

PROGRAM PLANNING WORKSHEET (PPW)

(WHO?) PERSON COMPLETING FORM INFORMATION & ORGANIZATION REPRESENTED:

CONTACT PERSON: _____ TODAY'S DATE: _____

PHONE: (_____) _____ EMAIL: _____

ORGANIZATION HOSTING EVENT: _____

COLLABORATING ORGANIZATIONS (List additional orgs. assisting in event planning): _____

(WHAT/WHERE/WHEN?) EVENT DETAILS:

EVENT NAME: _____

DATE(S) OF EVENT: _____ DAY(S) OF THE WEEK: MON TUES WED THURS FRI SAT SUN

TIME OF EVENT (BEGIN TIME): _____ AM PM (END TIME): _____ AM PM

VENUE NAME: _____ ON-CAMPUS OFF-CAMPUS

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ VENUE CAPACITY: _____ ANTICIPATED ATTENDANCE: _____

VENUE CONFIRMATION VIA "COMMUNITY" (student life online reservation): YES NO WAITING FOR RESPONSE UNSURE

MISC. COMMENTS: _____

(WHY?) EVENT PLANNING:

TYPE OF EVENT: RETREAT CONFERENCE MEETING CONCERT PAGEANT POTLUCK OPEN MIC/POETRY SLAM
STUDY SESSION BANQUET CULTURAL FESTIVAL TOUR/FIELD TRIP FILM SCREENING CULTURAL PERFORMANCE
SPORTS EVENT DANCE EDUCATIONAL PROGRAM CULTURAL AWARENESS PROGRAM AWARDS RECOGNITION
ACADEMIC SUCCESS OTHER _____

DESCRIPTION OF EVENT (What is this event? What will take place? Think about how you will explain this event and what you will be doing to someone who has no idea what the event is.): _____

PURPOSE OF EVENT (What is the reason you are putting on this event?): _____

EXPLANATION OF HOW THIS EVENT RELATES TO YOUR ORGANIZATION'S MISSION (Think about your organization's mission. Does this event reflect the significance and purpose of your organization? Would someone unfamiliar with your organization know what the purpose of the organization is?)

BUDGET BREAKDOWN: **INVOICES/SUPPORTING DOCUMENTATION MUST BE ATTACHED!**

PRINT/COPY/PROMOTION (i.e. any fliers, posters, handbills, programs, ads, etc.)	_____ _____ _____	_____ Invoice(s)/Support. Doc. Attached Y N
TRAVEL (i.e. car rental, flights, bus, gas, mileage expenses, etc.)	_____ _____ _____	_____ Invoice(s)/Support. Doc. Attached Y N
FOOD/REFRESHMENTS (i.e. catering on/off-campus, items from grocery stores, meal tickets, etc.)	_____ _____ _____	_____ Invoice(s)/Support. Doc. Attached Y N
FACILITIES/EQUIPMENT (i.e. venue costs, MSU IPF-Physical Plant, clean-up, set-up, recycling, trash, tables, chairs, stage, tech. equip, microphones, tents, etc.)	_____ _____ _____	_____ Invoice(s)/Support. Doc. Attached Y N
CONSULTANTS (i.e. honorariums for guest speakers, performers, DJs, artists, dance groups, etc.)	_____ _____ _____	_____ Invoice(s)/Support. Doc. Attached Y N
SUPPLIES (i.e. paper plates, utensils, cups, office supplies, raffle tickets, resource booth items, cleaning, art, costumes, etc.)	_____ _____ _____ _____ _____	_____ Invoice(s)/Support. Doc. Attached Y N
MISCELLANEOUS (i.e. parking validations-visitor's pass, etc.)	_____ _____ _____	_____ Invoice(s)/Support. Doc. Attached Y N
TOTAL		

FUNDING SOURCE:

NAME OF ORGANIZATION	COMMENTS	AMOUNT
TOTAL		

MISCELLANEOUS QUESTIONS/CLARIFICATION ON PPW:

FINAL CHECKLIST

<input type="checkbox"/>	Invoices/supporting documentation for budget
<input type="checkbox"/>	Poster/flyer
<input type="checkbox"/>	Unsigned contracts (if any)
<input type="checkbox"/>	W-9 for vendors not on file
<input type="checkbox"/>	Venue reservation confirmation
<input type="checkbox"/>	Confirmation "community" is complete
<input type="checkbox"/>	Completed PPW

Staff Member: _____

Date: _____

Director: _____

Date: _____

AVP Student Affairs: _____

Date: _____