EVENT/PROGRAM PROPOSAL

Please fill out the below form and submit to office administration by email at office@icp-pgh.org, by fax at 412-682-3111, in person Monday-Friday from 9am to 3pm, or by mail at 4100 Bigelow Blvd., Pittsburgh, PA 15213. You will be notified of a decision within one week of the date received.

I. EVENT/PROGRAM SUMMARY

Event/Program Name: __________________________________________

Today’s Date: ________________________________________________

Event/Program Head: __________________________________________

Contact information: Phone number: ____________________________
                     Email address: ________________________________

Event/Program Date(s): ________________________________

Start and end times: Start: ________________________________
                     End: ______________________________________

Objective: What is this event/program trying to achieve?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What are the long-term goals of this program? What is your vision of “wild success” for this program?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How many attendees are you expecting? ________________________________

Will you / have you already formed a committee to execute and complete this project?

______________________________________________________________________________
______________________________________________________________________________

Will you need to recruit organizers? Yes / No . How many organizers do you:

   Have?: ________________________________
   Anticipate?: ________________________________

How will the event/program be advertised?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

For questions or concerns, please contact the ICP office at 412-682-5555, or office@icp-pgh.org

Revised 11/13/14
Tasks: Please list tasks needed to keep this event/program running. Examples: printing, marketing, procuring supplies, transportation required, training, cleanup, etc.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Is this event/program designed to be held on the ICP premises? ____________________
If so, which spaces would be used and which days would they be occupied?

<table>
<thead>
<tr>
<th>Space</th>
<th>Use</th>
<th>Days Needed</th>
<th>Times needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. REVENUE AND EXPENSES

A. Revenue

Please list revenue sources (grants, donations, fees, sales, rentals, etc) and estimated revenue per event/month/year (as applicable)

<table>
<thead>
<tr>
<th>Source</th>
<th>$ Amount</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Revenue: ____________________
B. Expenses

1. Personnel costs: Include number of hours needed per week, and hourly/daily rate (if known).

<table>
<thead>
<tr>
<th></th>
<th># needed</th>
<th># of hours</th>
<th>Pay Rate</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janitorial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Babysitters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Personnel Costs: ______________________

2. Supplies: Please list items and total estimated costs

<table>
<thead>
<tr>
<th></th>
<th>Costs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event/Program supplies</td>
<td></td>
</tr>
<tr>
<td>Office supplies</td>
<td></td>
</tr>
<tr>
<td>Recreational supplies</td>
<td></td>
</tr>
</tbody>
</table>

For questions or concerns, please contact the ICP office at 412-682-5555, or office@icp-pgh.org
Decorations: _______________________________________________________
_______________________________________________________________
_______________________________________________________________

Photography/Projector/Other equipment: __________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

Other: __________________________________________________________
_______________________________________________________________
_______________________________________________________________

Total Supplies costs: __________

3. Food and beverage costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Drinks</td>
<td></td>
</tr>
<tr>
<td>Cooks</td>
<td></td>
</tr>
<tr>
<td>Plates, napkins, cups</td>
<td></td>
</tr>
<tr>
<td>Utensils</td>
<td></td>
</tr>
</tbody>
</table>

Total cost of food: ______________

4. Costs of Prizes or Awards: _______________________________________________________

Total cost of prizes: ______________
5. Other costs not listed above (e.g. advertising, invitations):

<table>
<thead>
<tr>
<th>Item</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total other expenses: ________________

6. Are there any recurring expenses? ____________________________________________
   ____________________________________________

7. Total of all expenses (1-6 above): __________________________

C. NET REVENUE (EXPENSE) OF EVENT/PROGRAM

Subtract total expenses (number 7 above) from total revenue (section A): ________________
Office use only:

Date submitted/received: __________________________

☐ Approved. Budget approved: __________________________

Space(s) authorized for use: __________________________

Comments/Modifications: __________________________

________________________

☐ Denied

Reason denied: __________________________

________________________

________________________

Reviewed by: Position: __________________________

Name: __________________________

Date: __________________________

Signature: __________________________

Authorized by: Position: __________________________

Name: __________________________

Date: __________________________

Signature: __________________________