

Third Party Event Proposal (Form 005)

Thank you for your interest in planning an event in support of the Health Sciences Foundation. We rely on the involvement of individuals and organizations such as you to support excellence in health care for the people of Northwestern Ontario. We look forward to exploring new ideas with you.

Before you begin organizing your event, please complete the event proposal form below and submit it for approval. If you have questions after you have reviewed the form please contact us at (807) 345-4673 or email at info@healthsciencesfoundation.ca

The following is a partial list of criteria for all events held in support of the Health Sciences Foundation.

- Does the event support the mission of the Health Sciences Foundation?
- Does the event have a realistic budget and plan?
- What is the estimated amount of proceeds from the event?

Please note: The Health Sciences Foundation is not able to obtain gaming or liquor licenses on behalf of the organizing group.

CONTACT INFORMATION:

Name of organization planning the event: _____

Describe the organization:

- School
- Corporate
- Service Group
- Individual
- Community Group
- Other

If other please specify:

Contact name: _____

Email: _____

Business Telephone: ()- _____

Home Telephone: ()- _____

Fax: ()- _____

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____

Please use this section to describe your event in support of the Foundation.

EVENT DESCRIPTION:

Event name: _____

Event date and time: _____

Event Location: _____

Address: _____

Please provide a brief description of your event:

This section deals with the budget for your event. Please work through this section carefully. Need some more ideas? Take a look at the Special Events Guide.

PROPOSED BUDGET:

This portion of the application is a planning tool intended to provide you with the best preparation for your event's success. It is not intended to be a formal financial statement but rather as a projection of your event's budget.

Revenue		Expenses		Donation Y / N
Sponsorship	\$	Location	\$	
Registration Fees	\$	Food/Beverage	\$	
Ticket Sales # ___ @ \$ ___	\$	Printing (tickets, posters, etc.)	\$	
Donations	\$	Security	\$	
Ancillary Fundraising (silent auction, raffle, etc)	\$	Advertising	\$	
Total Revenue	\$	*License Fees	\$	
		Prizes	\$	
		Other (please specify)	\$	
		Total Expenses	\$	
Total Expected Profit (revenue minus expenses)	\$			

All costs associated with the event are the responsibility of the organizing committee. Generally, these costs are covered by event proceeds. The Foundation will not be held responsible for costs incurred by event organizers related to the event.

The event organizer agrees to donate the full amount within thirty (30) business days of the event.
Yes No

Please indicate which area of the Foundation you would like to support:

- Health Sciences Foundation - general
- Northern Cancer Fund
- Northern Cardiac Fund
- Health Sciences Discovery Fund

Additional Instructions/specific designation (i.e. paediatrics, breast cancer): _____

WHAT THE FOUNDATION CAN DO IN SUPPORT OF YOUR EVENT:

1. The Health Sciences Foundation would be pleased to provide you with promotional and/or informational material for your event. Please specify, if any, the quantities you require:

Brochures

yes no

If yes, please choose from the following:

- Health Sciences Foundation
- Northern Cancer Fund
- Northern Cardiac Fund
- Angioplasty

Ribbons

yes no

If yes, Please specify colour _____

Banner/Flag

yes no

If yes, please choose one from the following:

- Health Sciences Foundation - general
- Northern Cancer Fund
- Northern Cardiac Fund
- Health Sciences Discovery Fund

Other requests _____

2. The Foundation would be pleased to provide a copy of any of our logos for your promotional materials.

Do you require an electronic copy of any of our logos? Yes No

File Format Preferred _____

The event organizer understands and agrees that the Foundation must review all promotional material (including press releases, public service announcements, scripts, posters, brochures etc.) BEFORE they are used.

Yes No

*NOTE: Your event's name may identify the relationship with the Foundation, such as "Smith School Bake Sale in support of the Health Sciences Foundation" but not incorporate the Foundation's name as in "The Thunder Bay Regional Health Sciences Foundation Bake Sale".

3. The Foundation is able to provide a representative to speak at your event.

Do you require a representative of the Foundation to speak at your event? Yes No

4. The Foundation is able to provide volunteers to support your event on the date it occurs.

Do you require volunteers to assist in the execution of the day-of the event? Yes No

If yes, please complete the following:

Number of volunteers: _____

Please list the volunteer position titles and a brief description of the duties involved for each position (include any specific skills required):

Expected commitment from Volunteers (include specific dates/hours/location):

Are the volunteers expected/required to attend an orientation? Yes No

If yes, please include: time _____, date _____ and duration _____

Is the location for volunteering/orientation wheelchair accessible? Yes No

5. The Foundation is pleased to provide tax receipts to eligible gifts made to the Foundation as a result of your event.

Does your event require tax receipts be generated by the Foundation for donors?

Yes No

If yes, explain _____

*NOTE: If you are unsure if your event is eligible for tax receipts contact us to inquire or visit Canada Revenue's guidelines online at <http://www.cra-arc.gc.ca>.

6. The Foundation is able to promote your event through several channels. Please review the following list and check the boxes corresponding to the promotion the Foundation can do for your event:

- Displayed in 'Upcoming Events' section of Foundation website
- Displayed in 'Upcoming Events' section of Thunder Bay Regional Health Sciences Centre Intranet
- Included in the Foundation's Employee Newsletter, distributed to all staff in the Thunder Bay Regional Health Sciences Centre
- Displayed on digital and plasma screens in Main Reception (Foundation) and Main Lobby (Health Sciences Centre)
- Poster displayed at the Health Sciences Centre. For a service fee of \$25, a poster can be printed and distributed to each department of the Health Sciences Centre.
- Assistance drafting and sending Public Service Announcements to local media.

Thank you for taking the time to fill out this application! A staff person from the Foundation will contact you within a week to follow-up on your application.

Thunder Bay Regional Health Sciences Foundation
980 Oliver Rd.
Thunder Bay, ON P7B 6V4

Telephone: (807) 345-4673 Fax: (807) 684-5802 Email: info@healthsciencesfoundation.ca

Your support is greatly appreciated.

I have read and understand all information contained within this proposal.

Event Organizer Name (please print): _____

Signature: _____ Date: _____

For Office Use Only:

Date Received: _____ Received By: _____

Approved Not Approved

Development Officer Signature: _____ Date: _____

President & CEO Signature: _____ Date: _____