



**Community 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.

Before you begin organizing your event, please complete the event proposal form below and submit it for approval. For any event to be approved, it must meet the mission of the Health Sciences Foundation. **Mission: To inspire the people of Northwestern Ontario to give generously to enable the advancement of world class healthcare at Thunder Bay Regional Health Sciences Centre.**

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

CONTACT INFORMATION:

Organization Name: _____

Contact Name: _____

Email: _____

Phone #: (____) - _____

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: _____

Anticipated Attendance: _____

Event Location: _____

Address: _____

Ticket Price: _____

Ticket Sale Locations: _____

Please provide a brief description of your event. We will use the copy you provided to promote your event.

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. Cash donations cannot be used to cover expenses for the event.** The Foundation is pleased to provide tax receipts to eligible gifts made to the Foundation as a result of your event. Donations of \$20 or more are eligible for a charitable tax receipt issued by the Thunder Bay Regional Health Sciences Foundation.

Does your event require tax receipts be generated by the Foundation for donors? Yes No

If yes, explain _____

***** If you require tax receipts for your event, please provide full name, address & phone number for each applicable Donor, along with the amount they have donated. A tax receipt cannot be issued without this information. Thank you.*****

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>.

The event organizer agrees to disclose the dollar amount of event proceeds a maximum of 7 days post-event. Yes No

The event organizer agrees to donate event proceeds 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 (area of highest need)
- Exceptional Cancer Care Campaign (Northern Cancer Fund for cancer in general or a specific designation i.e. breast cancer or prostate cancer): _____
- Northern Cardiac Fund
- Health Sciences Discovery Fund (Research)
- Other (i.e. paediatrics, renal services, trauma services, etc.): _____

WAYS THE FOUNDATION CAN HELP TO SUPPORT YOUR EVENT:

1. The Health Sciences Foundation is pleased to provide you with informational material for your event. Do you require such information? Yes No If yes, how many items/copies?: _____
2. For events in support of Exceptional Cancer Care (Northern Cancer Fund) we have ribbons that guests of your event may wear.
Do you require ribbons for your event? Yes No How many do you need? _____

If yes, please specify a colour from the list.

- Lavender (for cancer in general)
- Pink (for breast cancer)
- Light blue (for prostate cancer)

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 and/or distributed.

Yes No

Please 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".

EVENT PROMOTION

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 Informed (daily e-mail to all TBRHSC staff)
- Included in the Foundation's Employee Weekly Email, distributed to all staff in the Thunder Bay Regional Health Sciences Centre (approx. 2,800 employees)
- Promote your event through Health Sciences Foundation social media sites
- Poster displayed at the Health Sciences Centre. Please provide a poster.

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

Thunder Bay Regional Health Sciences Foundation
980 Oliver Road. 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: _____

Received via: Email Fax In Person Mail Phone

Event is: Approved Not Approved

Senior Special Events Officer Signature: _____ Date: _____

President & CEO Signature: _____ Date: _____

For Special Events Department Use Only:

SEO contacted event host to confirm status approval. Yes No

Date notified: _____

Notified event host via: Phone Email

Special Events Department staff member assigned to event: _____