

Portland Community College, Southeast  
Student Leadership Programs Office

**PIER Planning Form**

(Planning, Implementation, Evaluation and Review)

**ORIGINAL ACTIVITY PACKET MUST STAY IN STUDENT ACTIVITIES OFFICE**

**Event Summary**

Chk	
<b>Description or Name of Event:</b>	
<b>Date(s) of Event:</b>	<b>Start Date:</b> _____ <b>End Date:</b> _____
<b>Time(s) of Event:</b>	<b>Start Time:</b> _____ <b>End Time:</b> _____
<b>Location(s) or Facilities(s) of Event:</b>	
<b>Projected Attendance:</b>	
<b>Approved by Student Activity Council:</b>	<b>Date Approved:</b> _____
<b>Advisor Check and Approval:</b>	<b>Signature:</b> _____   <b>Date:</b> _____

**Event Responsibility / Accountability** (Both the person in charge and alternate should meet with advisor)

<b>Person in Charge:</b>		<b>Alternate Person in Charge:</b>	
<b>Day Phone:</b>		<b>Day Phone:</b>	
<b>Night Phone:</b>		<b>Night Phone:</b>	
<b>Advisor Check: Initial:</b> _____	<b>Date:</b> _____	<b>Comments:</b>	

**MANDATORY Check-Points**

(You must check briefly with the advisor at the following check points.)

	Proposed Meeting Date	Actual Meeting Date	Advisor Initial
<b>45 days prior to event:</b> (Emphasis on facilities, contracts, promotion plan, budget.)			
<b>30 days prior to event:</b> (Emphasis on decorations, invitations, special equipment, publicity and promotional material preparation.)			
<b>20 days prior to event:</b> (Emphasis on publicity and promotional material distribution, safety, food arrangements and other needs.)			
<b>10 days prior to event:</b> (Emphasis on set-up and clean-up logistics, especially work schedules for volunteers and other helpers. Review budget.)			
<b>2 days prior to event:</b> (Final review of PIER Planning Form. Resolve any issues.)			
<b>Day of event:</b> (Keep advisor informed regarding event, that it is happening, any problems, etc.)			
<b>5 days AFTER event or sooner:</b> (Complete PIER, finalize budget, complete event evaluation, complete file and submit to advisor.)			
<b>Advisor Check: Initial:</b> _____	<b>Date:</b> _____	<b>Comments:</b>	

**Instructions On Using This PIER Planning Form.**

- The original working file MUST remain in the Student Activities Office.
- This is a "WORKING" document. You will be completing portions of it throughout the event planning process. Make any changes necessary at any time. Don't worry about making it look perfect, just make sure it can be read. (IT IS SUGGESTED THAT YOU USE PENCIL.)
- Be as thorough possible from the start in your planning and complete as many spaces as possible. If a space does not apply just draw a line in that space. Once a thorough plan is developed it is much easier to go back and make changes.
- Note on the page one that there is a series of check-points when you MUST meet with an activities advisor to have him/her review this PIER Form in order for the planning to continue. Fill in your calendar **now** to remind you of these meeting times.
- Complete the budget page and use your best estimate of costs to fill-in the "Projected Cost" column. When the event is complete you will fill-in the "Final Cost" column with the actual costs you incurred for the event.

**Objectives of Event**Included in  
Evaluation

(Educational, social or other objectives for the purpose of the event MUST be described. There MUST be a minimum of one objective.)

Objective #1:	
Objective #2:	
Objective #3:	
Objective #4:	
Objective #5:	
<b>Advisor Check: Initial: ____ Date: _____ Comments:</b>	

**Contract Information**

(Contracts and other documents completed with appropriate signatures - attach copies.)

Who's  
Responsible  
Completion  
Target Date  
Date  
Completed

PCC Performance Agreement:			
PCC Method of Payment Determined and Implemented			
PCC purchase order (if applicable)			
PCC Club Request for Payment/Funds (if applicable)			
PCC Contract Letter to Service Provider / Talent:			
Have signed copy of service provider's own contract form / or contract riders:			
Other (describe):			
<b>Advisor Check: Initial: ____ Date: _____ Comments:</b>			

**Facilities Needs**

(Determine ALL facility needs and make arrangements for reservation and set-up.)

Who's  
Responsible  
Completion  
Target Date  
Date  
Completed

Facilities reservation forms completed and received by Facilities Coordinator MSH 103:			
Set-up, other work orders completed and received by maintenance / custodial office: (Minimum 2 week in advance.) E-mail src@pcc.edu.			
Audio visual equipment orders completed and received by AV Equipment Office: Minimum 1 week in advance.) Go to my pcc fill out request.			
Other (describe):			
<b>Advisor Check: Initial: ____ Date: _____ Comments:</b>			

**Promotion / Publicity**

(Determine necessary efforts to successfully promote activities to target audiences.)

Who's  
Responsible  
Completion  
Target Date  
Date  
Completed

Prepare <u>written</u> promotional plan, including time-lines for release of materials:			
Prepare public information / news release on my pcc and submit			
News articles prepared and news papers contacted (Skanner, Oregonian):			
Posters, flyers and table tents printed – ready for distribution:			
Hand made signs, poster boards prepared and ready for display:			
Other (describe):			
<b>Advisor Check: Initial: ____ Date: _____ Comments:</b>			

<u><b>Invitations</b></u> (Determine appropriate people or groups who should be invited to attend this event.)		Who's Responsible	Completion Target Date	Date Completed
	Invitations written and printed:			
	Invitations mailed or delivered:			
	Special invitations prepared and delivered to VIP's			
	Other (describe):			
	Advisor Check: Initial: ____ Date: _____ Comments:			

<u><b>Decorations or Other Amenities</b></u> (Determine whether flowers, candles, napkins, special decorations are needed and arrange for them.)		Who's Responsible	Completion Target Date	Date Completed
	Item: Obtain from:			
	Item: Obtain from:			
	Item: Obtain from:			
	Item: Obtain from:			
	Item: Obtain from:			
	Other (describe):			
	Advisor Check: Initial: ____ Date: _____ Comments:			

<u><b>Special Equipment Needs</b></u> (Determine if special equipment is needed and where to rent, or borrow, or purchase.)		Who's Responsible	Completion Target Date	Date Completed
	Item: Obtain from:			
	Item: Obtain from:			
	Item: Obtain from:			
	Item: Obtain from:			
	Item: Obtain from:			
	Other (describe):			
	Advisor Check: Initial: ____ Date: _____ Comments:			

<u><b>Food Services and Supplies</b></u> (Determine food needed. Will food be ordered or will you prepare?)		Who's Responsible	Completion Target Date	Date Completed
	Menu/Food List Prepared – Including Projected Attendance Count _____:			
	Campus food service requested completed (minimum 2 weeks in advance). Call 4316.			
	Item: Obtain from:			
	Item: Obtain from:			
	Item: Obtain from:			
	Item: Obtain from:			
	Other (describe):			
	Advisor Check: Initial: ____ Date: _____ Comments:			

**Set-Up and Clean-Up Logistics**

(Determine specific set-up and clean-up times and crews.)

Specific Time

Who's Responsible

		Specific Time	Who's Responsible
	<b>Beginning Set-Up Time:</b> (Provide adequate time prior to the starting time of the event – a minimum of an hour for simple events, longer for more complicated events.)		
	<b>Ending Clean-Up Time:</b> (Provide adequate time after the event is over for tear down and clean up. This time represents the time when EVERYTHING is finished.)		
		Who's Responsible	Completion Target Date
	<b>Set-Up Work Crew List Completed, including shift times for all workers:</b>		Date Completed
	<b>Clean-Up Work Crew List Completed, including shift times for all workers:</b>		
	<b>Other (describe):</b>		
	<b>Advisor Check: Initial: ____ Date: _____ Comments:</b>		

**Safety and Security**

(Determine safety and security needs. Arrange for – or hire security.)

Who's Responsible

Completion Target Date

Date Completed

		Who's Responsible	Completion Target Date	Date Completed
	<b>Notification of event sent to college's Public Safety Office:</b> (Minimum 2 week in advance.)			
	<b>Student security crew scheduled – work shift list completed:</b>			
	<b>Security services hired – contract completed and approved:</b>			
	<b>Other (describe):</b>			
	<b>Advisor Check: Initial: ____ Date: _____ Comments:</b>			

**Other Planning Needs**

(Specify in detail. Attach additional sheets if necessary.)

Who's Responsible

Completion Target Date

Date Completed

		Who's Responsible	Completion Target Date	Date Completed
	<b>Advisor Check: Initial: ____ Date: _____ Comments:</b>			

**Evaluation / Follow-Through / Closure**

(Complete activities evaluation form, finalize budget, complete and close file.)

Who's Responsible

Completion Target Date

Date Completed

		Who's Responsible	Completion Target Date	Date Completed
	<b>Tally "Attendee Evaluation" forms:</b>			
	<b>Completed activities evaluation form:</b>			
	<b>Determined final budget expenditures and entered into final budget document:</b>			
	<b>Gathered all materials and placed in file (including promotional, contracts, reservations, planning forms and this PIER form):</b>			
	<b>Submitted complete activity file to Student Activities Office:</b>			
	<b>Other (describe):</b>			
	<b>Advisor Check: Initial: ____ Date: _____ Comments:</b>			

<b>BUDGET ITEM</b>	<b>PROJECTED COST</b>	<b>FINAL COST</b>
<b>Contract(s) For Service Provider(s)</b>		
Contract #1 Cost		
Contract #2 Cost		
<b>Total Contract(s) for Service Provider(s) Costs</b>		
<b>Facilities Rent and Other Costs</b> (Deposit – to be returned: _____)		
Facility #1 Cost		
Facility #2 Cost		
Facility #3 Cost		
<b>Total Facilities Rent and Other Costs</b>		
<b>Promotion / Publicity</b>		
Printing #1 Costs		
Printing #2 Costs		
Printing #3 Costs		
Newspaper Advertising Costs		
Radio / TV Costs		
Poster, Sign Preparation or Other Costs (non printing)		
<b>Total Promotional / Publicity Costs</b>		
<b>Invitations and Mailings</b>		
Printing and Preparation Costs		
Mailing / Delivery Costs		
<b>Total Invitations and Mailings Costs</b>		
<b>Decorations and Other Amenities</b>		
Item #1 Cost		
Item #2 Cost		
Item #3 Cost		
<b>Total Decorations and Other Amenities Costs</b>		
<b>Special Equipment Needs</b>		
Equipment #1 Cost		
Equipment #2 Cost		
Equipment #3 Cost		
<b>Total Special Equipment Needs Costs</b>		
<b>Food Services and Supplies</b>		
Food #1 Cost		
Food #2 Cost		
Food #3 Cost		
Food #4 Cost		
<b>Total Food Services and Supplies Costs</b>		
<b>Safety and Security</b>		
Safety/Security #1 Cost		
Safety/Security #2 Cost		
<b>Total Safety and Security Costs</b>		
<b>Other Costs (Specify)</b>		
Cost #1		
Cost #2		
Cost #3		
Cost #4		
<b>Total Other Costs</b>		
<b>TOTAL COST FOR THIS ACTIVITY</b>		
<b>ADVISOR BUDGET REVIEW AND APPROVAL</b>	<b>Initial:    Date:</b>	<b>Initial:    Date:</b>