

## 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.

**University Hospitals Kingston Foundation**  
Attention: Lori Faggiani, Events Coordinator  
366 King St East, Suite 201, Kingston, ON K7K 6Y3  
Tel: 613-549-5452 ext 5918 Fax: 613-549-5455 E-Mail: lori.faggiani@uhkf.ca

### Contact Information

Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

How did you hear about fundraising for University Hospitals? \_\_\_\_\_

\_\_\_\_\_

### Event Details

Name of event: \_\_\_\_\_

Proposed date of event: \_\_\_\_\_

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

Description of event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will this be a multi year event to benefit the UHKF 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 to attend per person? \_\_\_\_\_

Are you seeking sponsorship? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Estimated revenue from event: \_\_\_\_\_ Estimated expenses: \_\_\_\_\_

Estimated donation to University Hospitals Kingston Foundation: \_\_\_\_\_

Proceeds designated to: \_\_\_\_\_

Charitable gift tax receipts will be required. Yes \_\_\_\_\_ No \_\_\_\_\_

In order for the UHKF to process required receipts, please fill out and return the attached pledge form with your cheque once the event is completed.

**Logistics:**

How do you plan on promoting the event?

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Brochures/flyers | <input type="checkbox"/> Newsletters | <input type="checkbox"/> TV ads                       |
| <input type="checkbox"/> Publicity        | <input type="checkbox"/> Print ads   | <input type="checkbox"/> Personal network             |
| <input type="checkbox"/> Coupons          | <input type="checkbox"/> Radio ads   | <input type="checkbox"/> Other, please specify: _____ |

Will you require the use of the UHKF logo. Yes \_\_\_\_\_ No \_\_\_\_\_

If so how do you plan to use it? \_\_\_\_\_  
\_\_\_\_\_

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Letter of endorsement | <input type="checkbox"/> Information on Kingston Hospitals | <input type="checkbox"/> Media contact list |
|--|--|---|

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 \_\_\_

Contact name and number to be used on website? \_\_\_\_\_

Do you require a Hospital representative to speak at your event? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be having a cheque presentation after the event? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide details: \_\_\_\_\_  
\_\_\_\_\_

**Third Party  
Letter of Agreement:**

1. I acknowledge that the University Hospitals Kingston Foundation (UHKF) auditors may request verification of revenue from events being run on its behalf.
2. UHKF authorizes the Third Party to use its name in communications distributed to the media upon obtaining the prior written approval of UHKF.
3. Hotel Dieu Hospital (HDH), Kingston General Hospital (KGH), Providence Care, or University Hospitals Kingston Foundation and their foundations shall incur no legal or financial liability whatsoever associated with this event.
4. I agree to provide staffing and volunteers for this event.
5. Proceeds will be directed to the highest priority at HDH, KGH or Providence Care, or to a specific area at one of the designated Hospitals as agreed upon by the Third Party and UHKF.
6. Net Proceeds from the Third Party Event together with all related financial reports will be remitted to UHKF within 30 days of the Third Party Event.
7. I agree to use my own mailing list for this event.
8. HDH, KGH, Providence Care or UHKF is not responsible for any accidents or damage to person or property that may occur during the course of the event and the Third Party will arrange that suitable insurance be in place prior to staging the Third Party Event.
9. I acknowledge and agree to comply with all requirements of the Income Tax Act and Canada Customs and Revenue Agency with respect to the provision of donation receipts related to this event and to abide by the municipal, provincial and federal laws for the execution of this event.
10. I understand and acknowledge that HDH, KGH, Providence Care or UHKF reserve the right, at any time, to withdraw the use of their names and logos.
11. If UHKF has serious concerns about the way that the project is being implemented and such concerns are not immediately addressed, UHKF can cancel this agreement by giving the Third Party 24 hours notice. UHKF is not responsible for financial or other damages that may result from such cancellation.
12. Any sporting events require all participants to sign waiver forms, which UHKF will provide.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print your name and title:**

\_\_\_\_\_

**Signed on behalf of (*name of organization*):**

\_\_\_\_\_

***For UHKF office use only***

**Approved by University Hospitals Kingston Foundation this \_\_\_\_\_ day**

**of \_\_\_\_\_, 200 per: \_\_\_\_\_**

**Name:** \_\_\_\_\_

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