



Community Event Application Form

We appreciate your interest in organizing a fundraiser on behalf of Ridge Meadows Hospital Foundation. Funds raised will be used to purchase life-saving equipment, fund new programs in the community that encourage healthy living, and fund educational opportunities for medical staff. Please read and complete the following information and return it to us for approval.

Date of Application: _____

I. CONTACT INFORMATION

Name of Event: _____

Primary Contact Name: _____

Name of Business (where applicable): _____

Mailing Address: _____

Contact Numbers: Daytime tel: _____ Alternate tel: _____

Cell: _____ Fax: _____

Email Address: _____

Website: _____

II. EVENT INFORMATION

Please describe the event:

Event Date(s): _____

Event Time: _____

Event Location: _____



Who is organizing the event? Company Organization School Individual

Who is responsible for the event (if different from above)? _____

What type of event are you hosting? One time Annual event Other _____

What inspired you to hold this event?

Liquor

Will alcohol be available at the event? Yes No

NOTE: Ridge Meadows Hospital 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. Please consult your Foundation representative for more information.

III. FINANCIAL INFORMATION

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

Donations/Pledges Silent/Live Auction Product Sales Ticket Sales
 Other _____

Corporate Sponsorship - please list organizations

Gaming

Will you be engaging in any gaming activities? Raffle 50/50 Draws Bingo
 Other _____

NOTE: If there is to be any gaming activities at your event (i.e. raffle, bingo or 50/50 draws) a gaming licence is required by law. The licencing process may take up to 10 days to complete. Applications can be made online: www.pssq.gov.bc.ca/gaming. Please contact the Gaming Office at 1-800-663-7867 to discuss your gaming proposal prior to applying. All funds raised through gaming activity must be reported to the Foundation on the remittance form.



IV. PROJECTED FINANCIAL INFORMATION

Please provide an estimate on how much you are hoping to raise at this event. Please note that this is just an estimate that you will not be penalized if the estimated amount is not met. All expenses associated with your fundraising event are paid directly by the event organizer/committee. The Foundation will not reimburse organizers for any costs or losses incurred managing and hosting the event.

Total Revenue \$ _____
(eg. Donations, auction, ticket sales, food & beverage sales etc)

Expenses: \$ _____
(eg. Include costs such as advertising, food, entertainment, rentals etc)

Estimated Net Proceeds - Total Revenue minus Expenses: \$ _____

Amount / Percentage of Net Proceeds: (to be given to RMH Foundation) _____

V. TAX RECEIPTING

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 Canada Revenue Agency. Where a donation is eligible for a tax receipt, the cheque must be made payable directly to RMH Foundation from the donating corporation or individual.

VI. PROMOTIONAL INFORMATION

How will you be promoting your event? Print TV Radio Social Media
 Website _____

Where will you be promoting it? _____

Do you require the use of RMH 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. This approval must be provided the Foundation PRIOR to the document and materials being used publicly, regardless of whether the initiative is internal or external to a group or organization. Contact your Foundation representative for approval. This right cannot be assigned or transferred, can only be extended with written permission from the Foundation, and must be renewed each time the event is held.



Community Event Support Form

Event Name: _____

Event Date: _____

RIDGE MEADOWS HOSPITAL FOUNDATION SUPPORT MATERIALS

What Foundation materials would be useful to your event?

Please indicate quantities where applicable.

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Tent (10x10) | <input type="checkbox"/> Balloons |
| <input type="checkbox"/> Banner | <input type="checkbox"/> Pamphlets |
| <input type="checkbox"/> Pop-Up Sign | <input type="checkbox"/> Brochures |

RIDGE MEADOWS HOSPITAL FOUNDATION WEB PAGE LISTING INFO

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

If yes, please provide a brief written paragraph describing the event, including event date, time, location and how to purchase tickets/register. (100 words maximum)

Event URL: (where applicable) _____

Contact info to be listed on the website: _____

Will you be providing any of the following for our website listing? Check all that apply and provide as an attachment.

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Event/Promo photo | <input type="checkbox"/> Logo (jpeg) | <input type="checkbox"/> PDF event info or poster |
| <input type="checkbox"/> Other _____ | | |

SPEAKERS

Foundation Staff Physician RMH Staff Patient Story Other: _____

Speaker support is based on availability. Some conditions apply.

VOLUNTEERS

Yes # _____ No

Volunteer support is based on availability. Some conditions apply.



Community Event Terms and Conditions

We would like to ensure you understand both the extent and the limitations of the Foundation's support for fundraising events in the community. We are very grateful for your interest in supporting the Ridge Meadows Hospital Foundation. If you can't find what you need, please contact us for more information.

GENERAL EVENT ITEMS

FOUNDATION INVOLVEMENT – Decision around staff, speakers, and/or volunteers attending will be determined at the discretion of Foundation staff based on such factors as availability, size and nature of the event, etc.

LEGAL ITEMS

RESPONSIBILITY – Please note the person responsible for the event must be 19 years or older.

LIABILITY – Ridge Meadows Hospital Foundation assumes no legal or financial liability associated with the event. For certain types of events, the Foundation may require the organizing committee to acquire their own insurance and provide proof if requested.

EVENTS WITH ALCOHOL – To ensure both the Foundation and the event organizers are protected, event organizers may be asked to provide copies of liquor licences for venues and/or special event permits to the Foundation. For events at a private home, the homeowner is responsible for any alcohol related liability. The Foundation will not take out liquor licences for community or third-party events.

GAMING – If there is to be any gaming activities at your event (i.e. raffle, bingo or 50/50 draw), a gaming licence is required by law. The licensing process may take up to 10 days to complete. Applications can be made online: www.pssg.gov.bc.ca/gaming. Please contact the Gaming Office at 1-800-663-7867 to discuss your gaming proposal prior to applying.

FINANCIAL ITEMS

EXPENSES – Event expenses must be paid directly through funds raised that are NOT eligible for tax receipts or by event organizers, and cannot be deducted from donations to the Foundation. The Foundation will not be responsible for any community events.

TAX RECEIPTS – In accordance with our policy, the Foundation has full control over the issuing of tax receipts. The Foundation must also have the opportunity to review and approve any event-related tax receipt 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 Ridge Meadows Hospital Foundation from the donating corporation or individual. The Foundation does not issue tax receipts for in-kind donations, auction items or event sponsorships for any community events; we are happy to provide business receipts instead. Occasionally and only at the Foundation's discretion, tax receipts may be issued for a portion of ticket sales for a community event in which fair market value of benefits received by the purchaser is considerably less than the ticket price. All funds raised through community events as well as corresponding donor contact information must be received by December 31 of the year of the event in order for the Foundation to issue a charitable tax receipt for that tax year.



RIDGE MEADOWS
HOSPITAL FOUNDATION
SUPPORTING THE BEST IN HEALTH

FINANCIAL CONTROLS – The Foundation requires that the company/individual/group organizing the event or program is using satisfactory financial controls. The event budget, financial records and bank information for the event must be available to the Foundation, if requested. The event should be financially viable in the opinion of the Foundation. All funds must be received no later than 30 days after the day of the event.

EVENT PROMOTIONAL ITEMS

NAME AND LOGO USAGE – 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. 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 only as it relates to your community event. This right cannot be assigned or transferred, can only be extended with written permission from the Foundation, and must be renewed each time the event is held. The Foundation also reserves the right to revise any information within promotional materials to ensure accuracy. The Foundation reserves the right to withhold use of its name and/or logo from any event.

AUCTION ITEMS – All auction items donated to said event are to be held in trust for the Ridge Meadows Hospital Foundation.

OTHER ITEMS

ACCEPTING OF PARTNERSHIP – Ridge Meadows Hospital Foundation seeks to ensure all projects are ethical and compatible with the Foundation's mission and values. The public perception of the activity must not be injurious to the Foundation. The Foundation will not accept gifts from tobacco companies. Gifts and/or partnerships are assessed against the Foundation's gift acceptance policy framework.

USE OF FUNDS – Use of the funds received by Ridge Meadows Hospital Foundation from the event will be determined by the Foundation, in accordance with its mission.

PHOTOS – We appreciate receiving photos from your event. Any event photos submitted to the Foundation may be used by the Foundation to recognize your event and/or promote fundraising activities. By submitting them you are giving full permission for the Foundation to collect, use and disclose the photographs, electronic images and/or video images in any broadcast, telecast and/or written account of the event.

TERMINATION CLAUSE – The Foundation reserves the right to terminate any community event partnership at any time. Termination will be communicated in writing.

ENDORSEMENT – The Foundation is grateful for the strong support provided by all of our community events and their sponsors; however, this acknowledgement does not constitute an endorsement of any companies' products or services used in connection with the event.

PRIVACY – Ridge Meadows Hospital Foundation respects your privacy and will never sell, trade, or loan your information to any other organization. Your information will only be used for follow-up contacts (such as newsletters) and to process and recognize your donations. By providing this information you consent to our collection of the information.



Community Event Letter of Intent

By signing this letter Community Letter of Intent,

I _____

am verifying the information provided by this Application is valid and that I fully understand and will comply with the Terms and Conditions as outlines in the Application and Agreement. I understand that the Foundation will base their approval on the information provided in this Application.

Signature of Event Organizer: _____ **Date:** _____

Signature of RMH Foundation: _____ **Date:** _____

THANK YOU FOR YOUR APPLICATION

You will be contacted to discuss this event within 2-3 business days.

Please mail or fax the completed forms to:

Ridge Meadows Hospital Foundation
11666 Laity Street
Maple Ridge BC V2X 7G5
Fax: 604-466-7978

Or email laura.butler@fraserhealth.ca

For Office Use Only

Date Approved: _____

Fund: _____ Appeal: _____ Package: _____

Date Funds Received: _____ Amount Received: _____