

EVENT NAME: _____

Thank you for your interest in supporting Fraser Valley Health Care Foundation (FVHCF) by hosting a Third-Party Event.

Upon approval of your application, this signed document will serve as written commitment in accordance with the terms and conditions as outlined in the Agreement.

Some information asked may not be relevant to your activity; please complete only what is applicable.

STEP 1: Event information

Date of event	
Area you would like to support	<input type="checkbox"/> Abbotsford <input type="checkbox"/> Mission <input type="checkbox"/> Chilliwack <input type="checkbox"/> Hope <input type="checkbox"/> Greatest need
Expected # of attendees	
Event location	
Event description	

Name of Business / Organization / Individual organizing the fundraiser

Name	
Organization	
Street	
City	
Province	
Postal code	
Telephone #	
Email address	
Secondary contact	
Secondary telephone #	
Secondary email	

FVHCF Key Contact Information

FVHCF staff name	
Telephone #	
Email address	
On-site at the event	<input type="checkbox"/> Yes <input type="checkbox"/> No

STEP 2: ROLES AND RESPONSIBILITIES

FVHCF	<ol style="list-style-type: none">1. _____2. _____3. _____4. _____5. _____6. _____7. _____8. _____9. _____10. _____
EVENT CONVENOR	<ol style="list-style-type: none">1. _____2. _____3. _____4. _____5. _____6. _____7. _____8. _____9. _____10. _____11. _____12. _____13. _____14. _____15. _____16. _____17. _____18. _____19. _____20. _____21. _____22. _____

List all confirmed sponsor(s) / underwriters(s) for this event. Please list only those confirmed.	
What portion of the estimated net proceeds will be contributed back to FVHCF:	
Registration fees	<input type="checkbox"/> 100% <input type="checkbox"/> Other % _____
Sponsorship and donations	<input type="checkbox"/> 100% <input type="checkbox"/> Other % _____
Gaming (50/50, raffle, etc)	<input type="checkbox"/> 100% <input type="checkbox"/> Other % _____
Food and beverage sales	<input type="checkbox"/> 100% <input type="checkbox"/> Other % _____
Other: _____	<input type="checkbox"/> 100% <input type="checkbox"/> Other % _____
Do you require any of the following from Fraser Valley Health Care Foundation?	<input type="checkbox"/> Logo <input type="checkbox"/> Banner <input type="checkbox"/> Brochures <input type="checkbox"/> Donation box <input type="checkbox"/> Donation forms <input type="checkbox"/> Volunteer support. Number of volunteers: _____ <input type="checkbox"/> Other _____

TIMING

Before embarking on hosting a third-party event to raise funds and awareness for FVHCF it is important establish a timetable and action plan prior to the event date so there is sufficient time for planning, promotion and ultimate success.

Public announcement of the event		Sponsorship deadline	
Marketing begins		Wrap up report submitted	

ADDITIONAL NOTES

STEP 3: ESTIMATED INCOME, EXPENSES AND FINANCIAL RESPONSIBILITIES

Please complete this budget in full and provide detailed estimates for all income and expenses, clearly identifying amounts expected to be underwritten by sponsors or donated as gifts-in-kind. **Expected date of delivery of proceeds must be within 30 days following the event.**

In the *responsibility* columns, specify which party will be collecting income upfront and which party will be covering each expense upfront to ensure transparency and accountability.

Estimated income		Responsibility	Estimated expenses		Responsibility
Tickets/admission	\$		Décor	\$	
Sponsors	\$		Entertainment	\$	
Donations	\$		Fees / Licences: _____	\$	
Gaming	\$		Fees / Licences: _____	\$	
Underwriters	\$		Fees / Licences: _____	\$	
Fees, etc	\$		Food and beverage	\$	
Food and beverage	\$		Printing	\$	
Other: _____	\$		Graphic design	\$	
Other: _____	\$		Event operations: _____	\$	
Other: _____	\$		Event operations: _____	\$	
Other: _____	\$		Event operations: _____	\$	
Other: _____	\$		Prizes	\$	
Other: _____	\$		Supplies	\$	
Other: _____	\$		Other: _____	\$	
Total	\$		Total	\$	

Gross Income	\$
Less Expenses	\$
Net Income	\$
Estimated proceeds to FVHCF	\$

 Third Party Event Organizer Signature

 Date

STEP 4: REPORTING AND RECEIPTING

To ensure both parties receive the most recognition from the event please provide the following within 3 days of your event.

Number of attendees	
Estimate of amount raised	
Event photos / videos	Please forward to leslie.gmur@fraserhealth.ca
What worked well at the event	
Opportunities for improvement	
Additional feedback	

Photo Usage Consent:

By submitting photos from the event, you confirm that you have obtained the necessary permissions from individuals featured in the images and grant us the right to use the photos for promotional purposes, including social media, website, and print materials.

REPORTING

A detailed income and expense report is required at the conclusion of every event. FVHCF reserves the right to review all official accounting records. Upon request, organizations must provide FVHCF with a comprehensive list of all monetary and non-monetary donors, including the donor’s name, address, phone number, and the item or amount donated.

Please note: Donor names will not be sold or used for direct mail or marketing purposes.

In British Columbia, registered charities can issue official donation receipts for cash donations that meet the Canada Revenue Agency's criteria. Donations of \$25 or more will be issued a tax receipt by FVHCF. Please summarize your donor information into one document including the following information:

1. Donor’s full name and address, including email and phone number.
2. Gift amount
3. Donation amount

There is also the opportunity to donate directly online at fvhcf.ca

Tax receipts will be issued within 30 days. **Tax receipts can not be issued for sponsorship or registration fees.** Please forward this information to: shivalika.rajpal@fraserhealth.ca within 30 days of your event.

By signing below, you acknowledge that no materials bearing the name and/or logo of FVHCF will be printed without the draft artwork and content being approved by FVHCF. Further, you acknowledge that all net or a portion of proceeds from this event will be given to FVHCF. It is agreed you will have adequate insurance coverage and provide a “hold harmless” clause for FVHCF with regards to this event.

 Third-party event organizer signature

 Date

 Fraser Valley Health Care Foundation

 Date