

**COMMUNITY INITIATIVE INFORMATION**

**Thank you!** for reaching out to children with cancer and helping us fulfill our vision of providing *a cure for every child and care for every family*. Please complete and return this form by fax or email. Once we receive this application and signed guidelines we will forward an agreement letter so you can begin planning your fundraising initiative.

**Date:**

**Contact Information**

Name of organization planning the initiative: \_\_\_\_\_  
 Name of contact person: \_\_\_\_\_ Phone (Business): \_\_\_\_\_  
 Phone (Cell/Home): \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 How did you hear about Kids Cancer Care? \_\_\_\_\_

**Event Information**

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
 Type of Event:  One-time  Annual  Ongoing Number of Participants: \_\_\_\_\_  
 Event time: \_\_\_\_\_ Location and Address of Event: \_\_\_\_\_  
 \_\_\_\_\_  
 Briefly describe event and how funds will be raised: \_\_\_\_\_

**Budget Planning**

Please complete this section to the best of your knowledge. This information is for your planning purposes only.

Total Expected Income: (i.e. donations, pledges, auction, ticket sales)	A. \$ _____
Expenses: (include costs such as advertising, rentals, food)	B. \$ _____
Anticipated Net Proceeds: (A minus B equals C)	C. \$ _____
Amount / % of net proceeds to be donated to KCCFA:	D. \$ _____

**Expenses must be subtracted from the proceeds or be paid directly by the event organizer. Please keep all receipts and invoices and present to Kids Cancer Care. Proceeds must be submitted within 30 days of your fundraising initiative.**

**KCCFA Requirements – How can we help your initiative be a success?**

- Banner (\$150 fee charged if not returned)  Donation Box  Brochures # \_\_\_\_\_
  - Silent auction guidelines  Tax receipt guidelines  Raffle license guidelines  Support letter  PSA & News release info
  - KCCFA representative to speak at event (Request form required)  Volunteers request (Request form required)
- Please allow 4 weeks to fulfill these requests

**Office Use Only**

Event \_\_\_\_\_ Code: ComFun/ \_\_\_\_\_ / \_\_\_\_\_ Notes: \_\_\_\_\_  
 Pledge Amount \_\_\_\_\_ Donation Amount \_\_\_\_\_ Pay Out \_\_\_\_\_  
 TY Letter \_\_\_ TY Card \_\_\_ Plaque \_\_\_\_\_ Banner Returned \_\_\_\_\_

The Kids Cancer Care Foundation of Alberta name and logo are the sole property of the Foundation and can be used only with the Foundation's express written permission. **All materials featuring the name and/or logo must be approved by the Foundation before publication.** Please fax or email your form to 403.216.9215 or martin@kidscancercare.ab.ca.



## COMMUNITY INITIATIVE GUIDELINES 2011

**Thank you** for you for helping us change the course of children's cancer. For all fundraisers where the net proceeds or a portion thereof are being donated to the Kids Cancer Care Foundation of Alberta, we ask you to follow these guidelines. Please read the guidelines below and initial your understanding and acceptance. We want to know about your event and help where we can, so please keep us posted.

- \_\_\_\_ Initials     1. Kids Cancer Care encourages community initiatives that are consistent with our good image.
- \_\_\_\_ Initials     2. To conduct an event, we ask that you complete an application form. Once you submit your application, we will review it and respond within one week. If the application is approved, we will provide you with a Letter of Agreement. You may use this to show potential donors, sponsors and volunteers.
- \_\_\_\_ Initials     3. The sponsoring organization/group/individual agrees to underwrite all costs of the special event or promotion and to secure such underwriting. Kids Cancer Care shall incur no costs, but are privy to copies of expenses incurred. Copies of your revenue and expense statements must be submitted to the Foundation within 30 days of your event.
- \_\_\_\_ Initials     4. Any organization/group/individual donating A PORTION of their net proceeds rather than the full amount, must state exactly how much, either in a percentage or a specific dollar amount on the application form as required by CRA (Canada Revenue Agency) guidelines.
- \_\_\_\_ Initials     5. Any organization/group/individual wishing to use the Kids Cancer Care name or logo on any materials, including advertising, must receive approval prior to production. Guidelines for the use of our logo/name and website are included as **Appendix C**, which will be emailed upon request.
- \_\_\_\_ Initials     6. Kids Cancer Care must not be party to any liability coverage without prior knowledge and approval.
- \_\_\_\_ Initials     7. The organization/group/individual is responsible for obtaining appropriate licenses (i.e. for raffles, casinos, liquor etc). If you require a license please discuss this process with your Kids Cancer Care contact. More information on licensing may be obtained through the Alberta Gaming and Liquor Commission (AGLC) website [www.aglc.gov.ab.ca](http://www.aglc.gov.ab.ca). You may also call them at 1 800 272 8876.

- \_\_\_\_ Initials 8. The sponsoring organization/group/individual agrees to handle all monetary transactions for the special event or promotion and to present the proceeds and a copy of your revenue and expenses to Kids Cancer Care within 30 days of the completion of the event or as agreed in writing to Kids Cancer Care.
- \_\_\_\_ Initials 9. Upon request, tax receipts will be issued for eligible donations of \$20 or more. We provide tax receipts in accordance with CRA Guidelines. If you require tax receipts please discuss this process with your Kids Cancer Care contact and we will provide you with a copy of the tax receipt guidelines. You may also call CRA directly at 1 800 267 2384.
- \_\_\_\_ Initials 10. The sponsoring organization/group/individual agrees to ensure that all materials borrowed are returned promptly and in the same condition they were received. The sponsoring organization/group agrees to accept responsibility for damage or loss of materials borrowed from Kids Cancer Care and there is a charge to replace any items that are not returned or that are damaged.
- \_\_\_\_ Initials 11. The sponsoring organization/group/individual agrees they are responsible to secure sponsorship opportunities, items to conduct live or silent auctions and sell tickets to the event. Kids Cancer Care does not have the resources to take on these external responsibilities, but are more than willing to meet with you and help you plan your event.

Thank you for choosing Kids Cancer Care to be the recipient of your fundraising efforts!

Acceptance of the above Guidelines by the Organization/Group/Individual	
Event Name: _____	Organizer: _____
Signature: _____	Date: _____