



CEDAR STREET BAPTIST CHURCH OF GOD DR. ANTHONY M. CHANDLER, SR., PASTOR

CSBC MINISTRY ACTION PLAN

Planning Package Due:	If Program Is In:
NOVEMBER 1	JANUARY
DECEMBER 1	FEBRUARY
JANUARY 1	MARCH
FEBRUARY 1	APRIL
MARCH 1	MAY
APRIL 1	JUNE
MAY 1	JULY
JUNE 1	AUGUST
JULY 1	SEPTEMBER
AUGUST 1	OCTOBER
SEPTEMBER 1	NOVEMBER
OCTOBER 1	DECEMBER

Name of Event:

Group in Charge:

Objective/ Goal:

Dates(s) of Event:

Practice/Setup Dates:

Location of Event:

Time of Event:



CEDAR STREET BAPTIST CHURCH OF GOD DR. ANTHONY M. CHANDLER, SR., PASTOR

Pre-Event Checklist

Please submit a minimum of 2 months (8weeks) prior to the date of the Ministry Opportunity. Please contact the appropriate CSBC Staff prior to submission. Please note that this does not mean your Ministry Opportunity is automatically approved.

_____ Determine event objective/ goal:

_____ Date of the event _____ Time of the event _____

_____ Establish a budget (see “Event Budget” form)

_____ Transportation (please contact Transportation Ministry)

_____ Parent Consent Form (Children and youth events)

_____ Marketing/ Advertising (flyers, virtual announcements, Broadcast announcements, social media, Simple Text, Constant Contact)

_____ Formal Invitations: indicate below who is to receive an invite. **Attach additional paper for details.**

Sister Churches _____ Local Officials _____ Speakers (provide name(s)) _____

_____ Workshop/ Conference Evaluations (**Template to be provided from the front office**)

_____ Media Ministry (**Audio/Visual Needs:** _____)

_____ Proposed Menu (**attach a copy**)

_____ Worship & Arts: musicians _____ choir/praise team _____ liturgical dance _____

_____ Use of Fellowship Hall (**attach a brief description of the room setup**)

_____ Final Walk Through to take place on:

Additional resources or support

Pastoral Staff Approval: _____ **Date of Approval:** _____



CEDAR STREET BAPTIST CHURCH OF GOD
DR. ANTHONY M. CHANDLER, SR., PASTOR

Staff & Volunteer Contact List

Ministry Leader Name: _____

Phone Number: _____

Name	Phone Number



CEDAR STREET BAPTIST CHURCH OF GOD DR. ANTHONY M. CHANDLER, SR., PASTOR

DEPARTMENTAL CHECKLIST

Notify and contact the leader of each department that will be involved in the event. List the date and have them initial acknowledging that they were notified of the event and all services needed from their area.

DEPARTMENT	DATE NOTIFIED	LEADER'S INITIALS
Deacons		
Deaconess		
Trustees		
Associate Ministers		
Sunday School		
New Beginners Ministry		
Couples Ministry		
MOCS		
EmpowHer		
Dorcas Rebecca Missionaries		
Children's Ministry		
Youth & Young Adults		
Prime Timers		
Singles Ministry		
Royal Ushers		
Rosa B. Harris Ushers		
Male Ushers		
Security		
Greeters		
Compassion Care Volunteers		
Parking Attendants		
Kitchen		
Hospitality		
Fellowship Hall		
Health Ministry		
Music, Worship & Arts		
Liturgical Dancers		
Multimedia		
Outreach		
Social Activism		
Vacation Bible School		



**CEDAR STREET BAPTIST CHURCH OF GOD
DR. ANTHONY M. CHANDLER, SR., PASTOR**

Event Budget

Ministry Event: _____

Please submit a minimum of 2 months (8weeks) prior to the date of the Ministry Opportunity.

Income	Projected	Actual
Offering		
Business/Church Sponsors		
T-Shirt Sales, Etc.		
Media Sales		
Total income (As of: _____)		
Expenses		
Advertising		
Banner		
Cleaning		
Hospitality - Repast		
Gas Reimbursement		
Honorariums		
Lodging		
Media Ministry		
Musical Guest Honorarium		
Printing-programs, flyers, postcards		
Rentals		
Transportation		
Miscellaneous		
Total Expenses		
Net Income (Loss)		

Submitted by: _____

Pastoral Staff Approval: _____



**CEDAR STREET BAPTIST CHURCH OF GOD
DR. ANTHONY M. CHANDLER, SR., PASTOR**

CSBC Calendar Addition Form

Proposed Calendar Addition:	
Event	
Brief Description	
Proposed Date:	Projected Expense: \$
Ministry/Program Information	
Ministry:	
Contact Person:	
Phone:	
Email:	
Office Use Only	
Date Received:	Initial of Approval:



CEDAR STREET BAPTIST CHURCH OF GOD DR. ANTHONY M. CHANDLER, SR., PASTOR

Post Event Evaluation

**Please return to mailbox of the Executive Pastor no later than 7 days after an event.*

1. Rate the success of your event.

1 2 3 4 5 (five star event)

2. Did we meet our goals/objectives with this event? ____Yes or ____No

3. Did we meet our budgetary goals? ____Yes or ____No

4. Did we have enough volunteers for the event? ____Yes or ____ No

5. What could we have done differently to make the even better/more Productive?

6. Did we have enough advertising for the event? ____Yes or ____No

If NO, how could we have made this better? _____

7. What other ministries could we have partnered with to make this event even better? _____

8. Did we execute the event in a spirit of excellence? ____Yes or ____No

9. Would we execute a similar event in the future? ____Yes or ____No
What changes would we make? _____

10. How does this program allow us to grow as a holistic Church?



**CEDAR STREET BAPTIST CHURCH OF GOD
DR. ANTHONY M. CHANDLER, SR., PASTOR**

Post Event Evaluation

Additional Comments:
