

OFFICE USE ONLY

Date approved: _____

Signature: _____

EVENT PROPOSAL FORM

Please complete all sections below. Agreement is not valid until signed by both the sponsoring organization AND Hamilton Health Sciences Foundation.

Name of group/company planning the event: _____

Contact person: _____

Mailing Address: _____

City: _____ Postal Code: _____

Tel. Business: _____ Tel. Home: _____ Fax: _____

E-mail: _____ Organization's Website (if applicable): _____

Event/Fundraising Program Name: _____

Date: _____ Time: _____

Event Location and address: _____

Briefly describe the event: _____

Estimated Expenses

Location: \$ _____

Printing: (tickets, posters etc.) \$ _____

Prizes: \$ _____

Food/beverage: \$ _____

Advertising: \$ _____

Estimated total revenue (B): \$ _____

Total estimated expenses (A) \$ _____

Estimated donation to hospital: \$ _____

Estimated Revenue

Cost per person: \$ _____

People Expected: _____

Sponsorship: \$ _____

Other: \$ _____

1. Please indicate which hospital the funds raised through this event will support and specify if there is a particular program/service you would like the funds to be directed to:

- Juravinski Hospital & Cancer Centre
- Hamilton General Hospital
- Hamilton Health Sciences Foundation
- McMaster Children's Hospital
- McMaster University Medical Centre
- St. Peter's Hospital

2. Do you require written acknowledgement from the Foundation? Yes No

3. The Foundation would be pleased to offer the support stated below where possible. What do you anticipate you might need?

Printed background material relating to Hamilton Health Sciences or Camera-ready copy of logo

Other (please specify) _____

4. Will you require tax receipts for this event? Yes (see *Policy & Agreement on page 5*) No (skip to question # 5)
- Offering tax receipts must be pre-approved by the Hamilton Health Sciences Foundation.
 - Tax receipts will be issued according to Canada Revenue Agency Guidelines.
 - Tax receipts will only be issued if full contact information and complete mailing address of the donor is provided to the Foundation through email in the form of an excel spreadsheet.
 - Tax receipts will NOT be issued for sponsorships as the company will have received marketing value in return
 - HHSF will issue a letter to business and corporations regarding the donation, which should suffice as evidence of the charitable gift.
5. Will you be contacting media about this event? Yes No
 (All materials being submitted to media must be pre-approved by the Hamilton Health Sciences Foundation)

Please read the following:

- I acknowledge that Hamilton Health Sciences Foundation’s auditors may request verification of revenue from events being run on its behalf.
- Hamilton Health Sciences or Foundation shall incur no costs or liability associated with this event.
- I agree to provide staffing and volunteers for this event.
- I agree to use my own mailing list for this event.
- I understand that I am responsible for all promotion and advertising of this event and that all materials must be approved prior to distribution.
- I understand that it will take 7-10 days to process my proposal.
- I understand that in order for events to be approved, there must be a cash donation made to Hamilton Health Sciences Foundation.
- I understand and agree that any information on an individual, company or organization that I may collect or have access to will be handled in accordance with the Information Privacy Policy and Principles established by Hamilton Health Sciences Foundation.
- I understand and acknowledge that Hamilton Health Sciences or HHS Foundation reserve at any time the right to withdraw the use of its name and logo.
- I understand that all raffles, 50/50 Draws, Bingo, Monte Carlos/Casinos must be licensed.
- I understand that the Foundation will net from my event proceeds, any hard costs associated with my event (ie: charges for on-line fundraising, design, printing etc) A detailed outline of these costs will be provided to me by the Foundation upon request. For large scale events requiring significant Foundation staff support, there will be a surcharge in the range of 7-10% netted from event proceeds. The amount will be determined by the Foundation and communicated to me prior to the event taking place.
- I agree to submit the proceeds from my fundraising event to the Foundation **within 30 DAYS of the event** – unless otherwise negotiated prior to the event date

Signed: _____ **Date:** _____

Please print your name and title:

Signed on behalf of (*name of organization*):
