



## Third Party & Community Event Proposal Form

If you wish to conduct a Third Party/Community Event to raise funds for Prostate Cancer Canada Atlantic, please complete this Event Proposal Form and sign the attached Agreement. Forward these documents to Rita Clare Leblanc, Events & Development Coordinator at [rita-clare.leblanc@prostatecancer.ca](mailto:rita-clare.leblanc@prostatecancer.ca) at 902-420-9124.

A Third Party/Community Event is defined as one where:

- The event is initiated by an outside party and organized by an individual or group other than the permanent staff of Prostate Cancer Canada;
- Full or partial proceeds are designated to Prostate Cancer Canada;
- Prostate Cancer Canada's name and/or logo are used in promoting the event;
- Prostate Cancer Canada's staff and volunteer involvement is in a support capacity only.

Exceptions to the third party definition:

- Events that require the Prostate Cancer Canada to obtain a liquor or gaming license may be considered an official event of Prostate Cancer Canada upon submission of the attached proposal.
- Events where the net revenue raised is \$10,000 or more may be considered an official event of Prostate Cancer Canada unless otherwise indicated by the event planners and outlined in a separate event agreement.

NOTE: We will not approve the following types of events:

- Programs that involve a professional fundraiser, telemarketing and/or an agreement to raise funds on a commission, bonus or percentage basis.
- Vending machine sales.
- Events where the expenses cost more than half the gross revenue.
- Events that promote a political party, candidate or political campaign.

Please note that when a business or individual wishes to donate a portion of the proceeds from the sale of a product or service, this is a cause related marketing venture and will not be treated as a community event. In these cases, please contact our Manager of Corporate development, Ellen Townshend at [ellen.townshend@prostatecancer.ca](mailto:ellen.townshend@prostatecancer.ca) or 902-448-7503.

## **CONTACT INFORMATION**

Contact Name: \_\_\_\_\_

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

Telephone Number: (Home) \_\_\_\_\_  
(Cell) \_\_\_\_\_  
(Business) ( Fax) \_\_\_\_\_

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

\_\_\_\_\_

Business Website: \_\_\_\_\_

Describe the organization: (check one)

- |  |  |            |
|--|--|------------|
| <input type="checkbox"/> Corporate                     | <input type="checkbox"/> School          | Individual |
| <input type="checkbox"/> Service Club                  | <input type="checkbox"/> Community Group |            |
| <input type="checkbox"/> Other (Please specify: _____) |  |            |

Proposed Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event Location & Address:

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

Please Describe the Event:

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

Who are the anticipated participants of this event? \_\_\_\_\_

\_\_\_\_\_

Please indicate if your event is:

- ☐ One Time                      ☐ Annual                      ☐ Ongoing

Is this the first year of your event? Yes No

If no, please specify who received funds in the past and in what amount.

Recipient Name: Donation (approximate):

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

## **BUDGET**

Please list all costs to come out of proceeds or to be paid directly by event organizer. Please list all expenses, including the value of the donated goods and services. Please note that it is necessary to complete the budget using actual or estimated figures to gain approval from Prostate Cancer Canada.

## **BUDGET INFORMATION**

Please complete **to the best of your ability** this budget outline for your event. Prostate Cancer Canada recognizes that this is approximate only. Please list all costs even if you anticipate donations. **All costs will come out of proceeds or will be paid directly by the event organizer.**

### REVENUE

Ticket Sales \$	_____
Auction \$	_____
Donations \$	_____
Merchandise Sales \$	_____
Pledges \$	_____
_____ \$	_____
_____ \$	_____
_____ \$	_____

TOTAL ANTICIPATED INCOME \$ \_\_\_\_\_

### EXPENSES

Location/Venue \$	_____
Food/Catering \$	_____
Beverage \$	_____
Rental Items \$	_____
Printing \$	_____
Advertising \$	_____
Licenses \$	_____
Insurance \$	_____
_____ \$	_____
_____ \$	_____
_____ \$	_____

TOTAL ANTICIPATED COSTS \$ \_\_\_\_\_

ANTICIPATED NET REVENUE OF EVENT \$ \_\_\_\_\_

ANTICIPATED REVENUE TO PCC \$ \_\_\_\_\_

**OR**

PERCENTAGE OF PROCEEDS TO GO TO Prostate Cancer Canada % \_\_\_\_\_

Estimated net revenue to be donated to the Foundation (total revenue – total cost).

Will your event require tax receipts? No: \_\_\_\_\_ Yes: \_\_\_\_\_ Please Explain:

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Please note that offering tax receipts must be pre-approved by the Foundation. Tax receipts are issued according to Canada Revenue Agency (CRA) guidelines. Therefore, your event may not be eligible for tax receipts.

## **EVENT PROMOTION**

Prostate Cancer Canada Atlantic would be more than happy to provide promotional materials, which will be sent to you prior to your event. Promotional materials will be distributed based on availability.

Please note the quantities you require:

☐ Brochures \_\_\_\_\_ ☐ Posters \_\_\_\_\_ ☐ Pins \_\_\_\_\_

How will you be promoting this event? (TV, radio, invitations, newspaper ads, volunteers etc.)

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Will you be promoting on social media? If so please list social media accounts:

☐ Twitter \_\_\_\_\_ Facebook \_\_\_\_\_ Instagram \_\_\_\_\_

Do you need an electronic copy of our logo? ☐ No ☐ Yes

If yes, what file type will you need? \_\_\_\_\_

\*Please note that the Foundation reserves the right to approve all materials using our logo or messaging prior to printing.

**Please forward a copy of all print materials and advertising copy containing Prostate Cancer Canada's name and/or logo to [rita-clare.leblanc@prostatecancer.ca](mailto:rita-clare.leblanc@prostatecancer.ca) prior to printing and distribution.**

Would you like your event posted on our website? No: \_\_\_\_\_ Yes: \_\_\_\_\_

\*This is a request only. Please contact the office to discuss the options available to you.

## **SPONSORSHIP**

Please list all individuals or organizations that you will be approaching for cash contributions, sponsorship, in-kind giving, or other support:

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Please obtain approval from Prostate Cancer Canada prior to soliciting any individuals or organizations.

It is Prostate Cancer Canada's policy not to provide mailing lists of volunteers or donor names in accordance to its privacy policy.

## **EVENT RECOGNITION**

Prostate Cancer Canada's policy is to acknowledge and recognize the contribution and effort made to Prostate Cancer Canada. Third Party events are acknowledged & thanked in the provincial newsletter and the official Prostate Cancer Canada website. Feel free to discuss with Prostate Cancer Canada representative how your event may be further recognized.

## **DONOR RECOGNITION**

Prostate Cancer Canada's policy is to acknowledge and recognize the contribution and effort made to Prostate Cancer Canada. A Donor Recognition Program has been established separate and apart from any

recognition that may be received from a third party event. Feel free to discuss with a Prostate Cancer Canada representative how your event may be recognized.

### **THIRD PARTY/COMMUNITY EVENT AGREEMENT**

By signing this Letter of Agreement, I warrant that all of the information given in the Event Proposal Form is complete and accurate, agree that I have the power to legally bind the organization and agree to the following conditions:

- 1) I will submit all print materials and advertising copy in draft format containing The Prostate Cancer Canada's name and/or logo to The Prostate Cancer Canada representative for approval prior to printing and distribution.
- 2) I will submit to Prostate Cancer Canada in advance the names of any individuals or organizations that I intend to solicit for support.
- 3) I understand that Prostate Cancer Canada assumes no legal or financial liability associated with this event.
- 4) I will not present myself as a representative or agent of Prostate Cancer Canada.
- 5) I am responsible for obtaining any necessary permits and/or licenses required by law for this event.
- 6) I have read and understand Prostate Cancer Canada's guidelines for issuing official tax receipts and will comply with these policies.
- 7) I understand that I am responsible for ensuring adequate insurance for their event and must indemnify Prostate Cancer Canada for all damages, accidents to persons or property, costs, claims and/or expenses arising out of or in connection with the management and holding of a Third Party event.

Where an event is involved, most venues require the third party event to provide evidence that it carries a minimum of \$2.0 million in public liability insurance and must indemnify Prostate Cancer Canada for all damages, costs, claims and/or expenses arising from the event.

The designated proceeds that are to be received by Prostate Cancer Canada, must be submitted within 30 days of completion of the event.

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

Date: \_\_\_\_\_

*Disclaimer: By submitting this form, you agree to the following: o I hereby understand that Prostate Cancer Canada's name and logo are registered trademarks. Prior to publicizing or holding the event, the Foundation must approve this proposal and use of our name and logo. o By publicly naming Prostate Cancer Canada as the beneficiary of my event, I agree to donate the full amount of net proceeds raised within 30 days following the event. Charitable Registration No: BN 89127 0944 RR0001*

\* After completing this form, please submit it via e-mail to [rita-clare.leblanc@prostatecancer.ca](mailto:rita-clare.leblanc@prostatecancer.ca)

Thank you for your interest in supporting Prostate Cancer Canada Atlantic