



**NORTHUMBERLAND HILLS
HOSPITAL FOUNDATION**

Better Care for Our Community

THIRD PARTY EVENT PROPOSAL FORM

Please complete, sign and return the event proposal form to the address below.
Acknowledgement of your application will be forwarded to you within 10 business days.

Northumberland Hills Hospital Foundation

Attention: Natasha Jacobs

1000 DePalma Drive, Cobourg ON, K9A 5W6

Tel: 905.372.6811 x3065 Fax: 905.373.6936 E-Mail: njacobs@nhh.ca

Contact Information

Name of Person or Organization Planning Event _____

Contact Name _____

Mailing Address _____

City/Province _____ Postal Code _____

Telephone _____ Email Address _____

Facebook / Twitter / Instagram @ _____

Event or Organization Website _____

.....
Name of Proposed Event _____

Date(s) _____

Event Location _____

Address of Location _____

Description of event _____

Will this be a multi-year event to benefit the NHH Foundation? Yes _____ No _____

.....

Financial Details:

Who do you expect to attend the event? _____

How will funds be raised e.g. ticket sales, raffles, pledges, etc.? _____

_____ Cost per person? _____

THIRD PARTY EVENT PROPOSAL FORM – PART 2

Are you seeking sponsorship? Yes _____ No _____

If yes, who, are you seeking sponsorship from? (Attach list, if needed)

Estimated revenue from event: _____ Estimated expenses: _____

Estimated donation to Northumberland Hills Hospital Foundation: _____

Proposed Budget

All costs will be paid from the proceeds or directly by the event organizer. Please list all event costs even if you expect them to be donated.

INCOME

Ticket Sales	\$ _____
Raffle.....	\$ _____
Silent Auction.....	\$ _____
Sponsorship.....	\$ _____
Donations.....	\$ _____
Other Sources (please specify).....	\$ _____

Total Expected Income \$ _____

COST

Location/Venue	\$ _____
Food/Beverage.....	\$ _____
Printing (tickets, posters, etc.).....	\$ _____
Advertising.....	\$ _____
Prizes.....	\$ _____
Other (please specify).....	\$ _____
Other.....	\$ _____
Other.....	\$ _____

Total Expected Expenses \$ _____

Total Expected Donation to NHH Foundation \$ _____
(Total Donation is Revenue – Expenses)



Logistics:

How to you plan on promoting the event?

- Brochures/flyers
- Newsletters
- TV ads
- Print ads
- Radio Ads
- Personal network
- Coupons
- Social Media
- Other, please specify: _____

Will alcohol be served? If yes, how? _____

Has the liability insurance been arranged? If so, please provide details: _____

We would be pleased to provide you with guidance around the logistics of your event.
Request for resources:

- Letter of endorsement
- Information about NHH

May we promote your event on our website? Yes _____ No _____

Can we release your name and contact info to the media if asked about your event? Yes ___ No ___

Would you like to have a cheque presentation after the event? Yes _____ No _____

THIRD PARTY EVENT PROPOSAL FORM – PART 3

Third Party Letter of Agreement:

- 1) I acknowledge that the Northumberland Hills Hospital Foundation (NHH Foundation) auditors may request verification of revenue from events being run on its behalf.
- 2) Northumberland Hills Hospital and Northumberland Hills Hospital Foundation shall incur no legal or financial liability whatsoever associated with this event.
- 3) I agree to provide staffing and volunteers for this event.
- 4) Proceeds will be directed to the highest priority at NHH, unless otherwise stated.
- 5) Net proceeds from the Third Party Event together with all related financial reports will be remitted to NHH Foundation within 30 days of the Third Party Event.
- 6) If NHH Foundation has serious concerns about the way the project is being implemented and such concerns are not immediately addressed, NHH Foundation can cancel this agreement by giving the Third Party 24 hours notice. NHH Foundation is not responsible for financial or other damages that may result from such cancellation.

By my signature below, I acknowledge that I received a copy of the Northumberland Hills Hospital Foundation’s Policies and Procedures for Third Party Fundraising. I understand and agree to follow these policies and procedures.

Event Name

Printed Name

Signature

Date

Please keep one copy of these policies and procedures for your reference and return the signed original along with your completed Event Proposal Form to:

Natasha Jacobs
Special Events & Communications Assistant
Northumberland Hills Hospital Foundation
1000 DePalma Drive, Cobourg, ON K9A 5W6
Phone (905) 372.6811 x3065 or Fax (905) 373-6936 njacobs@nhh.ca

Privacy Statement:

The Northumberland Hills Hospital Foundation respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing list. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of the Northumberland Hills Hospital and Foundation, including programs, services, special events, funding needs, opportunities to volunteer or to give, open houses and more through periodic contacts. If at any time you wish to be removed from any of these contacts simply contact us by phone at (905) 377-7767 or via e-mail at rcunningham@nhh.ca and we will accommodate your request.

For NHH Foundation use only

Signed by NHH Foundation on _____

By: _____

Approved by: _____