



## EVENT/PROGRAM PROPOSAL

Please fill out the below form and submit to office administration by **email** at [office@icp-pgh.org](mailto:office@icp-pgh.org), by **fax** at 412-682-3111, **in person** Monday-Friday from 9am to 3pm, or by **mail** at 4100 Bigelow Blvd., Pittsburgh, PA 15213. You will be notified of a decision within one week of the date received.

### I. EVENT/PROGRAM SUMMARY

Event/Program Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Event/Program Head: \_\_\_\_\_

Contact information: Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Event/Program Date(s): \_\_\_\_\_

Start and end times: Start: \_\_\_\_\_

End: \_\_\_\_\_

Objective: What is this event/ program trying to achieve? \_\_\_\_\_

---

---

---

---

What are the long-term goals of this program? What is your vision of "wild success" for this program?

---

---

---

---

How many attendees are you expecting? \_\_\_\_\_

Will you / have you already formed a committee to execute and complete this project?

---

Will you need to recruit organizers? Yes / No . How many organizers do you:

Have?: \_\_\_\_\_

Anticipate?: \_\_\_\_\_

How will the event/program be advertised? \_\_\_\_\_

---

---

Tasks: Please list tasks needed to keep this event/program running. Examples: printing, marketing, procuring supplies, transportation required, training, cleanup, etc.

---



---



---



---

Is this event/program designed to be held on the ICP premises? \_\_\_\_\_

If so, which spaces would be used and which days would they be occupied?:

Space	Use	Days Needed	Times needed

## II. REVENUE AND EXPENSES

### A. Revenue

Please list revenue sources (grants, donations, fees, sales, rentals, etc) and estimated revenue per event/month/year (as applicable)

Source	\$ Amount	Frequency

**Total Revenue:** \_\_\_\_\_

**B. Expenses**

1. Personnel costs: Include number of hours needed per week, and hourly/daily rate (if known).

	# needed	# of hours	Pay Rate	Total Cost
Janitorial				
Administrative				
Cooks				
Teachers				
Babysitters				
Other _____				
Other _____				

**Total Personnel Costs:** \_\_\_\_\_

2. Supplies: Please list items and total estimated costs

**Costs:**

Event/ Program supplies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Office supplies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Recreational supplies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Decorations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Photography/Projector/Other equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Supplies costs:** \_\_\_\_\_

### 3. Food and beverage costs

Item	Costs
Food	
Drinks	
Cooks	
Plates, napkins, cups	
Utensils	

**Total cost of food:** \_\_\_\_\_

### 4. Costs of Prizes or Awards: \_\_\_\_\_

\_\_\_\_\_

**Total cost of prizes:** \_\_\_\_\_

5. Other costs not listed above (e.g. advertising, invitations):

Item	Costs

**Total other expenses:** \_\_\_\_\_

6. Are there any recurring expenses? \_\_\_\_\_

\_\_\_\_\_

**7. Total of all expenses (1-6 above):** \_\_\_\_\_

**C. NET REVENUE (EXPENSE) OF EVENT/PROGRAM**

Subtract total expenses (number 7 above) from total revenue (section A): \_\_\_\_\_

**Office use only:**

Date submitted/received: \_\_\_\_\_

☐ Approved. Budget approved: \_\_\_\_\_

Space(s) authorized for use: \_\_\_\_\_

Comments/Modifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Denied

Reason denied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed by: Position: \_\_\_\_\_

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Authorized by:

Position: \_\_\_\_\_

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_