

COMMUNITY PARTNER EVENT PROPOSAL FORM

Please complete all sections below. This agreement is not valid until signed by both the sponsoring organization AND the Centre Grey Health Services Foundation. Should you have any questions, or wish to discuss, please contact Darlene Lamberti, Foundation Coordinator at (519) 986-3040 ext 6178

	m to: dlamberti@cghsfoundation.com
Or mai	il to: Centre Grey Health Services Foundation,
	55 Isla St., Markdale, ON NOC 1H0
******	*******************
Name of Sponsoring Organizat	tion:
Contact Person:	
Mailing Address:	
City:	Postal Code:
Phone:	Fax:
E-Mail:	
Name of Event:	
Date:	Time:
Event location:	
Cost per Person:	
Target Group:	# People Expected:
Estimated donation to Founda	ition: \$
Gift receipts will be required:	□Yes □No
Are you seeking sponsorship:	□Yes □No
If yes, who will you be contact	ing:
Will they require written acknowledgement from the Foundation?	

Please briefly describe the proposed special event: Please describe how you will publicize this event. (Note: The Foundation must approve publicity for the event prior to printing or release, if the hospital or the Foundation is mentioned Request for support: CGHSF would be pleased to offer support and assistance. What do you anticipate you might need? (Please indicate approximate amounts needed where appropriate.) ☐ Letter of Endorsement ☐ Media Contact List Logo ☐ Foundation Banner (loan) ☐ Information on Grey Bruce Health Services ☐ Other (please specify) I/we acknowledge that the Centre Grey Health Services Foundation auditors may request verification of revenue from events being run on its behalf. I/we agree that Grey Bruce Health Services or Centre Grey Health Services Foundation shall incur no costs or liability associated with this event. I/we agree to use our own mailing list for this event. I/we acknowledge and agree to comply with all requirements of the Income Tax Act and Canada Revenue Agency in respect to the provision of donation receipts related to this event. • I/we understand and acknowledge that Grey Bruce Health Services or the Centre Grey Health Services Foundation reserve at any time the right to withdraw the use of its name and logo. I/we represent and warrant that the organization will not collect or use any personal or confidential information, except as is strictly necessary. It will not divulge any confidential information to any third party except upon the written consent of the Centre Grey Health Services Foundation. While working on behalf of the Foundation under this agreement, the organization agrees that all of its officers, directors, employees and agents will: · fully comply with privacy legislation in effect from time to time, including, but not limited to, all obligations that it may have respecting the collection, use, protection and disclosure of personal information; and fully comply with the privacy policies and procedures of the Foundation. Please print the name of your organization, your name and title: Signed: _____ Date: ____ Approved by Centre Grey Health Services Foundation this _____day of ______20__.

Name: _____

Financial Matters

As a third party event raising funds for *The Centre Grey Health Services Foundation*, your organization is obligated to take in all revenues, pay all expenses, and finally consider your group's donation to the Centre Grey Health Services Foundation.

Bank Accounts

It is recommended that your organization open a charity event chequing account. Most banks/trust companies have special accounts just for this purpose, at no charge to your organization. This account will allow you to deposit all revenues, and pay all expenses. All revenue cheques to deposit into this account should be made payable to the event or your organization, depending on how you set up the account.

Income Tax Receipting

The Centre Grey Health Services Foundation can provide your event participants with income tax receipts. In general, we will issue an income tax receipt for a gift of \$10.00 and over.

Please note that Canada Revenue Agency has put into place very strict regulations regarding when we can and cannot offer income tax receipts. Please contact Canada Revenue Agency for information regarding receipts and special events.

In order for us to issue an income tax receipt, we require the following information:

- Name of individual or business
- Complete address (including postal code)
- Contact person
- Phone number for contact person
- Amount receipt should be made out for

In most cases, your donation to the Centre Grey Health Services Foundation will be in the form of one cheque made out to our organization from your event bank account. If you ask for income tax receipts to be made out, then the total funds raised after expenses from your event must be greater than the amount of requested receipts.

Privacy Matters

We value the privacy of our donors. The Centre Grey Health Services Foundation does not sell, rent, or trade its donor lists. We collect, use and disclose personal information only for the purpose of processing donations, keeping our donors informed about the activities of the hospital and Foundation, and to ask for their support in our mission to improve health care for the people of Centre Grey. Anyone from whom we collect information can expect that it will be carefully protected and that any use of this information is subject to consent. Donors and prospective donors always have the option to limit or opt-out of future contact.

The Foundation has safeguards in place to ensure that personal information is not accessed, disclosed or shared more widely than is necessary to achieve the purpose for which it was gathered. A full copy of our Privacy Policy is available from the Foundation upon request.

Thank you!

This information provides a brief overview to planning a special event to benefit the Centre Grey Health Services Foundation. The information is general in nature. You should consult your financial and legal advisors for detailed information tailored to your own circumstances.