

# Facility Needs

Equipment Needed (please check all that apply.)

1. Kitchen Yes \_\_\_\_\_ No \_\_\_\_\_

2. Sanctuary Yes \_\_\_\_\_ No \_\_\_\_\_

3. Other (please list and include room numbers):

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4. Parking Lot Yes \_\_\_\_\_ No \_\_\_\_\_

Facility Open

1. Date/Time: \_\_\_\_\_ Close Date/Time: \_\_\_\_\_

2. Sound System: Yes \_\_\_\_\_ No \_\_\_\_\_

3. Overhead Projector: Yes \_\_\_\_\_ No \_\_\_\_\_

# Preparation and Clean-Up of Facility

(If this is a non-Church function, a fee will be applied (i.e. weddings, etc.)

*Notice for all GVM Events: If there is no confirmed committee assigned to clean-up the kitchen, the kitchen will not be available for the event being considered.*

1. Preparation Team: Yes \_\_\_\_\_ No \_\_\_\_\_
2. Clean-up Team: Yes \_\_\_\_\_ No \_\_\_\_\_  
(Request for Funds form must be submitted at least 2 weeks prior to the event.)
3. Honorarium for Speaker: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \$ \_\_\_\_\_
4. Food and Refreshments: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \$ \_\_\_\_\_
5. Is rental of additional equipment needed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, enter information below.

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NOTE: (Expenditures must be pre-approved.)

VENDOR	PURPOSE	AMOUNT

6. Was Request for Funds form completed? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If no, please explain.) \_\_\_\_\_

7. Who is responsible for picking up check and giving it to the Recipient?  
\_\_\_\_\_

Has staff called all program participants to verify their participation and clarify their role on the program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Staff Sign Off: \_\_\_\_\_

Signature of Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Events Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Facilities Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

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Department: \_\_\_\_\_  
(Please sign name or initial next to department.)

Contacted: \_\_\_\_\_

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

Name of Person Assigned: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Department Head: \_\_\_\_\_

Financial Officer: \_\_\_\_\_

Church Calendar/Room Assignment Log: \_\_\_\_\_

Pastor's Calendar: \_\_\_\_\_

Facilities Maintenance: \_\_\_\_\_

Deacons/Deaconess: \_\_\_\_\_

Minister of Music: \_\_\_\_\_

President of Ushers: \_\_\_\_\_

Audio Visual: \_\_\_\_\_

Other (Ministry Name): \_\_\_\_\_

Has MC received a copy of the program in advance? Yes \_\_\_\_\_ No \_\_\_\_\_

Who is responsible for getting program to MC? \_\_\_\_\_

Will the office staff and committee meet? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Who will write Post Event Report "Lessons Learned"?

**MINISTRY INVOLVEMENT**

(please check all ministries that apply)

- 1. Deacons/Deaconess: Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Sound Technician: Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Hospitality Committee: Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Musician /Choir: Yes \_\_\_\_\_ No \_\_\_\_\_
- 5. Janitorial Service: Yes \_\_\_\_\_ No \_\_\_\_\_
- 6. Decoration Committee: Yes \_\_\_\_\_ No \_\_\_\_\_

REMARKS: \_\_\_\_\_

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