



NCAC Event Proposal Form

Name of Event: _____

Proposed Date & Time: ____/____/____ :____:____ am/pm - ____:____ am/pm

Proposed Location: _____

Description of Event: _____

Objectives of the Event:

1. _____
2. _____
3. _____

Will this event require a contract? YES NO

If yes, please list vendor:

Name: _____

Contact Person: _____

Phone Number: (____) - ____ - ____

E-Mail Address: _____@_____

Event Budget Total: \$____.____

Budget Breakdown:

- Advertisement: \$____.____ A/V Services: \$____.____
- Owed to Contracted Vendor: \$____.____
- Supplies: \$____.____
- Other: \$____.____

Event Proposer Name: _____

Is proposer willing to be chairperson for the event? YES NO

For Official Use:

Did commission approve event by vote? YES NO If no, explain: _____

Were changes made to original proposal? YES NO If yes, explain: _____

Approval Date: ____/____/____ Chairperson Signature: _____



NCAC Event Checklist

Event Name: _____

Date: ____/____/____

Event Chairperson: _____

Phone #: (____) - ____ - ____

Budget:

- Account Number: _____
- Check Request – Amount: \$ _____. _____
 - { } W-9
 - { } E-Verify Form
 - { } Contract

Notes: _____

Location: _____

- Reserved

Vendor Requests:

- Transportation
- Lodging
- Hospitality/Tech Rider

A/V Services: _____

- Booked
- Paid

Set Up:

- Time ____:____ am/pm
- Crew: _____

Advertising:

- Facebook Posts
 - { } Start Date: ____/____/____
- Banner
 - { } Reserve Banner Location
 - { } Date for banner to go up ____/____/____
- Newspaper
 - Ad Date: ____/____/____
- Poster
 - { } Date of completion: ____/____/____
- Other _____

Clean Up:

- Time ____:____ am/pm
- Crew: _____

Commission Member Assignments:

- | | |
|-------------------------|-------------------------------|
| Accounting Needs: _____ | Phone #: (____) - ____ - ____ |
| Reservations: _____ | Phone #: (____) - ____ - ____ |
| Contract: _____ | Phone #: (____) - ____ - ____ |
| Vendor Needs: _____ | Phone #: (____) - ____ - ____ |
| A/V Services: _____ | Phone #: (____) - ____ - ____ |
| Advertising: _____ | Phone #: (____) - ____ - ____ |
| Set Up Leader: _____ | Phone #: (____) - ____ - ____ |
| Clean Up Leader: _____ | Phone #: (____) - ____ - ____ |
| Other: _____ | Phone #: (____) - ____ - ____ |

*Explain: _____

Chairperson Signature: _____

Date: ____/____/____