



RECURRING EVENT PLAN

Event Title:

Event Lead:

VERSIONING: 1.0

EVENT INFO

Event Objective(s):

What is the main purpose?

Event Elevator Pitch(s):

What is a short description of the event that could be given to draw people to the event?

Event Pillar(s):

What Pillar of OASES does this event fall under (and how)?

Event Partner(s):

Who are the partners or other organizations involved in this event (Include contact information as relevant)?

Event Target Audience(s):

Who is the target audience (not the beneficiaries) of the event (women, youth, POC, non-members)?

Event Registration:

Is registration required for the group or for individuals (Include costs, method, and time frames as relevant)

TIMELINE

TASK (s)	TIME	WHO	NOTES

VENUE INFO

Venue Location:

What is the name and address of the venue?

Venue Accessibility:

What are the accessibility limitations of the venue (e.g. no ramps, no available bathrooms, loud environment.)?

Venue Transportation Information:

Is there a parking lot or paid parking, what bus/train lines are relevant?

Venue Other Information:

What other information about the venue is relevant (Is the venue a church, is the door locked)

REQUIRED RESOURCES

What are the required resources for the event (What do we need to provide for the event)

Resource	Amount(s)	Who is responsible	Notes

STAKEHOLDERS

Who is working on or affected by this event? i.e. members, committees, Board, recipients etc.

Stakeholder(s)	Role:	Notes

BUDGET

Total Budget:

What is the total cost of the event?

Budget Sponsor(s):

Who is paying for the event (if the board: what budget, who requests, and is it reimbursement?)

Resource	Cost	Notes

COMMUNICATIONS PLAN

What communication will be communicated to, and when?

Text, or link to example communication	Date	Target	Notes

RISKS / PROBLEM MANAGEMENT

As relevant, add to the below log of relevant Risks/Problems and mitigations

Risk/ Problem Notes	Cost

EVALUATION CRITERIA PLAN

What information should be captured for evaluation and communication to board (number of volunteers/hours,)?

Metric	Notes

SUPPLEMENTARY MATERIALS

If there are other relevant documents, include information below

Document Title	Link to document	Notes

EVENT PLAN APPROVALS

Project Lead:

Co-Signer:

Signature / Date

Signature / Date