**DELTA OMEGA CHAPTER MEETING**

**Alpha Kappa Alpha Sorority, Incorporated®**

***Exemplifying Excellence Through Sustainable Service***

Chapter Programs, Workshops & Special Activities

**EVENT PLANNING CHECKLIST (Form A1)**

This checklist is designed to assist with planning, developing and implementing programs, workshops and/or activities efficiently. 1) Use the Event Planning Checklist (EPC) at the beginning stages of all events and remind Sorors to maintain a copy for their files and refer to it often while planning the event. 2) Refer to the Chapter’s Directory to involve the appropriate Chairman of the section/part of the event that could possibly impact their respective committee. 3) Discuss the EPC with the Program Chairman when planning all programs, workshops and special activities. 4) Provide a completed copy of the EPC and the necessary attachments, after the first face-to-face meeting has been held with your committee, to the Program Chairman.

**NAME OF EVENT:** Click or tap here to enter text.

**DATE(S):** Click or tap to enter a date.

**VENUE:**Click or tap here to enter text.

 **DESIGNATED CHARITY (if applicable):**Click or tap here to enter text.

**IVY COMMUNITY FOUNDATION (ICF) PROGAM/ACTIVITY: \_\_\_\_\_\_YES \_\_\_\_\_\_NO**

**DELTA OMEGA CHAPTER PROGRAM/ACTIVITY: \_\_\_\_\_\_YES \_\_\_\_\_\_NO**

**COMMITTEE CHAIRMAN/CO-CHAIRMAN:** Click or tap here to enter text.

**Designated TASK Assignment(s) & Timeline Dates:**

|  |  |  |  |
| --- | --- | --- | --- |
| **ASSIGNMENTS** | **DESIGNATED PERSON** | **TIMELINE** **(DUE BY)** | **WHO/WHAT** |
| Establishing committee meetings/ conference calls/agendas/budgeted amounts for items with asterisk (see below) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Listing Duties and Responsibilities/Assignments of each committee member | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Arranging venue facility and/or hotel accommodations | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Reviewing all contracts, to include, but not limited to: facility/venue, entertainment, photographer and food contract (s) and copies of the contract(s) given to the chairperson and approved by the President | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Processing Voucher payments for each Purchase Order for **Treasurer** and check(s) collected from **Treasurer (see notes below)** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| \*Securing flyers for event/Advertisement (wording and flyer layout) and develop a survey (evaluation) to be used at the conclusion of the event **\*NOTE: An event evaluation/survey should be done no later than 2-3 days after the event has concluded.** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| \*Cater Business Name  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| \*Food Menu | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| \*Tickets | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| \*Entertainment Name | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| \*Color Scheme and/or Theme (include Decoration Chairman to the committee) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**\*NOTE: All asterisk items, not limited to, MUST have an approved Budget Submission Form (Form A2—attached) completed and approved prior to using the vendor(s).**

**\*\*President must review and approve all correspondences and flyers before dissemination. Additionally, such stated items must first be submitted to the Program Chairman before being sent to the President.**

**\*\*Purchases shall not be made without submitting an approved Purchase Order by the Committee Chairman and President. Voucher payments shall not be honored without the accompanying of an approved Purchase Order stapled to the Voucher Payment Request Form.**

**COMMENTS:** Click or tap here to enter text.

**PROJECTED PROFITS:** Click or tap here to enter text.

**ESTIMATED TOTAL COST:** Click or tap here to enter text.

**REQUIRED**

**Program Chairman’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Treasurer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**