



NAME OF CONTACT PERSON & ORGANIZATION:	MAILING ADDRESS:
TELEPHONE: HOME:	FAX:
WORK:	EMAIL ADDRESS:
CELL:	NAME OF EVENT:

**THE FOLLOWING INFORMATION IS REQUIRED BY OUR FUNDS DEVELOPMENT COMMITTEE
TO EVALUATE AND DETERMINE THE FOUNDATION'S INVOLVEMENT**

EVENT ORGANIZER INFORMATION
1. WHO IS ORGANIZING THIS EVENT? COMPANY _____ ORGANIZATION _____ PERSONAL _____
2. WHEN WAS YOUR BUSINESS/ORGANIZATION FOUNDED? _____
3. WHAT IS THE NATURE OF YOUR BUSINESS/ORGANIZATION? _____
4. HOW MANY EMPLOYEES OR MEMBERS IN YOUR GROUP? _____
5. WEBSITE ADDRESS: _____
6. REASON(S) FOR SUPPORTING DALHOUSIE MEDICAL RESEARCH FOUNDATION THROUGH A COMMUNITY FUNDRAISING EVENT: _____ _____

EVENT INFORMATION
1. DATE OF EVENT: _____
2. START TIME: _____ END TIME: _____
3. LOCATION AND ADDRESS OF EVENT: _____ _____
4. DESCRIBE THE NATURE OF THE INTENDED EVENT: _____ _____
5. EXPECTED NUMBER OF PARTICIPANTS: _____
6. TARGET AUDIENCE FOR THE EVENT: _____
7. WHAT TYPE OF EVENT ARE YOU STAGING? One Time Event _____ Annual Event _____ IS THIS THE FIRST YEAR OF YOUR EVENT? YES _____ NO _____ (please indicate previous beneficiary) _____

8. WHO IS RESPONSIBLE FOR THE EVENT? _____
9. WILL ALCOHOL BE AVAILABLE AT THE EVENT? YES ____ NO ____
10. HOW WILL YOU BE PROMOTING YOUR EVENT? _____

11. WILL YOU BE PROMOTING IT: LOCALLY ____ REGIONALLY ____ PROVINCIALY ____ NATIONALLY ____

FINANCIAL INFORMATION

1. HOW WILL FUNDS BE RAISED: Pledges _____ Silent Auction _____ Live Auction _____
 Ticket Sales _____ Donations _____ Product Sales _____
 Other (please explain): _____

2. GAMING EVENTS: If there is to be any gaming at your event, a gaming license is required by law (please see Terms & Conditions for more information). Please indicate if you intend to have any of the following activities at your event:
 Raffle _____ 50/50 Draw _____ Bingo _____
3. PROJECTED FINANCIAL INFORMATION:
TOTAL REVENUE _____ **TOTAL EXPENSES** _____
4. HOW MUCH WOULD YOU HOPE TO CONTRIBUTE TO DALHOUSIE MEDICAL RESEARCH FOUNDATION?

5. ARE YOU RAISING FUNDS FOR SPECIFIC PROGRAMS? (i.e. General DMRF, Molly Appeal campaign, capital equipment, other...) and/or designated are of research (i.e. cancer, cardiovascular disease, neuroscience, infectious disease, other...)

6. WILL THE PROCEEDS FROM YOUR EVENT BE DONATED ONLY TO DMRF? YES ____ NO ____
 If no, what other charities will be involved? _____
7. ARE YOU APPROACHING SPONSORS FOR YOUR EVENT? YES ____ NO ____
 If yes, please list organizations being approached: _____
8. WILL YOU REQUIRE TAX RECEIPTS FOR THIS EVENT? YES ____ NO ____

NOTE: Tax Receipts will be issued according to CCRA Guidelines and must be pre-approved by DMRF. Please see Terms & Conditions for more information.

DMRF INFORMATION

1. WHAT ARE YOUR EXPECTATIONS OF DMRF?

Volunteers: YES ____ NO ____ If Yes, How many? _____ Hours? _____

Required Tasks? _____

Public Speaker: YES ____ NO ____ Please provide details: _____

Representation at Event: YES ____ NO ____ Please provide details: _____

NOTE: DMRF involvement in your event will be subject to availability and based on event specific details. Please see Terms & Conditions for more information.

2. WOULD YOU REQUIRE THE DMRF NAME OR LOGO FOR PROMOTIONAL USE? YES ____ NO ____

If YES, on what type of materials? Please Specify: _____

NOTE: Dalhousie Medical Research Foundation must first approve the use of the DMRF name or logo on all materials. Please see Terms & Conditions for more information.

4. WHAT MATERIALS FROM THE DMRF WOULD BE USEFUL TO YOUR EVENT? PLEASE INDICATE QUANTITIES:

Magnets _____ Brochures _____ Annual Reports _____

5. WOULD YOU LIKE THE EVENT TO BE LISTED ON THE FOUNDATION'S/MOLLY APPEAL WEBSITE? YES ____ NO ____

If yes, please provide a brief paragraph describing the event (including location and how to purchase tickets):

6. WOULD YOU LIKE MARKETING & COMMUNICATION SUPPORT? YES ____ NO ____

Please specify: _____

OTHER INFORMATION DMRF SHOULD KNOW REGARDING YOUR EVENT

TERMS & CONDITIONS

1. All projects must be ethical and compatible with DMRF's mission and values. The public perception of the activity must not be injurious to the Foundation.
2. DMRF requires that the company/individual/group organizing the event or program are using satisfactory financial controls. The financial records and bank information for the event must be available to DMRF if requested.
3. The event should be financially viable in the opinion of DMRF. 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.
4. All funds must be received by the Foundation no later than 30 days after the day of the event.
5. Use of the funds received by DMRF from the event, will be determined solely by Dalhousie Medical Research Foundation.
6. DMRF must have full control over the issuing of tax receipts in accordance with DMRF policies and Canada Customs and Revenue Agency (CCRA) guidelines. All tax-receipting issues must be agreed upon and documented before DMRF approval of the event can be given. Where the Foundation is issuing tax receipts, all revenue cheques must be made payable directly to the Dalhousie Medical Research Foundation. The Foundation does not issue tax receipts for in-kind donations or event sponsorship agreements.
7. DMRF must give approval to all materials and advertising copy that uses the Dalhousie Medical Research Foundation name and/or logo prior to publication and/or distribution (including websites).
8. DMRF involvement (both staff and volunteer) as well as expected time commitments must be agreed upon prior to the commencement of the event. Decisions around DMRF involvement for each event will be determined at DMRF staff's discretion based on factors such as availability, size and nature of event, etc.
9. Because the provincial government(s) controls all charitable gaming activities, organizers of any event that includes a bingo, raffle, break-open ticket, 50/50 draw and/or monte carlo event must acquire the proper license(s) from their respective provincial Alcohol & Gaming Commission(s).
10. The DMRF will not take out liquor licenses for third party events.
11. The organizing committee should acquire their own insurance and be able to produce proof if requested.
12. The DMRF must assume no legal or financial liability associated with the event.

Dalhousie Medical Research Foundation respects your privacy and will never sell, trade, or loan your information to any other organization. We will use your information only for follow-up contacts (such as our newsletters), and to process and recognize your donations. We disclose your information only to our own employees and agents and only to accomplish the purposes listed above. By providing this information you consent to our collection of the information.

By signing this document, I agree to the collection of the preceding information to allow DMRF to evaluate the event and the level of the foundation's involvement. This information may be disclosed to employees and agents of DMRF as necessary to perform this evaluation and any requested activities. I am aware that this information will be kept for 7 years by DMRF. I also agree to the Terms and Conditions outlined above.

Signature of Event Organizer

Date

Signature of DMRF Representative

Date

FORMS CAN BE FAXED TO: (902) 494-1372 E-MAIL: DMRF@Dal.Ca

IF EMAILED, PLEASE MAIL ORIGINAL SIGNED FORMS TO:

Dalhousie Medical Research Foundation
1-A1 Sir Charles Tupper Medical Building
5850 College Street
Halifax, Nova Scotia
B3H 4H7.