



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

The objective of the Ministry Action Plan (MAP) is to help the ministries of our church plan 5 Star events and experiences prior to committing actual resources (time, talent, treasure) to them. We must be a church that does ministry with excellence! We also want to make sure that we are doing smart ministry. In other words, if we are going to spend time, talent, energy, and resources on a ministry event/activity/program, we expect that it will be beneficial to helping us fulfill our mission as a Church. Making your MAP early in your preparation will help ensure a successful event/program, one that God would be proud of. A Special event could be a one-time or may even be an annual event focused on a specific purpose. Special events include retreats, conferences, celebrations, and other significant occasions in the life of Cedar and its ministries. These special events are different from an individual ministry's regularly scheduled monthly meetings. For advance planning, ministry leaders are expected to meet with the Executive Pastor at least 90 days in advance for the event. When you submit your forms, your request will be reviewed initially by the Executive Pastor to determine if further approval may be necessary. After approval, your MAP will be sent to our Events and Experiences Coordinator for further follow up and planning.



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Pre-Event Checklist

Complete this section to provide full details of what will be needed for the event.

Name of Event: _____

Group Requesting: _____

Objective/ Goal: _____

Date of Event (Start & Finish): _____ Time: _____

Practice/ Setup Date: _____

Room being requested: _____

Person completing form: _____

Email: _____

Do you have an established budget? (Completed on page 6) Yes No

Will Parental Consent be needed (children and youth events)? Yes No

Marketing and Advertising

Check each area of advertisement needed:

- Virtual Announcements (two weeks running prior to event)
- Broadcast Announcements (at the discretion of the Pastor)
- Social Media (Facebook/ Instagram)
- Simple Text (texting application)

Do you wish to have a guest preacher/ facilitator or speaker? Yes No

*All guest preachers, speakers and facilitators must be approved by the Senior Pastor prior to sending an invitation.



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Will you be planning to solicit outside vendors that will provide an invoice? Yes No

Please list all vendors and amounts requested: _____

Please provide a brief description of your event specifics. Include the theme, color scheme, number of guest that you will prepare for and any other ideas that help our team support your vision. Attach additional pages as necessary. _____

Form Submitted By: _____

Date Submitted: _____



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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		



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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: _____



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CSBC Calendar Addition Form

Proposed Date Addition (ex: Saturday, October 15, 2022)

Event Name (As it should appear on the calendar)

Brief description of set up needs (Include number of expected guests, tables, chairs, etc.)

Ministry/Program Information

Ministry:

Contact Person:

Phone:

Email:

Submitted by: _____

Pastoral Staff Approval: _____



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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 (Highest Achievement)

2. Did we meet our goals/ objectives with this event? Yes No

3. Did we have enough advertising for the event? Yes No

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

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

5. Did we execute the event in a spirit of excellence? Yes No

6. Would we execute a similar event in the future? Yes No

7. What changes would we make? _____

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



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