|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Overview** | | | | | | | | | |
| **Organization:** | |  | | | | | | | |
| **Program Title:** | |  | | | | | | | |
| **Collaborator(s):** | |  | | | | | | | |
| **Date(s):** |  | | | | | **Rain Date(s):** |  | | |
| **Event Time:** |  | | | | **Set-up Time:** |  | | **Break-down time:** |  |
| **Location(s):** |  | | | | | **Rain Location(s):** | |  | |
| **Estimated Attendance:** | | |  | | | **Primary Audience(s):** | |  | |
| **Primary Event Planner Name:** | | | |  | | | | | |
| **Student Organization Advisor:** | | | |  | | **Staff Member who will be at event:** | |  | |
| **Event has been registered in Hopkins Groups? Yes No** | | | | | | **JHU Find a Space Reservation has been made? Yes No** | | | |
| **Will there be alcohol at this event? Yes No** | | | | | | **Will this event have non-JHU participants? Yes No** | | | |
| **Will you be selling tickets at this event? Yes No** | | | | | | **Will this event have a speaker/performer? Yes No** | | | |

**Event/Program Description**

[Please provide a brief description of the program here.]

**Purpose**

[Describe how this event connects to your organization’s mission.]

**Learning Outcomes or Goals of the Program**

[What do you hope that students/faculty/staff will learn/take away from this event?]

**Collaborators/Partnerships**

[Please list any student organizations/departments/outside organizations that you plan on collaborating with for this event. How will they contribute to the event?]

**Event Staffing**

[How many people do you need to staff this event? What jobs will you need them to do?]

**Marketing**

[How do you plan on marketing this event? List all the resources/avenues you plan to utilize? Please describe and attach any appropriate marketing materials.]

**Facilities Needs/Floor Plan**

[Describe your facilities (electrician, grounds, trash, etc.) needs for this program and sketch out your floor plan.]

**Menu/Catering**

[Describe the proposed menu and which caterer you would like to use.]

**Outside Performers/Vendors**

[List any outside vendors you will hire for this program. Please remember that all contracts must be submitted to the Office of Student Leadership and Involvement for signature. Do not sign any contracts yourself.]

**Supply List**

[Think through all of the details of your event. What supplies will you need? Be thorough.]

**Gifts in Kind/Donations**

[List any donations (food, supplies, money, etc.) this program received and from whom.]

**Risk Assessment**

[Think through your event, what are some challenges or roadblocks that could happen? How would you overcome them?]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget for Program**  [Catering/Suplies/Transportation/Publicity/Performers/Speakers/Facilities/Etc.] | | | | |
| **Item** | **Quantity** | **GL Code** | **Estimated Cost** | **Final Cost** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ***Sub-Total:*** | | |  |  |
| ***Total Revenue (Donations, Ticket Sales, etc.):*** | | |  |  |
| ***Total:*** | | |  |  |

|  |  |  |
| --- | --- | --- |
| **Planning Timeline** | | |
| **Time** | **Task/Activity** | **Person(s) Responsible** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Day of Tasks/Itinerary** | | |
| **Time** | **Task/Activity** | **Person(s) Responsible** |
|  |  |  |

**Debrief Notes for Next Year**

[Please insert comments/feedback received or observations you made. Describe what went well and what you would change.]

**Supporting Documents**

[Please attach supporting documents: diagrams, menu, marketing materials, assessment/evaluation documents, invoices/receipts, etc.]