THE ABYSSINIAN BAPTIST CHURCH MINISTRY ANNUAL PLAN

Ministry Name —		
Ministry Leader		
Phone Number		
Email Address		
Date Submitted		

Submission Deadline: Monday, November 11, 2024

	EMAIL	FAX	
lease 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	_		
⊔ A	approved	lification L Rejected	

Date: ___

Minister's Signature:

MINISTRY	Y EVENT PROP	OSAL					
EVENT DETA	AILS						
Event Name:			Minist	ry:			
Contact Name		Phone	Email A	Address			
Ministry Collaboration	Are you collaborating wi	th another ministry for th	is event? If so, indic	ate below.			
Logistics							
	Date(s) Requested	Time(s) Reque	ested Expe	cted Attendanc	e Event Type		
Description	Provide any additional de	etails for the event, if nec	essary.				
BUDGET							
Contracts canno	t be negotiated, signed	or secured without Pas	stor's and Trustee	's approval.			
I. ITEMIZ	ZED EXPENSES	ESTIMATED	II. ITEMIZED	REVENUE	ESTIMATED		
		\$		\$			
		\$		\$			
		\$		\$			
		\$		\$			
		\$		\$			
		\$		\$			
	Budget Summary						
	I. Proposed Expenses	\$	II. Propos	sed Revenue \$			
		то	TAL REVENUE/N	IET INCOME \$			
CATERING							
DESIRED MENU	DESIRED MENU/MEAL BREAKFAST □ LUNCH □ DINNER □ RECEPTION Expected Number of Guests						
Please use this s	section to provide detail	s or additional notes fo	or your catering re	equest.			
Final Approval Si	anature		Date A	pproved			

MINISTRY	Y EVENT PROP	OSAL				
EVENT DETA	AILS					
Event Name:			Minist	ry:		
Contact Name		Phone	Email .	Address		
Ministry Collaboration	Are you collaborating wi	th another ministry for th	is event? If so, indic	cate below.		
Logistics						
	Date(s) Requested			cted Attendar	nce Event Type	
Description	Provide any additional d	etails for the event, if nec	essary.			
BUDGET						
	ot be negotiated, signed	or secured without Pa	stor's and Trustee	's approval.		
	ZED EXPENSES	ESTIMATED	II. ITEMIZED		ESTIMATED	
		\$			\$	
		\$			\$	
		\$			\$	
		\$			\$	
		\$			\$	
		\$			\$	
	Budget Summary					
	I. Proposed Expenses	\$	II. Propos	sed Revenue	\$	
		то	TAL REVENUE/N	NET INCOME	\$	
CATERING						
DESIRED MENU/MEAL BREAKFAST LUNCH DINNER RECEPTION of Guests						
Please use this s	section to provide detail	s or additional notes fo	or your catering re	equest.		
Final Approval Si	gnature		Date A	pproved		

MINISTRY	Y EVE	NT PROP	OSAL				
EVENT DETA	AILS						
Event Name:				Minist	try:		
Contact Name			Phone	Email	Address		
Ministry Collaboration	Are you	collaborating wit	th another ministry for th	nis event? If so, indi	cate below.		
Logistics							
		(s) Requested			ected Attenda	nce Ev	vent Type
BUDGET Contracts cannot			etails for the event, if ne		e's approval.		
	ZED EXP		ESTIMATED	II. ITEMIZED		ESTI	MATED
			\$			\$	
			\$	1		\$	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
	Budg	et Summary					
	I. Propos	sed Expenses	\$	II. Propo	sed Revenue	\$	
			то	OTAL REVENUE/I	NET INCOME	\$	
CATERING							
DESIRED MEN	U/MEAL	□ BREAKFAS	T LUNCH DINNE	ER RECEPTION	Expected Nur of Guests	mber	
Please use this	section to	provide detail	s or additional notes f	or your catering r	equest.		
Final Approval Si	gnature_			Date A	pproved		

MINISTRY	Y EVE	NT PROP	OSAL				
EVENT DETA	AILS						
Event Name:				Minist	try:		
Contact Name			Phone	Email	Address		
Ministry Collaboration	Are you	collaborating wit	th another ministry for th	nis event? If so, indi	cate below.		
Logistics							
		(s) Requested			ected Attenda	nce Ev	vent Type
BUDGET Contracts cannot			etails for the event, if ne		e's approval.		
	ZED EXP		ESTIMATED	II. ITEMIZED		ESTI	MATED
			\$			\$	
			\$	1		\$	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
	Budg	et Summary					
	I. Propos	sed Expenses	\$	II. Propo	sed Revenue	\$	
			то	OTAL REVENUE/I	NET INCOME	\$	
CATERING							
DESIRED MEN	U/MEAL	□ BREAKFAS	T LUNCH DINNE	ER RECEPTION	Expected Nur of Guests	mber	
Please use this	section to	provide detail	s or additional notes f	or your catering r	equest.		
Final Approval Si	gnature_			Date A	pproved		

MINISTRY	MINISTRY EVENT PROPOSAL						
EVENT DETA	AILS						
Event Name:			Minist	ry:			
Contact Name		Phone	Email	Address			
Ministry Collaboration	Are you collaborating wi	th another ministry for th	is event? If so, indi	cate below.			
Logistics							
	Date(s) Requested	l Time(s) Reque	ested Expe	cted Attendand	ce Event Type		
Description	Provide any additional d	etails for the event, if nec	essary.				
BUDGET							
	t be negotiated, signed			• •			
I. ITEMIZ	ZED EXPENSES	ESTIMATED	II. ITEMIZED		ESTIMATED		
		\$			5		
		\$					
		\$			5		
		\$.		
		\$		\$	5		
		\$			5		
	Budget Summary		1	1			
	I. Proposed Expenses	\$	II. Propos	sed Revenue	5		
		то	TAL REVENUE/N	NET INCOME	5		
CATERING							
DESIRED MENU/MEAL □ BREAKFAST □ LUNCH □ DINNER □ RECEPTION of Guests Expected Number of Guests							
Please use this s	Please use this section to provide details or additional notes for your catering request.						
Final Approval S	ignature		Date A	Approved			

MINISTRY	MINISTRY EVENT PROPOSAL						
EVENT DETA	AILS						
Event Name:			Minist	ry:			
Contact Name		Phone	Email	Address			
Ministry Collaboration	Are you collaborating wi	th another ministry for th	is event? If so, indi	cate below.			
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	Date(s) Requested	l Time(s) Reque	ested Expe	cted Attendand	ce Event Type		
Description	Provide any additional d	etails for the event, if nec	essary.				
BUDGET							
	t be negotiated, signed			• •			
I. ITEMIZ	ZED EXPENSES	ESTIMATED	II. ITEMIZED		ESTIMATED		
		\$			5		
		\$					
		\$			5		
		\$.		
		\$		\$	5		
		\$			5		
	Budget Summary		1	1			
	I. Proposed Expenses	\$	II. Propos	sed Revenue	5		
		то	TAL REVENUE/N	NET INCOME	5		
CATERING							
DESIRED MENU/MEAL □ BREAKFAST □ LUNCH □ DINNER □ RECEPTION of Guests Expected Number of Guests							
Please use this s	Please use this section to provide details or additional notes for your catering request.						
Final Approval S	ignature		Date A	Approved			

MINISTRY EVENT PROPOSAL					
EVENT DETA	AILS				
Event Name:			Minist	ry:	
Contact Name		Phone	Email	Address	
Ministry Collaboration	Are you collaborating wi	th another ministry for th	is event? If so, indic	cate below.	
Logistics					
	Date(s) Requested	Time(s) Reque	ested Expe	cted Attenda	nce Event Type
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BUDGET					
	t be negotiated, signed	or secured without Pas	stor's and Trustee	's approval.	
	ZED EXPENSES	ESTIMATED	II. ITEMIZED		ESTIMATED
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
	Budget Summary				
	I. Proposed Expenses	\$	II. Propos	sed Revenue	\$
		то	TAL REVENUE/N	NET INCOME	\$
CATERING					
DESIRED MENU/MEAL BREAKFAST □ LUNCH □ DINNER □ RECEPTION Expected Number of Guests					
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Final Approval S	ignature		Date A	Approved	

MINISTRY EVENT PROPOSAL					
EVENT DETA	AILS				
Event Name:			Minist	ry:	
Contact Name		Phone	Email	Address	
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	ZED EXPENSES	ESTIMATED	II. ITEMIZED		ESTIMATED
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
	Budget Summary				
	I. Proposed Expenses	\$	II. Propos	sed Revenue	\$
		то	TAL REVENUE/N	NET INCOME	\$
CATERING					
DESIRED MENU/MEAL BREAKFAST □ LUNCH □ DINNER □ RECEPTION Expected Number of Guests					
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Final Approval S	ignature		Date A	Approved	

EVENT DETAILS					
Event Name:		Minist	ry:		
Contact Name	Phone	Email .	Address		
Ministry Are you collaborating v Collaboration	vith another ministry for th	is event? If so, indic	ate below.		
Logistics					
Date(s) Requeste	ed Time(s) Requ	ested Expe	cted Attendance	Event Type	
Description Provide any additional	details for the event, if neo	cessary.			
BUDGET					
Contracts cannot be negotiated, signe	d or secured without Pa	stor's and Trustee	's approval.		
I. ITEMIZED EXPENSES	ESTIMATED	II. ITEMIZED	REVENUE	ESTIMATED	
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
Budget Summar	у				
I. Proposed Expense	s \$	II. Propos	sed Revenue \$		
	TC	TAL REVENUE/N	IET INCOME \$		
CATERING					
DESIRED MENU/MEAL BREAKFAST □ LUNCH □ DINNER □ RECEPTION Expected Number of Guests					
Please use this section to provide deta	nils or additional notes f	or your catering re	equest.		

MINISTRY EVENT PROPOSAL

EVENT DETAILS					
Event Name:		Minist	ry:		
Contact Name	Phone	Email .	Address		
Ministry Are you collaborating v Collaboration	vith another ministry for th	is event? If so, indic	ate below.		
Logistics					
Date(s) Requeste	ed Time(s) Requ	ested Expe	cted Attendance	Event Type	
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	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
Budget Summar	у				
I. Proposed Expense	s \$	II. Propos	sed Revenue \$		
	TC	TAL REVENUE/N	IET INCOME \$		
CATERING					
DESIRED MENU/MEAL BREAKFAST □ LUNCH □ DINNER □ RECEPTION Expected Number of Guests					
Please use this section to provide deta	nils or additional notes f	or your catering re	equest.		

MINISTRY EVENT PROPOSAL

	-	ies you plan to have at the c ST be completed for each eve	hurch and/or off-site. Use additionent.	nal pages, if		
	Event Name:					
Event No. 1	Date & Time	Location(s)	Budget			
	Services □Facilities/Set-Up □ AbyTech □Promotion □Security □Ushers □Flyers □Food					
	Event Name:					
Event No. 2	Date & Time	Location(s)	Budget			
	Services Facilities/Set-Up AbyTech Promotion Security Ushers Flyers Food					
	Event Name:					
Event No. 3	Date & Time	Location(s)	Budget			
	Services Facilities/Set-Up AbyTech Promotion Security Ushers Flyers Food					
	Event Name:					
Event No. 4	Date & Time	Location(s)	Budget			
	Services Facilities/Set-Up AbyTech Promotion Security Ushers Flyers Food					
	Event Name:					
Event No. 5	Date & Time	Location(s)	Budget			

MINISTRY SUMMARY OF EVENTS

	Services □ Facilities/Set-Up □ AbyTech □ Promotion □ Security □ Ushers □ Flyers □ Food				
	Event Name:				
Event No. 6	Date & Time	Location(s)	Budget		
	Services □Facilities/Set-Up □ AbyTech □Promotion □Security □Ushers □Flyers □Food				
	Event Name:				
Event No. 7	Date & Time	Location(s)	Budget		
	Services □ Facilities/Set-Up □ AbyTech □ Promotion □ Security □ Ushers □ Flyers □ Food				
	Event Name:				
Event No. 8	Date & Time	Location(s)	Budget		
	Services □ Facilities/Set-Up □ AbyTech □ Promotion □ Security □ Ushers □ Flyers □ Food				
	Event Name:				
Event No. 9	Date & Time	Location(s)	Budget		
	Services □Facilities/Set-Up □ AbyTech □Promotion □Security □Ushers □Flyers □Food				
	Event Name:				
Event No.10	Date & Time	Location(s)	Budget		
	Services □Facilities/Set-Up □ AbyTech □Promotion □Security □Ushers □Flyers □Food				