



Community Event Proposal Form - Caritas Foundation

Name of Event: _____

Who is organizing the event? Company Personal

Name of Organizer: _____

Contact Person: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Preferred: _____ Secondary: _____

Email Address: _____

Twitter Acct: @ _____

Facebook Page: _____

Event Information

Describe the event: _____

Event Date: _____ Event Time: _____

Event Location: _____

Website Address (if applicable): _____

What type of event are you staging? One time Annual event Ongoing

Is this the first time this event is being held? Yes No

If no, please indicate previous beneficiary(ies) & how many years: _____

Will alcohol be available at the event? Yes No

NOTE: The Caritas Foundation assumes no legal or financial liability associated with the event and will not take out liquor licenses for third-party events. For certain types of events, the Foundation may require the organizing committee to acquire their own insurance **and provide proof if requested.**

Financial Information

How will funds be raised: (please check all that apply)

Donations/Pledges Silent/Live Auction Ticket Sales Product Sales

Corporate Sponsorship List organizations _____

Other fundraising methods _____

NOTE: If there is to be any gaming at your event, a gaming license is required by law. The licensing process may take up to 10 weeks to complete. Please discuss this with your Foundation contact.



Are you requesting a tax receipt for this event? Yes No

If yes, please state your reason: _____

NOTE: In accordance with our policy, the Foundation must have full control over the issuing of tax receipts. The Foundation must also have the opportunity to review and approve any event-related tax receipting issues in advance of the event, to ensure conformity with federal regulations. Where a donation is eligible for a tax receipt, the cheque must be made payable directly to the Caritas Foundation from the donating corporation or individual. The Foundation does not issue tax receipts for in-kind donations, ticket sales, raffles, auction items or event sponsorships.

Projected Financial Information:

Revenue: \$ _____ Expenses: \$ _____

Estimated contribution to the Foundation: \$ _____

Will proceeds from your event be donated only to the Foundation? Yes No

If no, what other charities will be involved? _____

NOTE: The Foundation requires that the company/individual/group organizing the event or program is using satisfactory financial controls. The financial records and bank information for the event must be available to the Foundation if requested.

Promotional Information

How will you be promoting your event? _____

Do you require the use of the Foundation name and/or logos for promotional use?

No Yes Please specify: _____

NOTE: The Foundation must approve all documents and materials that make visual or verbal reference to the name, logo and/or official marks of the Foundation, in whole or in part, whether intended for print, broadcast, or online media (i.e. websites). This approval must be provided by the Foundation prior to the documents and materials being used publicly, regardless of whether the initiative is internal or external to a group or organization. Approval from the Foundation gives you the right to use the Foundation's name and logo in relation to your event. This right cannot be assigned or transferred, can only be extended with written permission from the Foundation, and must be renewed each year the event is held.

What Foundation materials would be useful to your event? (Please indicate quantities)

Generic posters # _____ Donation boxes # _____

Would you like the event listed on the Caritas Foundation website? Yes No

Would you like the event promoted on the Caritas Foundation

Twitter (@caritasf) & Facebook pages? Yes No

If yes, please provide a brief written paragraph describing the event, including event date, time, location, contact info. and how to purchase tickets/register.



Caritas Foundation

A Foundation of **Covenant Health**

Your Caritas Foundation representative would be pleased to discuss your event needs regarding volunteers and Foundation representation. Decisions around Foundation involvement for each event will be determined at the discretion of Foundation staff based on factors such as availability, size and nature of event.

We appreciate your interest in organizing a fundraiser on behalf of the Caritas Foundation. Funds raised will be used for areas of greatest need within Covenant Health.

Additional Terms and Conditions - *Please read the following and sign below to verify that you understand all the conditions outlined on this form.*

- The Caritas Foundation must accept all projects as ethical and compatible with the Foundation’s mission and values.
- The public perception of the activity must not be injurious to the Foundation.
- The event should be financially viable in the opinion of the Foundation. The Foundation reserves the right to withhold the use of its name and/or logo from any event, which it feels is not financially or otherwise appropriate.
- All funds must be received by the Foundation no later than 30 days after the day of the event.
- Subject to compliance with appropriate regulatory authorities, the Foundation will designate 20% of all donations and 20% of net profits from fundraising events to support Foundation organizational costs.
- Use of funds received by the Caritas Foundation from the event will be determined solely by the Foundation.

The information you provide is collected for the purpose of documentation and soliciting of donations for the Caritas Foundation. The Caritas Foundation will not share, trade, or sell your personal information, unless authorized or required by law. If you have any questions regarding this collection of information, please contact the Manager of Donor Information at 780.342.8126, Caritas Foundation, 3C60-11111 Jasper Ave NW, Edmonton, Alberta, T5K 0L4

By signing this document, I agree to the collection of the preceding information to allow the Foundation to evaluate the event and the level of the Foundation’s involvement. This information may be disclosed to employees and agents of the Foundation as necessary to perform this evaluation and any requested activities. I am aware that this information will be kept for seven years by the Foundation. I also agree to the Terms and Conditions outlined above.

Signature of Event Organizer: _____

Date: _____

Accepted by: _____

Date: _____

Date: _____

Tracy Sopkow
Executive Director, Caritas Foundation

Fax or mail this form to:

Megan Wenger
Community Initiatives Coordinator
P: (780) 342-8303 F: (780) 342-8195
Email: megan.wenger@covenanthealth.ca

Caritas Foundation
3C60, 11111 Jasper Ave
Edmonton, AB T5K 0L4