

THE ABYSSINIAN BAPTIST CHURCH

2025

MINISTRY ANNUAL PLAN

Ministry Name _____

Ministry Leader _____

Phone Number _____

Email Address _____

Date Submitted _____

Submission Deadline: Monday, November 11, 2024

	EMAIL	FAX
Please Return Completed Form:	Application may be submitted via email to. Dr. Nicole Showell at: nshowell@abyssinian.org	Dr. Nicole Showell Fax: 646.870.0856

FOR OFFICE USE ONLY:

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

Minister's Signature: _____

Date: _____

MINISTRY EVENT PROPOSAL

EVENT DETAILS

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

BUDGET

Contracts cannot be negotiated, signed or secured without Pastor's and Trustee's approval.

I. ITEMIZED EXPENSES	ESTIMATED	II. ITEMIZED REVENUE	ESTIMATED
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Budget Summary			
I. Proposed Expenses	\$	II. Proposed Revenue	\$
TOTAL REVENUE/NET INCOME			\$

CATERING

DESIRED MENU/MEAL	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> RECEPTION	Expected Number of Guests
Please use this section to provide details or additional notes for your catering request.		

Final Approval Signature _____

Date Approved _____

MINISTRY EVENT PROPOSAL

EVENT DETAILS

Event Name:

Ministry:

Contact Name

Phone

Email Address

Ministry
Collaboration

Are you collaborating with another ministry for this event? If so, indicate below.

Logistics

Date(s) Requested	Time(s) Requested	Expected Attendance	Event Type

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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

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Final Approval Signature _____

Date Approved _____

MINISTRY EVENT PROPOSAL

EVENT DETAILS

Event Name:

Ministry:

Contact Name

Phone

Email Address

Ministry
Collaboration

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Date Approved _____

MINISTRY EVENT PROPOSAL

EVENT DETAILS

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Ministry:

Contact Name

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Email Address

Ministry
Collaboration

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Final Approval Signature _____ Date Approved _____

MINISTRY EVENT PROPOSAL

EVENT DETAILS

Event Name:

Ministry:

Contact Name

Phone

Email Address

Ministry
Collaboration

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CATERING

DESIRED MENU/MEAL

BREAKFAST LUNCH DINNER RECEPTION

Expected Number
of Guests

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Date Approved _____

MINISTRY EVENT PROPOSAL

EVENT DETAILS

Event Name:

Ministry:

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CATERING

DESIRED MENU/MEAL

BREAKFAST LUNCH DINNER RECEPTION

Expected Number
of Guests

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EVENT DETAILS

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Ministry:

Contact Name

Phone

Email Address

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Please use this section to provide details or additional notes for your catering request.

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 <input type="checkbox"/> Facilities/Set-Up <input type="checkbox"/> AbyTech <input type="checkbox"/> Promotion <input type="checkbox"/> Security <input type="checkbox"/> Ushers <input type="checkbox"/> Flyers <input type="checkbox"/> Food <input type="checkbox"/>		
Event No. 2	Event Name:		
	Date & Time	Location(s)	Budget
	Services <input type="checkbox"/> Facilities/Set-Up <input type="checkbox"/> AbyTech <input type="checkbox"/> Promotion <input type="checkbox"/> Security <input type="checkbox"/> Ushers <input type="checkbox"/> Flyers <input type="checkbox"/> Food <input type="checkbox"/>		
Event No. 3	Event Name:		
	Date & Time	Location(s)	Budget
	Services <input type="checkbox"/> Facilities/Set-Up <input type="checkbox"/> AbyTech <input type="checkbox"/> Promotion <input type="checkbox"/> Security <input type="checkbox"/> Ushers <input type="checkbox"/> Flyers <input type="checkbox"/> Food <input type="checkbox"/>		
Event No. 4	Event Name:		
	Date & Time	Location(s)	Budget
	Services <input type="checkbox"/> Facilities/Set-Up <input type="checkbox"/> AbyTech <input type="checkbox"/> Promotion <input type="checkbox"/> Security <input type="checkbox"/> Ushers <input type="checkbox"/> Flyers <input type="checkbox"/> Food <input type="checkbox"/>		
Event No. 5	Event Name:		
	Date & Time	Location(s)	Budget
	Services <input type="checkbox"/> Facilities/Set-Up <input type="checkbox"/> AbyTech <input type="checkbox"/> Promotion <input type="checkbox"/> Security <input type="checkbox"/> Ushers <input type="checkbox"/> Flyers <input type="checkbox"/> Food <input type="checkbox"/>		

Services Facilities/Set-Up AbyTech Promotion Security Ushers Flyers Food

Event No. 6

Event Name:

Date & Time

Location(s)

Budget

Services Facilities/Set-Up AbyTech Promotion Security Ushers Flyers Food

Event No. 7

Event Name:

Date & Time

Location(s)

Budget

Services Facilities/Set-Up AbyTech Promotion Security Ushers Flyers Food

Event No. 8

Event Name:

Date & Time

Location(s)

Budget

Services Facilities/Set-Up AbyTech Promotion Security Ushers Flyers Food

Event No. 9

Event Name:

Date & Time

Location(s)

Budget

Services Facilities/Set-Up AbyTech Promotion Security Ushers Flyers Food

Event No.10

Event Name:

Date & Time

Location(s)

Budget

Services Facilities/Set-Up AbyTech Promotion Security Ushers Flyers Food