

(Date stamp)

BC Student Programs Project Plan

Student Program Project Policies:

- Must be a BC chartered club, recognized program or BC sponsored event
- Must turn in project plan at least 8 weeks in advance for student travel
- Must turn in project plan at least 6 weeks in advance for off-campus events and out-of-town performers
- Must turn in project plan at least 14 working days in advance for minor events (bake sale, potlucks etc.)
- All related project documents must be turned in **COMPLETED** before project will be approved

For SP Front Desk Use:
 Project tracking # _____ Date logged: _____ Staff Initials _____

PLEASE PRINT

Today's date: _____ Club/ Program Name _____

Primary contact email: _____ Phone: _____

Project Title: _____

Desired Date:	Desired Location	Actual Time of Event:	Set Up & Clean up time
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____

Number of projected attendees: _____

Project type: Cultural Event Educational Event Social Event
 Travel Fundraiser Other _____

Project summary: _____

Project Outcomes (Goals):

1. _____

2. _____

3. _____

How does your project contribute to pluralism and to the college community: _____

Equipment / Resources

Equipment: [] Media cart [] Mic on stand
 [] Wireless mic* [] Stage
 [] Internet connection [] Standing screen
 [] Audio/ Visual [] Transportation
 [] Special Equipment _____
If requesting for mics, how many mics? _____
Other _____

Resources: [] Budget [] Volunteers
 [] Advertisement
 [] Community partner _____

BC personnel: [] Food Service [] Other _____

For Student Programs Use:

Project Meeting with: _____ Date: _____
Name of SP staff

Student Programs project primary contact : _____

Forms required:

[] Advanced meals w/ meeting [] Catering form or permission for outside vendor
 [] Fundraising forms [] Performance contract
 [] Other _____

Risk Management:

Potential Risks

- 1. _____
- 2. _____
- 3. _____

Release Forms Required:

[] Travel forms [] Risk Management Committee
 [] Food handlers permit

Orientation required:

[] Equipment [] Trip/ travel
 [] Other _____

Mode of transportation: _____ Driving Training Required? [] Yes [] No

Health /Accident insurance required for all participants: [] Yes [] No

Budget: Cost Breakdown

Cost Breakdown:		<u>Notes</u>
• Facility rental:	\$ _____	_____
• Equipment rental:	\$ _____	_____
• BC personnel :	\$ _____	_____
• Food:	\$ _____	_____
• Travel:	\$ _____	_____
• Performance/Entertainment:	\$ _____	_____
• Supplies:	\$ _____	_____
• Miscellaneous:	\$ _____	_____
• Registration fee:	\$ _____	_____
• Printing/ Advertisement:	\$ _____	_____
Estimated cost of event:	\$ _____	_____

Current funds available: \$ _____ (if any)

Budget number: _____ (if applicable)

Fundraised Revenue:

Planned Fundraiser	Proposed Date	Anticipated Revenue

Total anticipated fundraising revenue: \$ _____

ASG S&A Funding*:

*All activities using S&A funds must be advertised and open to all students

Date submitting funding request to ASG: ____ / ____ / ____

Amount requesting from ASG \$ _____ **Amount received from ASG \$** _____

Funding Breakdown:

Current funds available	\$ _____
Total anticipated fundraising revenue	\$ _____
Amount received from ASG	\$ _____
Revenue Total	\$ _____
Minus (-)	
Estimated cost of event	\$ _____
Difference	\$ _____

Tasks and Milestones:

Value	Tasks	Person responsible & Phone number		Date Due
I	Facility, supplies, materials, resources <input type="checkbox"/> Planning forms turned in			
II	Marketing & Communication <input type="checkbox"/> CAB <input type="checkbox"/> Plasma <input type="checkbox"/> Other			
III	Set up & Event	1.		
		2.		
		3.		
III	Clean up	1.		
		2.		
		3.		
V	Finances: <input type="checkbox"/> Deposit revenue w/ SP <input type="checkbox"/> Turn in receipts for reimbursement			
VI	Project Wrap up <input type="checkbox"/> Evaluation <input type="checkbox"/> Debrief <input type="checkbox"/> Documentation			

Project plan must be signed by Project Manager and Club Advisor

Project Sign-Off:

1. Project manager Name _____ Phone _____
 Email: _____

2. Club Advisor Name _____ Phone _____
 Email _____
 Club Advisor Signature _____

3. Student Programs
 Associate Director _____ Date: _____
 Finance/Risk Management Coordinator _____ Date: _____
 Assistant Dean _____ Date: _____