

## THIRD-PARTY FUNDRAISING EVENT AGREEMENT

The Montfort Hospital Foundation is honored that you have chosen our organization as the beneficiary of your fundraising efforts. We thank you for your interest and commitment to helping us fulfill our mission. ***Each gift has a direct and immediate impact on patient care at Montfort.***

As a registered charity, the Montfort Hospital Foundation follows all Canada Revenue Agency regulations regarding charitable giving. Any individual or organization that wishes to conduct an event benefitting Montfort must receive written approval from the Montfort Hospital Foundation **60 days** in advance.

### **Overview**

In order to enhance the success of third-party fundraising events and avoid conflicts with Montfort Hospital Foundation donors, corporate sponsors or other previously planned events, we have created the following guidelines:

- Third-party event sponsors and the Montfort Hospital Foundation understand and agree, in advance, on their respective roles and responsibilities in the planning, coordination and hosting of the event.
- Third-party events complement and support the Montfort Hospital Foundation's mission, vision and values, while also respecting its corporate identity.
- Third-party events do not require significant support from the Montfort Hospital Foundation staff or board members.
- Third-party events are financially viable in relation to expense-to-income projections.
- The distribution of the funds raised during third-party events reflect both the intent of the donors and the stated objectives of the Montfort Hospital Foundation.

### **Definition**

A third-party event is an activity intended to promote fundraising in support of the Montfort Hospital Foundation's mission. The responsibility of organizing and conducting the event lies with the volunteers and/or staff of the company, organization or group that has been approved to execute the event.

### **Permission**

- All third-party fundraising events in support of Montfort require written permission from the Montfort Hospital Foundation at least **60 days** in advance. Public announcements or event promotion should not be made until written approval has been received.
- Fundraising events must comply with all relevant provincial and federal legislation.

## **Event Promotion**

Advertisement and event promotion are the sole responsibility of the event organizer.

- The Montfort Hospital Foundation must approve all promotional materials including or promoting its name (media advisories, press releases, public service announcements, posters, tickets, brochures, invitations, etc.) before they are used.
- The Montfort Hospital Foundation's logo cannot legally be reproduced without written permission.
- The Montfort Hospital Foundation can promote the event, when appropriate, through:
  - The Montfort Hospital Foundation website (with a link to the event's/organization's website);
  - Social media;
  - The Montfort Hospital Foundation crowdfunding platform: Impact Montfort.
- The Montfort Hospital Foundation will not solicit sponsors or provide any donor/patient contact information.
- To support the Montfort Hospital Foundation's stewardship practices, the event organizer must provide a list of potential sponsorship contacts (including all potential in-kind donors) to the Montfort Hospital Foundation prior to performing any solicitations. This also gives Montfort Hospital Foundation the opportunity to identify the donors who have previously been or will be approached, to support another fundraising effort.
- Promotional materials characterize the use for which the donations will be made: "Proceeds benefit the Montfort Hospital Foundation."

## **Financial Guidelines**

All third-party events must diligently comply with all Canada Revenue Agency regulations and fundraising best practices. The organizer is solely responsible for all event-related costs and expenses.

- The event organizer will provide a completed budget for review and approval as part of the "Event Proposal Form."
- The Montfort Hospital Foundation will provide an official income tax receipt for all donations of \$10 and more.
- All cheques shall be made payable to the Montfort Hospital Foundation and sent to the attention of the Foundation office within 30 days following the event.
- Cash donations of \$10 or more requesting an official income tax receipt must be accompanied by a signed statement including the donor's name, address, phone numbers, email and the amount of each donation.
- If event expenses are greater than the total amount collected, the event organizer is responsible for paying all additional expenses.
- Proceeds must be sent within 30 days following the event in the form of a cheque payable to: Montfort Hospital Foundation, 713 Montreal Road, Ottawa, Ontario K1K 0T2

## **Liability and Licenses**

The event organizer is solely responsible for providing proof of appropriate liability, property and general insurance coverage and all licenses that may be required.

- If circumstances warrant, the Montfort Hospital Foundation may at any time direct the event organizer to cancel the event.
- The event organizer agrees to indemnify and hold harmless the Montfort Hospital Foundation, its board members and employees from any and all claims and liabilities related to the event.
- The Montfort Hospital Foundation must receive written notice of any significant changes planned for the event.

## **What we can do**

Once the attached Event Proposal Form has been approved, the Montfort Hospital Foundation staff can:

- Offer event planning expertise and advice.
- Acknowledge direct contributions to the Montfort Hospital Foundation. ***Note: These contributions will be added to the event donation total but cannot be withdrawn for event expenses.***
- Assist in the designation of the event proceeds.
- Provide a letter of support to validate the authenticity of the event and its organizer.
- Provide existing communication materials for the event such as brochures.
- Assign a representative to attend the event.
- The Montfort Hospital Foundation will acknowledge the event's donation by publishing the event name, description, date, location and contact information on its website, closed-circuit television network and on social media.
- List the results in the Montfort Hospital Foundation's annual report.

## **Things to Remember**

- Complete and sign the Event Proposal Form at least 60 days prior to the event.
- Establish goals that are realistic and measurable.
- Identify your audience.
- Plan a budget. Identify revenues and expenses.
- Ensure that all promotional materials are approved by the Montfort Hospital Foundation.
- Until written permission is received, the name Montfort Hospital Foundation cannot be used for any purposes and contributions cannot be solicited.

Thank you again for your interest in planning an event to benefit Montfort. Your support helps the hospital acquire the essential equipment needed to provide exemplary care, modernize its facilities, conduct research and train the next generation of health care professionals.

**THIRD-PARTY FUNDRAISING EVENT AGREEMENT**  
**Event Proposal Form**

**Name of proposed event:** \_\_\_\_\_

**Sponsor Information**

Name of sponsoring individual/organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel./Cell.: \_\_\_\_\_ Email: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Tel./Cell.: \_\_\_\_\_ Email: \_\_\_\_\_

**Event Information \*(use additional sheet if necessary)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Duration: \_\_\_\_\_

One-time event

Multi-year event

Location of proposed event: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel./Cell.: \_\_\_\_\_

Brief event description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Audience/Anticipated number of attendees: \_\_\_\_\_

Percentage of revenue donated to the Montfort Hospital Foundation: \_\_\_\_\_

Based on the nature of the event, are any of the following required?

Insurance: \_\_\_\_\_ Licences: \_\_\_\_\_ Liability releases: \_\_\_\_\_

If yes, please attach a copy or explain when and how they will be secured: \_\_\_\_\_

What participation or resources, if any, would you expect from the Montfort Hospital Foundation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan on promoting the event?

\_\_\_\_\_

**Proposed Budget**

All costs are to come out of event proceeds or to be paid directly by the event organizer. Please list all costs, including in-kind.

Rentals/Venue	\$ _____
Food/Beverages	\$ _____
Printing (invitations, brochures, tickets, etc.)	\$ _____
Advertising	\$ _____
Entertainment	\$ _____
Prizes/Giveaways	\$ _____
Other (please specify)	\$ _____
Other (please specify)	\$ _____
Other (please specify)	\$ _____
TOTAL EXPECTED INCOME	\$ _____
TOTAL COSTS	\$ _____
PROJECTED REVENUE TO THE MONTFORT HOSPITAL FOUNDATION	\$ _____

Additional information/comments:

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***I have read and agree to follow the above policies and guidelines:***

**Event organizer**

**Montfort Hospital Foundation**

Print name: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_