

# Event Planning and Approval Form

Sonoma County Office of Education

Page 1 of 2

## Event Identification

Name of the event \_\_\_\_\_

Date(s) and time(s) of the event \_\_\_\_\_

Conflicts? ☐ Yes ☐ No Explain \_\_\_\_\_

Location \_\_\_\_\_

Presenter \_\_\_\_\_

Category for online posting

- |  |                                     |                                      |                                      |   |
|--|-------------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> 21C               | <input type="checkbox"/> Assessment | <input type="checkbox"/> CTE         | <input type="checkbox"/> Common Core | <input type="checkbox"/> EL             |
| <input type="checkbox"/> Leadership        | <input type="checkbox"/> Math       | <input type="checkbox"/> Preschool   | <input type="checkbox"/> Science     | <input type="checkbox"/> Student Events |
| <input type="checkbox"/> Tech for Learners | <input type="checkbox"/> TK         | <input type="checkbox"/> Other _____ |                                      |   |

Description of the event for online posting

Audience ☐ Open ☐ Invite only Explain \_\_\_\_\_

☐ Teachers ☐ Admins ☐ Community ☐ Other \_\_\_\_\_

☐ K-6 ☐ 6-8 ☐ 9-12 ☐ K-12 ☐ Other \_\_\_\_\_

Certificated contact \_\_\_\_\_ Classified contact \_\_\_\_\_

## Marketing and Follow-up

How will event be marketed? ☐ Website ☐ Social Media ☐ E-blast ☐ Direct Invitation  
☐ Flier ☐ Other Explain \_\_\_\_\_

Will the common Survey Monkey evaluation be used? ☐ Yes ☐ No Explain \_\_\_\_\_

## Approvals

Program Manager \_\_\_\_\_ Date \_\_\_\_\_

Deputy Superintendent \_\_\_\_\_ Date \_\_\_\_\_

☐ Canceled/revised on \_\_\_\_\_ Details \_\_\_\_\_

Name of the event \_\_\_\_\_

**Budget Planning: Expenses**

Name of budget for expenses \_\_\_\_\_

Presenter's fee \$ \_\_\_\_\_

Presenter's travel \$ \_\_\_\_\_

Approximate graphic/printing costs \$ \_\_\_\_\_

Facility costs \$ \_\_\_\_\_

Catering \$ \_\_\_\_\_

Staff costs \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Estimated expense subtotal \$ \_\_\_\_\_

Indirect \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**Budget Planning: Income**

Name of budget for income \_\_\_\_\_

Estimated # of participants \_\_\_\_\_ Break even charge \$ \_\_\_\_\_

Minimum # of participants \_\_\_\_\_ Break even charge \$ \_\_\_\_\_

Charge per participant \$ \_\_\_\_\_

Estimated income (estimated x charge) \$ \_\_\_\_\_

**Comments****Budget Approval**

Department Approval \_\_\_\_\_ Date \_\_\_\_\_