, Administrative Assistant for Ministries

Trustee Lillie May, Liaison Trustee

Rev. Dr. S. Raschaad Hoggard - Executive Minister

**FOR OFFICE USE ONLY:**

* **Approved** ☐ **Approved with Modification** ☐ **Rejected**

**Minister’s Signature: Date:**

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| **MINISTRY EVENT PROPOSAL**  **EVENT DETAILS** | | | | |
| **Event Name:** | **Ministry:**  **Phone Email Address**  **Are you collaborating with another ministry for this event? If so, indicate below.** | | |  |
| **Contact Name** |
| **Ministry** |
| **Collaboration** |
| **Logistics** |  |  |  |  |
| **Date(s) Requested** | **Time(s) Requested** | **Expected Attendance** | **Event Type** |
| **Description** | **Provide any additional details for the event, if necessary.** | | |  |

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| **BUDGET** | | | | | | |
| **Contracts cannot be negotiated, signed or secured without Pastor’s and Trustee’s approval.** | | | | | | |
| **I. ITEMIZED EXPENSES ESTIMATED II. ITEMIZED REVENUE ESTIMATED** | | | | | | |
|  | | $ | |  | | $ |
|  | | $ | |  | | $ |
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|  | | $ | |  | | $ |
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|  | | $ | |  | | $ |
| **Budget Summary** | |  | | | | |
| **I. Proposed Expenses** | | **$** | | **II. Proposed Revenue** | | **$** |
| **TOTAL REVENUE/NET INCOME** | | | | | | $ |
|  | | | | | | |
| **CATERING** |  | |  | |  | |
| **DESIRED MENU/MEAL** | * **BREAKFAST** ☐**LUNCH** ☐ **DINNER** ☐**RECEPTION** | | | | **Expected Number of Guests** | |
| **Please use this section to provide details or additional notes for your catering request.** | | | | | | |
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| **MINISTRY SUMMARY OF EVENTS** | | | |
| Include a list of all meetings, events and activities you plan to have at the church and/or off-site. Use additional pages, if needed. A separate Ministry Event Proposal MUST be completed for each event. | | | |
| **Event No. 1** | **Event Name:** | | |
| **Date & Time** | **Location(s)** | **Budget** |
| **Services** ☐**Facilities/Set-Up** ☐ **AbyTech** ☐**Promotion** ☐**Security** ☐**Ushers** ☐**Flyers** ☐**Food** | | |
| **Event No. 2** | **Event Name:** | | |
| **Date & Time** | **Location(s)** | **Budget** |
| **Services** ☐**Facilities/Set-Up** ☐ **AbyTech** ☐**Promotion** ☐**Security** ☐**Ushers** ☐**Flyers** ☐**Food** | | |
| **Event No. 3** | **Event Name:** | | |
| **Date & Time** | **Location(s)** | **Budget** |
| **Services** ☐**Facilities/Set-Up** ☐ **AbyTech** ☐**Promotion** ☐**Security** ☐**Ushers** ☐**Flyers** ☐**Food** | | |
| **Event No. 4** | **Event Name:** | | |
| **Date & Time** | **Location(s)** | **Budget** |
| **Services** ☐**Facilities/Set-Up** ☐ **AbyTech** ☐**Promotion** ☐**Security** ☐**Ushers** ☐**Flyers** ☐**Food** | | |
| **Event No. 5** | **Event Name:** | | |
| **Date & Time** | **Location(s)** | **Budget** |
| **Services** ☐**Facilities/Set-Up** ☐ **AbyTech** ☐**Promotion** ☐**Security** ☐**Ushers** ☐**Flyers** ☐**Food** | | |

