



COMMUNITY EVENT PROPOSAL FORM

Date of proposal: _____

Name of Event: _____

Contact Information:

Primary contact name: _____

Mailing address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home: _____ Business: _____

Cell: _____ Fax: _____

Email address: _____

Event Information:

Event date: _____ Event time: _____

Venue Name **AND** Location/Address of event: _____

Briefly describe the event: _____

Expected # of participants: _____

Who is organizing the event? ☐ Company ☐ Organization ☐ Personal

If company, please state the nature of the business and when it was founded:

Website address (if applicable): _____

Who is responsible for the event? _____

What type of event are you staging? ☐ One time ☐ Annual Event

Is this the first year of your event? ☐ Yes ☐ No

If no, please indicate previous beneficiary _____

Will alcohol be available at the event? ☐ Yes ☐ No

NOTE: CBCF assumes no legal or financial liability associated with the event and will not take out liquor licenses for third-party events. For certain types of events, CBCF may require the organizing committee to acquire their own insurance and provide proof if requested.

Ticket Information:

Contact Person(s): _____ Telephone: _____

Email (for ticket inquiries): _____

Financial Information:

Projected Financial Information:

Revenue: \$ _____ Expenses: \$ _____

Estimated contribution to CBCF: \$ _____

Will the proceeds from your event be donated only to CBCF? ☐ Yes ☐ No

If no, what other charities will be involved? _____

NOTE: CBCF may require an additional budget form be completed to provide further information regarding your application request.

How funds will be raised: (please check all that apply) ☐ donations/pledges

☐ silent/live auction

☐ ticket sales

☐ product sales

☐ raffle

☐ 50/50 draw

☐ bingo

☐ corporate sponsorship - list organizations _____

NOTE: If there is to be any gaming at your event (i.e. raffle, bingo or 50/50 draw), a gaming license is required by law. The licensing process may take up to 10 weeks to complete. Please discuss this with the CBCF contact below.

☐ other fundraising methods – please explain: _____

Will you require CBCF – Atlantic Region issued pledge forms for your event? ☐ Yes ☐ No

NOTE: Only CBCF – Atlantic Region issued pledge forms are able to be used for an approved community event in the cases where pledges will be collected as a source of revenue for the event.

Will you require tax receipts for this event? ☐ Yes ☐ No Reason: _____

NOTE: CBCF must have full control over the issuing of tax receipts in accordance with CBCF policies and Canada Revenue Agency (CRA) guidelines and must be pre-approved by CBCF. Where a donation is eligible for a tax receipt, the cheque must be made payable directly to the Canadian Breast Cancer Foundation from the donating corporation or individual. The Foundation does not issue tax receipts for in-kind donations, ticket sales, auction items or event sponsorships.

Promotional Information:

How will you be promoting your event? _____

Will you be promoting it: ☐ Locally ☐ Regionally ☐ Provincially ☐ Nationally

Will you be promoting it in: ☐ English ☐ French ☐ Both

Do you require the use of the CBCF name and/or logos for promotional use?

☐ Yes ☐ No If yes, please specify: _____

NOTE: CBCF must give approval to all materials and advertising copy that uses the CBCF name, pink ribbon and/or logo prior to publication and/or distribution (including websites). Approval of the use of the pink ribbon logo and CBCF name is in relation to your event as outlined above as well as any related promotional materials (subject to approval process outlined above). This right is for your exclusive use, cannot be assigned or transferred. It can only be extended with written permission.

Support Materials:

What CBCF materials would be useful to your event? (**please approximate quantities**)

- ☐ pink ribbons # _____ ☐ breast health information # _____
☐ generic posters # _____ ☐ other # _____

Other Information:

Please indicate if you would like a speaker for the event. ☐ Yes ☐ No

NOTE: CBCF involvement (staff, speakers and volunteers) as well as expected time commitments must be agreed upon prior to the commencement of the event. Decisions around CBCF involvement for each event will be determined at CBCF staff's discretion based on factors such as availability, size and nature of event, etc. as well as the volunteer request form, which will be forwarded to you.

All events will be listed on the Atlantic Website.

Please identify any additional information you feel the CBCF should know regarding your event: _____

Additional Terms and Conditions

- CBCF must accept all projects as ethical and compatible with CBCF's mission and values. The public perception of the activity must not be injurious to the Foundation.
- CBCF requires that the company/individual/group organizing the event or program is using satisfactory financial controls. The financial records and bank information for the event must be available to CBCF if requested.
- The event should be financially viable in the opinion of CBCF. The Foundation reserves the right to withhold the use of its name and/or logo from any event, which it feels is not financially or otherwise appropriate.
- All funds must be received by the Foundation no later than **30 days** after the day of the event.
- Use of the funds received by CBCF from the event will be determined solely by the Canadian Breast Cancer Foundation.

Please read the following and sign below to verify that you understand all the conditions outlined on this form.

The Canadian Breast Cancer Foundation (CBCF) respects your privacy and will never sell, trade, or loan your information to any other organization. Your information will only be used for follow-up contacts (such as our newsletters), and to process and recognize your donations. Your information will only be disclosed to our own employees and agents and only to accomplish the purposes listed above. By providing this information you consent to our collection of the information.

By signing this document, I agree to the collection of the preceding information to allow the CBCF to evaluate the event and the level of the foundation's involvement. This information may be disclosed to employees and agents of CBCF as necessary to perform this evaluation and any requested activities. I am aware that this information will be kept for 7 years by the CBCF. I also agree to the Terms and Conditions outlined above.

Signature of event organizer: _____ Date: _____

All funds raised should be submitted to the Canadian Breast Cancer Foundation- Atlantic Region no later than 30 days passed the event date.

Fax or mail this form to:

Gillian Zinck- Coordinator, Community Development
Canadian Breast Cancer Foundation – Atlantic Region
Suite 417, 5251 Duke Street
Halifax, NS B3J 1P3
Fax: (902)422-5523
Telephone: (902) 423-9938, Toll-free: 1-866-273-2223

