



Abbotsford Office
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T: 604.851.4890 F: 604.851.4898

Chilliwack Office
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Mission Office
7324 Hurd Street
Mission, BC V2V 3H5
T: 604.814.5190 F: 604.814.5191

Third Party Event Proposal / Application Form

Thank you for your interest in supporting Fraser Valley Health Care Foundation (FVHCF) with your proposed fundraiser. To best support you and your effort we ask that in advance of developing your activity to please complete and submit this application to FVHCF at info@fvhcf.ca. Upon approval of your fundraiser you will receive a Third Party Event Agreement to be signed by the principal organizer to 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. Thank you.**

STEP 1 – COMPLETE THIRD PARTY PROPOSAL FORM (below)

Name of Business/Organization/Individual organizing the fundraiser:

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Contact Info:

Name	
Street	
City	
Province	
Postal Code	
Telephone #	
Email Address	
Alternate Contact	
Alternate Telephone #	
Alternate Email	

Why have you decided to raise money in support of Fraser Valley Health Care Foundation?

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Please give a brief description of the event:

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Date of Event:	
Name of Event:	
Location of Event:	
Has this event been done before: Yes/No If Yes when?	
If previously conducted, what were the net proceeds to the charitable organization? Please attach the budget for this event – see Step 2	\$
If this is a new event, what do you hope to raise? Please attach the budget for this event – see Step 2	\$
Please describe how the event will be publicized?	
Estimate number of event attendees:	
How will the money be raised (ticket sales/ sponsorship/contributions/program journal, etc):	
Please list all sponsor(s)/underwriters(s) for this event (please list only confirmed sponsors):	
What portion of the estimated net proceeds will be contributed to FVHCF:	<input type="checkbox"/> 100% <input type="checkbox"/> other % _____
If there will be any other beneficiaries of the special event proceeds (in addition to FVHCF), please identify them:	
Does your event require tax receipts? Yes/No If yes, explain for what purpose?	
Please check all that apply. Do you require	
<ul style="list-style-type: none"> • Logo • Banner • FVHCF brochures • Donation box • Donation forms 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

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.

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



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STEP 2: THIRD PARTY EVENT PROPOSED BUDGET/FINANCIAL SUMMARY (only if applicable)

Please complete this budget and submit with your application. Be as specific as possible. Also please specify which of any costs or expenses you expect to be underwritten (by sponsors) or donated as gifts-in-kind (actual goods or services).

Name of the event: _____ Submitted by: _____

Location of the event: _____ Event Date/Time: _____

INCOME

EXPENSES

Ticket/Admission: (# _____ x \$ _____) _____

Decorations: \$ _____

Sponsors: \$ _____

Entertainment: \$ _____

Donations: \$ _____

Fees, etc.: \$ _____

Pledges: \$ _____

Food: \$ _____

Underwriters: \$ _____

Postage: \$ _____

Other (list): _____

Printing/Graphics: \$ _____

Other (list): _____

Supplies: \$ _____

Other (list): _____

Other (list): _____

Other (list): _____

Other (list): _____

TOTAL: _____

TOTAL: _____

GROSS INCOME \$ _____

LESS EXPENSES \$ (_____)

NET INCOME \$ _____

Estimated proceeds to be given to FVHCF \$ _____

In what form will the proceeds be given to FVHCF? (cash, cheque, etc.) _____

Expected date of delivery of proceeds (must be within 30 days following the event) _____

An actual income/expense accounting is required at the end of every event. FVHCF reserves the right to review any official accounting records. Upon request, every organization agrees to provide FVHCF with a complete list of monetary and non-monetary donors that includes name, address, phone number and item or amount donated.

DONOR NAMES WILL NOT BE SOLD OR USED FOR DIRECT MAIL OR TELEMARKETING PURPOSES.