

APPENDIX 1



*Please complete this form and send to:
the Fondation de l'Hôpital de Lamèque
29, rue de l'Hôpital
Lamèque, NB E8T 1C5
Telephone: 506-344-3496 Fax: 506-344-3403
fondation.lameque@vitalitenb.ca*

THIRD PARTY FUNDRAISING ACTIVITY PROPOSAL FORM

Date of proposal:

Name of person/business organizing the activity:

Resource person:

Position:

Address:

City:

Postal code:

Telephone (home):

Telephone (work):

Telephone (cell):

Information on the activity

Name of planned activity:

Date(s):

Time(s):

Where will the activity take place (location and address)?

Description of the activity:

Rationale for organizing this activity:

Type of participants targeted (e.g. general public, business people, etc.):

Note: When you ask businesses or companies for their support with an activity (sponsorships or in-kind donations), you must remember that many organizations are already helping **the Fondation de l'Hôpital de Lamèque**. Before making such approaches on the Foundation's behalf, please **OBTAIN PERMISSION** from the Foundation.

Number of people expected at the activity:

Advertising planned for the activity:

- Internal promotion (e.g. newsletter);
- Posters/leaflets;
- Advertisements;
- Public service announcements;
- Website (please provide address);
- Other (please describe): _____

Do you intend to use the Fondation de l'Hôpital de Lamèque's name? Yes No

If the Foundation deems it appropriate, are you prepared to allow a Foundation representative to join the organizing committee for the purpose of approving the plans for the activity, in general or in detail? Yes No

What participation in this activity by the Foundation's staff or Board of Directors do you expect?

RULES AND REGULATIONS

- **Permits:** The organizer of the activity must obtain the necessary permits, licences, and insurance and incur the costs.
- **Logo of the Fondation de l'Hôpital de Lameque:** The Foundation's logo is a registered trademark, which restricts its use. By signing this document, you agree that any advertising for the activity, including radio spots, will be approved by the Foundation before they are printed, broadcast, etc.
- **Liability:** Participants must compensate and release from all liability the Fondation de l'Hôpital de Lameque in the case of obligations, claims, damages, or expenses related to the planned activity.
- **Recognition:** The donation made by the organizing person/group to the Fondation de l'Hôpital de Lameque will be recognized in accordance with the Foundation's donor recognition policy.
- **Donations and sponsorships:** When you ask businesses or companies for their support with an activity (sponsorships or in-kind donations), you must remember that many organizations are already helping **the Fondation de l'Hôpital de Lameque**. Before making such approaches on the Foundation's behalf, please **OBTAIN PERMISSION** from the Foundation.
- **Official receipts:** The Canada Revenue Agency has adopted very strict regulations governing the issuance of official receipts. If you intend to offer such receipts, you must obtain prior authorization from the Fondation de l'Hôpital de Lameque (Appendix 1).

No receipt will be issued without the donor's name and address. No receipt will be issued if a donor has paid expenses related to the activity but no proof exists to this effect (e.g. cancelled cheque, credit card statement, or written declaration by a vendor). In-kind donations may be combined but an account statement must appear for each donor, with the donation totals indicated as anonymous where appropriate.

- **Timeline:** We ask you to hand in the donations to the Fondation de l'Hôpital de Lameque within four weeks of the activity. Please ensure to make cheques to the order of the Fondation de l'Hôpital de Lameque and to write the name of the activity at the bottom / on the back of cheques.
- I, undersigned, understand that I will be acting on behalf of the Foundation and may be entrusted with personal or confidential information (e.g. donation amount or banking information). As an organizer, I agree not to:
 - Retain this information for personal or commercial purposes;
 - Disclose personal information (donation amount, banking information, etc.) to anyone other than Foundation representatives;
 - Modify the information received for participants in the activity.
- I agreed to comply with the rules and regulations related to official receipts. I know that I cannot offer official receipts without receiving the Foundation's approval before the activity and that I am responsible for supplying the Foundation with a full accounting summary of the donations received, as required by the Canada Revenue Agency.

- All profits from the activity will be submitted to the Foundation office within 30 days of the activity or by December 31, whichever comes first.
- Any use of the Foundation's logo must be approved beforehand.
- I agree to obtain the permits, licences, and insurance contracts necessary to hold the activity.
- The Foundation reserves the right to withdraw at any time the permission to use its name and logo, with no liability for expenses incurred.
- Should the activity be cancelled, I agreed to advise the Foundation at least one day before the scheduled date of the activity.
- The Foundation assumes no financial or legal responsibility.
- The Foundation cannot be held responsible for damages or accidents to people or property.

I fully understand the rules and regulations and agree to follow them. In the case of failure to comply with the above contract, I also understand that the Fondation de l'Hôpital de Lameque will stop sponsoring the activity I am planning and that criminal prosecution could result.

Signature: _____ **Date:** _____

You will receive an acknowledgement of receipt of your proposal within 10 business days.

Thank you for your support!