** Event Proposal Review for Board Consideration**

***For use by any Trustee proposing an event. Please allow a minimum of 3 weeks***

***prior to next Board meeting (held third Wednesday of each month).***

**Please send this overview to the*Finance Committee (FC) Chair***for FC review and upcoming Board meeting inclusion. Please copy the Director and President. For the planner: **when approved, please enter into the TMS calendar as soon as possible to prevent rental or activity overlap.**

This Event Proposal will be reported by FC Chair at the next full meeting of the Board of TMS Trustees as a *positive recommendation* **or** as *not approved* by FC with an explanation statement included.

**Date of Submission to FC\_\_\_\_\_\_\_\_\_ Overview of event proposed:**

|  |  |
| --- | --- |
| **EVENT:** | **N O T E S F O R FC R E V I E W**  |
| Who is the Trustee event planner: |  |
| Date or time frame: |  |
| Where will this occur: |  |
| Other organizations involved in the collaboration ( if applicable): |  |
| Other Committees that may be interested:  |  |
| Please attach (or include at bottom approximate budget break down of investment needed by TMS. |  |
| Approximate tasks of volunteers needed:(sign-up sheet to be circulated upon approval at Board meeting) |  |
| Promise of donations ( who, how much):  |  |
| *Approximated* return on investment benefitting the TMS: |  |
|  $150 \*alcohol permit needed This is # \_\_\_\_ of 12 |  |

|  |  |
| --- | --- |
| **PRE-EVENT** | **APPROXIMATION** |
| Collaborations ( if applicable): |  |
| Approximate volunteers hours utilized: |  |
| Donations: |  |
| TMS funds used on this event  |  |
| **Funds to TMS: return on investment** |  |

|  |  |
| --- | --- |
| **POST EVENT** |  **FINAL NUMBERS**  |
| Final collaborations ( if applicable): |  |
| Approximate volunteers hours utilized: |  |
| Donations: |  |
| TMS funds used on this event |  |
| **Funds to TMS: return on investment** |  |

 (7.26.16)