

Community Fundraiser Application and Guidelines

FOR FOUNDATION OFFICE USE ONLY:

Approved by: Date: Event ID #:

Thank you for your interest in raising funds for the **Stollery Children's Hospital Foundation**. In order for the Foundation to better support this initiative, it is recommended that the application form is completed and **returned at least one (1) month prior to the event**. Please wait for written confirmation from the Foundation before proceeding with the event planning.

All Fields Must Be Completed

Contact Person/Name:

Organizing Group Name (company, school, club, etc):.....

Address:

City:.....Prov: P/C: Telephone:

E-mail:

Web address:

Name of Fundraising Initiative (event name):

Date(s) of the initiative: **Time(s):**

Location(s) of the initiative:

Who is this event for/target audience? (employees, customers, public, etc).....

Is this a public or private event?.....

What is the event? (BBQ, golf tournament, auction, etc):.....

What activities will be held before/during the event? (BBQ, silent auction, entertainment, live bands, dancing, dunk tank, bake sale, contests (putting, guessing, etc), face-painting, head shave, concession stand, kids activity tent, etc – list all that apply)

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How will the funds be raised? (pledges, ticket sales, auction etc).....

Will tickets be sold and/or an admission fee charged? ___ Yes ___ No **Cost of tickets / admission:** \$

Who should guests contact / where should they go to purchase tickets? Contact name, phone number, location, email:

.....

To assist you in getting the word out to the public about this initiative, would you like the Foundation to list / promote this initiative in our monthly email newsletter and through other community event listings?

Yes No

Note that the newsletter and community event listings are distributed to the general public.
If this is a private / invite-only function and you do not wish to have this event publicized, please ensure you select “no”.

Note that while we make every effort to assist event organizers in promoting these initiatives, due to content submission deadlines and/or if we have only received short notice of the event, we may not be able to include the event in our email newsletter or community event listings. There are many free promotional methods available to you as the event organizer to get the word out to the public about this initiative; please contact the Community Initiatives Team for more information on free advertising methods.

If marked as “yes” above, please provide a 2 or 3 sentence “advertisement” for this initiative:

(How you would like to see your event promoted in the email newsletter and community event listings; samples below)

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Annual Family Garage Sale – This 11th annual garage and bake sale hosted by the Smith Family will raise funds for the Stollery Children’s Hospital Foundation. The entire town of Smithsville gets involved and really focuses on family, friends and giving back to others in need. Phone John at 780-123-4567 for more information or to contribute to this important community initiative.

Bike Show & Shine – This is a two-day all ages family event. Friday night includes a Burn-out Kick-off Party, live bands, beer gardens and various vendors and concessions. Live bands will include bands such as the Cool Band. Saturday features a Mystery Ride, Bike Show n’ Shine, kids tent, beer gardens and various vendors and concessions. Show and shine categories include best vintage, best trike, best paint, people’s choice and more! Discounted accommodations at the Town Inn and/or on-site camping available. Admission cost is \$10 per person. Phone Jane at 780-123-4567 or visit www.showinfo.com for more information.

Rock Concert – The organizer of this concert, John, is a former Stollery patient and has held a small concert for the last couple of years in Smithsville, AB to support the Stollery. With the hope of raising more money this year, John moved the concert to The Rock Shop in Edmonton. This will be a live concert organized by volunteer bands from Edmonton. Admission cost is \$10 per person. Phone John at 780-123-4567 to purchase tickets, register to play or for more information.

Helping Sick Kids, 4th Annual – Enjoy kids games, live music, live auction, car show, shopping area and concessions at this year’s Helping Sick Kids. For the fourth year, John and Jane are organizing this fun event for the whole family. With proceeds benefitting the Stollery Children’s Hospital Foundation, your family should join the fun too! Call John and Jane at 780-123-4567 for more information.

Who should guests contact to obtain additional information on this initiative? Contact name, phone number, email:

_____ **check-mark here if same as contact info for tickets**

If “yes” was selected to publicizing the event, the name and contact information provided on the above line will be made available to the public.

How will you be promoting this initiative? (check all that apply)

Word of Mouth Posters Website Letters Emails Radio Television Social Media

Other:

Please list the event/organization website address and/or social media link(s):

.....

Will the attendees be given the opportunity to make a personal monetary donation? ___ Yes ___ No

Are tax receipts expected to be generated for this fundraising initiative? ___ Yes ___ No
Tax receipts are issued according to Canada Revenue Agency guidelines.

Please provide expected values. Note that we are aware that these figures are estimates.

Proposed Income: \$

Anticipated Expenses (venue rental, food, printing, etc): \$

Net Revenue: (Proposed Donation) \$

___ I plan to cover the expenses myself / my company plans to cover these expenses

___ The expenses will be covered through sponsorship / donations

___ I plan to use a portion of the funds raised to cover the expenses

Will other charitable organizations benefit from this initiative? ___ Yes ___ No

If yes, please list: Percentage of proceeds:

Have you planned / executed a similar initiative previously? ___ Yes ___ No

If yes, for whom:

When:

Total funds raised: \$

Please indicate below how you would like the name of this initiative presented on any Donor Recognition materials.

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Send the application forms using one of the following methods:

Postal Mail: Community Fundraisers
Stollery Children’s Hospital Foundation
1502 College Plaza, 8215 – 112 Street
Edmonton, Alberta, T6G 2C8

Fax: (780) 431-1076

Email: sperilli@stollerykids.com

Once the application has been submitted, please wait for written confirmation from the Foundation before proceeding with the event planning.

Please note: Applications are approved for maximum period of 12 months; renewal / review must be done after this time.

COMMUNITY FUNDRAISER GUIDELINES
Please read carefully as your signature is required

1. A Community Fundraiser is an initiative that is organized and executed by a group independent from the Stollery Children's Hospital Foundation, such as Pledge-A-Thons, Cause Marketing, Dinners & Auctions, Tournaments, Event Ticket Sales and Product Sales.
2. The applicant must await approval from the Foundation prior to proceeding with the initiative.
3. **Stollery Children's Hospital Foundation Name and Logo are the sole property of the Stollery Children's Hospital Foundation and can only be used with the Foundation's expressed written permission.**
4. All promotional materials, electronic or print, must clearly state what percentage of net proceeds will benefit the Stollery Children's Hospital.
5. The promotional material must clearly state that you and/or your organization are conducting a fundraising initiative "In Support of the Stollery Children's Hospital Foundation". All promotional material, electronic or print, **MUST** be approved by the Foundation prior to distribution.
6. Proceeds to the Foundation must be remitted **within 30 days of the event or every second month for on-going initiatives.**
7. If donation tracking forms are being used (provided by the Foundation), the applicant must ensure that the cash and cheques received balances to the totals on each individual donation tracking form. The funds for each form must not be combined with another donation tracking form. If the Foundation is unable to balance the donations to the forms, the applicant will be contacted and is responsible to assist the Foundation in the reconciliation process.
8. The applicant is responsible for any financial costs associated with the initiative and no costs will be incurred by the Foundation unless otherwise agreed to in writing prior to commencement of this initiative.
9. The applicant is responsible for ensuring liability insurances are in place.
10. Tax receipting complies with Canada Revenue Agency and Stollery Children's Hospital Foundation policy. Requests for tax receipts must be submitted along with application for approval.
11. Applications are approved for a defined period. The Foundation must be notified immediately of any schedule changes or cancellations.
12. In an effort to maximize the donation to the Hospital/Foundation, the applicant is responsible for all aspects of the fundraising initiative, including but not limited to: recruiting & managing volunteers, event advertising, press releases, ticket sales, creating a budget, all expenses incurred, event sponsorship and / or solicitation.
13. The Foundation does not support initiatives that pose a health hazard, solicit door-to-door, solicit through telemarketing or utilize vending machines. Nor does the Foundation endorse coin boxes or pass-the-hat types of donation collection. Fundraising initiatives must be consistent with the positive image of the Stollery Children's Hospital and of the Foundation.
14. The Foundation reserves the right to withdraw approval of an initiative, at any time, should it not comply with the values and Fundraising Guidelines of the Foundation or the Stollery Children's Hospital, or differs, in any way, from the original fundraising application.
15. The Foundation does not trade, sell or exchange in any way, databases or lists of biographical information and abides by the Freedom of Information and Protection of Privacy Act.

I have read and understand the Application and Guidelines. I agree to abide by the terms as set out above by the Stollery Children's Hospital Foundation:

Print Name: Date:

Signature: