Sherbourne Health Centre
Third-Party Fundraising Agreement

SHERBOURNE HEALTH CENTRE

Sherbourne Health Centre was established in 2002 as a community-based health centre and has become a leading provider of quality health care and transformative support to under-served communities including homeless and under-housed people, newcomers to Canada, LGBT (Lesbian, Gay, Bisexual and Trans) communities and the mid-east Toronto neighbourhood. Sherbourne offers a range of health and social support programs aimed to improve holistic health, build resilience and empower clients, leading to our vision: *Healthy People. Healthy Communities*. Sherbourne welcomes individual, community and corporate support and is grateful for fundraising efforts in line with our values to support our services.

GUIDELINES

Any group, individual, or organization (the "organizer") who wishes to hold a fundraising activity with net proceeds or a portion or net proceeds being donated to Sherbourne Health Centre will be asked to sign a copy of this agreement and to follow the terms below. Thank you for your support!

1. Sherbourne Health Centre encourages events and activities which are consistent with the mission and vision of Sherbourne Health Centre.

2. Any materials to which the Sherbourne Health Centre logo will be affixed, including advertising, must be approved by a Sherbourne Health Centre staff member prior to production and use.

3. The organizer(s) hosting the event or activity shall underwrite all costs of the event/activity and its promotion and secure such underwriting. Sherbourne Health Centre shall not incur any costs in relation to the activity unless otherwise stated in the Letter of Agreement and assumes no financial or legal liability for the event.

4. Sherbourne Health Centre shall not be party to any liability coverage without its prior knowledge and written approval.

5. The organizer(s) is responsible for obtaining all required licenses, permits, insurance and other legal documents and/or necessary authorization for the event or activity, in the name of the coordinating organization, business or individual(s).

6. The organizer(s) indemnifies and saves harmless Sherbourne Health Centre and its volunteers, agents, affiliates, employees and directors from and against all claims, suits and causes of action relating to or arising out of the fundraising activity.

7. The organizer(s) shall provide Sherbourne Health Centre with a brief written summary of the activity, including amounts raised, usually not more than one page in length, unless this requirement has been specifically waived or amended by Sherbourne Health Centre.

8. The organizer(s) shall handle all monetary transactions for the activity and present the proceeds to Sherbourne Health Centre within 30 days of the activity's conclusion, or as stated in the Third Party Fundraising Agreement. The preferred method of lump-sum payment is a cheque made payable to Sherbourne Health Centre.

9. Where tax or business receipts are requested, Sherbourne Health Centre will issue them in accordance with Canada Revenue Agency regulations. Eligible donations must be made directly to **Sherbourne Health Centre** with full name and contact details provided, and can only be made out in the name of the actual donor.

10. Sherbourne Health Centre agrees to provide the organizer with commensurate recognition for their donation as specified in this agreement or agreed in writing thereafter.

Third Party Fundraising Agreement

Between Sherbourne Health Centre and _____

Fundraising activity description: _____

_____

_____

Date(s) of activity: _____

Location: _____

Anticipated funds (% of proceeds or approx. CAD$ amount): _____

Activity report deadline/format: _____

Nature of any support agreed between Sherbourne Health Centre and the organizer(s) and relevant dates (include details of any signage, staff/volunteer attendance, brochures, promotional activities, tax receipting etc:

_____

Nature of any recognition agreed with Sherbourne Health Centre and criteria (for example, Sherbourne Health Centre logo usage):

_____

SIGNATURES

By signing below, Sherbourne Health Centre and the organizer(s) confirm they have reviewed and understood the Guidelines and agree to the above terms. The signatory shall be an individual with decision-making authority for the fundraising activity.

	Sherbourne Health Centre	**Name of organizer(s):**
Name of Authorized Representative		
Position		
Contact Address	Sherbourne Health Centre 333 Sherbourne St Toronto ON M5A 2S5	
Signature		
Date		

Any questions, please contact Catherine Argiropoulos at cargiropoulos@sherbourne.on.ca or at 416-324-4169. Thank you for your support!