

2013 Independent Fundraising Event Application

A. Contact Information

Name of organization planning the event: _____

Name of contact person: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone (Business): _____ Home/Cell Phone: _____

Fax: _____ Email: _____

B. Event Information

Event Name: _____

Type of Event: ☐ One-time ☐ Annual ☐ Ongoing

Event Date(s): _____

Event Time(s): _____

Event Location: _____

Address of Location: _____

Event Email: _____

Event Website: _____

** Please note that your email address will be published on our Website under Calendar of Events.

C. Event Details

Briefly describe the event and how the funds will be raised. For example, through ticket sales, silent auction, donations at the door, etc.



What inspired you to host this event?

Does your venue require a certificate of insurance? ☐ Yes ☐ No

D. Lottery Licenses

Please note that **BINGOS, RAFFLES and 50/50 DRAWS** are regulated by the Alcohol and Gaming Commission of Ontario (AGCO). Children's Health Foundation (CHF) staff must apply for the license. CHF is legally bound to uphold all rules and regulations set forth by the AGCO. It takes a minimum of 4 weeks to process applications through the AGCO.

Is a lottery license required for this event? ☐ Yes ☐ No

E. Public Relations Information

Briefly describe the proposed publicity plan for the event/program including any websites, social media, radio, television and newspaper advertising:

Would you like your event listed on the CHF website's Event Calendar? ☐ Yes ☐ No

Will you require an online fundraising option? ☐ Yes ☐ No

Will promotional materials, such as flyers and posters, be printed? ☐ Yes ☐ No

(All materials featuring the name or logo of CHF must be pre-approved by CHF prior to printing. If you require CHF's logo please contact us to obtain the electronic files. Permission to use the logo is not automatically guaranteed and will be confirmed by CHF.)

If yes, please indicate where they will be distributed and when:



F. Proposed Budget Expense and Revenue

Revenue - Projected Gross Revenue **A** \$ _____

Expenses

Venue Rental **B** \$ _____

Food & Beverages **B** \$ _____

Printing (tickets, posters, signage, etc.) **B** \$ _____

Advertising **B** \$ _____

Prizes **B** \$ _____

Permit **B** \$ _____

Insurance **B** \$ _____

Other (please specify) **B** \$ _____

B \$ _____

B \$ _____

Total Expenses (add all **B** amounts) **C** \$ _____

Net Revenue (**A** amount – **C** amount) \$ _____

Projected donation to CHF: \$ _____

Date Contribution is expected at CHF: _____

Will other charitable organizations benefit from this event? ☐ Yes ☐ No

If Yes, please specify:



G. Promotional Materials:

Promotional materials are free of charge. We ask that you help keep costs inline by ordering what you anticipate you will use.

| | <i>Amount Requested</i> |
|---|-------------------------|
| Posters | _____ |
| Donation Boxes | _____ |
| Balloons | _____ |
| Table Banner (# of feet) | _____ |
| Stickers – “I Support Children’s” | _____ |
| Temporary Tattoos | _____ |
| Children’s Miracle Network Paper Balloons | _____ |
| Promotional DVD (for borrowing) | _____ |

H. Donor Recognition

Please indicate below, the name that you would like used in any gift recognition.

Name of preference: _____



Independent Fundraising Event Guidelines

Children's Health Foundation is responsible for all fundraising and awareness raising events on behalf of Children's Hospital at London Health Sciences Centre, Children's Health Research Institute and Thames Valley Children's Centre.

- Ⓢ Children's Health Foundation (CHF) name and logo, and the Children's Miracle Network (CMN) name and logo are registered trademarks and permission must be obtained before they are used.

CHILDREN'S HOSPITAL, CHRI, CMN, CHF or TVCC may not be used in the *title* or *name* of the event. For example, the event name "Children's Hospital Car Wash" cannot be used. The correct event name would be "Car Wash in support of Children's Hospital".

When permission is given by CHF to use these logos and/or names in conjunction with any fundraising event, all promotional or fundraising materials (including ad proofs, broadcast copy and specialty items) **must also be approved by CHF prior to production and distribution.**

- Ⓢ The part of the event that will raise money for CHF needs to be clearly stated on the promotional material. For example:
 - **"All proceeds go to Children's Hospital at London Health Sciences Centre" OR**
 - **"A portion (for example 50%) of the ticket price will be donated to the Thames Valley Children's Centre"**
- Ⓢ The volunteer event organizer agrees to handle all monetary transactions and to present the proceeds to CHF within 60 days of the event.
- Ⓢ CHILDREN'S HOSPITAL, CHRI, TVCC and CHF are not responsible for any financial losses incurred in the event. CHILDREN'S HOSPITAL, CHRI, TVCC and CHF will not be held liable for any damage, risk, injury, or otherwise with this event.
- Ⓢ Charitable donation receipts will only be issued in accordance with the Canada Revenue Agency guidelines. The final decision to issue official donation receipts rests with CHF. **Not** all funds raised qualify for tax receipts. **Please clarify details of your event and the receipts you would like to offer with CHF prior to your event.**
- Ⓢ The volunteer event organizer will obtain all permits and insurance.
- Ⓢ CHF staff and volunteer presence at the event cannot be guaranteed. If you require CHF volunteers to help at your event please call CHF to organize at least 3 weeks before the event.
- Ⓢ CHF reserves the right to withdraw the use of its name at any time and will not assume any costs that may be involved in doing so.
- Ⓢ CHF is not responsible for any damage or accidents to person or property.



- Ⓢ Donor recognition for the fundraising event will be provided in accordance with CHF procedures.
- Ⓢ CHF does not conduct door-to-door fundraising or support independent fundraisers door-to-door fundraising or sales efforts.
- Ⓢ CHF is committed to protecting the privacy of personal information about its volunteers, donors and other supporters. During the course of running your event, personal information (such as addresses and phone numbers) from donors may be acquired. This information is to be kept confidential at all times, and only given to a CHF staff person.

CHF is compliant with the Personal Information Protection and Electronic Documents Act (Canada). CHF will not use acquired personal information for any purposes other than those related to the event unless prior consent has been obtained. If you have any questions or concerns please contact the Foundation office at 519-432-8564.

Independent Fundraising Event Agreement

Based on the information provided in the *Independent Fundraising Event Proposal Form & Guidelines*, Children's Health Foundation and the undersigned understand and mutually agree to the following:

- Event Information and Event Details
- Lottery Licenses, regulated by the Alcohol and Gaming Commission of Ontario
- Logo/promotion clause
- Tax receipt clause
- Donor recognition outline
- Privacy Policy

On behalf of the organization holding the fundraising event

Signed: _____
(Applicant)

Date: _____

On behalf of Children's Health Foundation

Signed: _____
(CHF Staff)

Date: _____

