## **Third Party Fundraising Guidelines**

#### Introduction

Thank you for choosing the Central Northeast Health Foundation (CNEHF) as the benefactor for the proceeds of your fundraising event!

As we all know, special events can be very time consuming and our charitable Foundation wants to ensure that your event runs as smoothly as possible and has a maximum return for your efforts. The following information may assist you in the process of organizing your event.

### What our Foundation Can Do to Help You

To make your job a little easier and to help ensure event success, the Central Northeast Health Foundation can provide you with the following:

- Staff guidance and advice regarding event planning.
- Upon appropriate approval, a letter of support will be written to validate the authenticity of your event and its volunteers. The letter will clearly state what project the funds raised will be supporting.
- Assist with the drafting of promotional items, such as: Press Releases, sponsorship packages, posters, donation boxes, pledge sheets, event bid sheets, signage, etc.
- Provide local media list for promotions and publicity.
- When appropriate, provide link on the Central Northeast Health Foundation website <u>www.cnehf.nl.ca</u> or provide a temporary link to your website.
- Obtain ticket/ lottery licenses for your event and arrange for ticket printing.
- Providing we meet the Canada Revenue Agency criteria for charitable receipting, our Foundation can issue tax receipts for charitable donations received which are \$10.00 or greater. (Full mailing address must be provided for us to do so)

#### What our Foundation is Unable to Do for You

There are a number of areas that we are unable to provide support and they are:

• Provide funding or reimbursement for any event expenses

- Share our donor mailing list
- Guarantee full participation in event committees

#### **Promotional Materials Available**

- Coin Boxes
- Banners
- Brochures
- Posters
- Signs
- Newsletters
- Information and pictures regarding equipment and projects
- Donor certificates

#### **Lottery License Application**

A number of special events and fundraisers require ticket licenses and are regulated by the Trade Practices Division of the Province of Newfoundland and Labrador. Such fundraisers include:

- Bingo
- 50/50 Draw
- Monte Carlo / Casino
- Ticket Raffle
- Games of Chance

The Central Northeast Health Foundation will apply for the necessary application and permits on behalf of the event organizers. (Allow 2 weeks for issue)

# The following guidelines must be adhered to before final approval can be given for operation of any Third Party Event:

- Formal Approval is required from the Central Northeast Health Foundation on third party events prior to the implementation and promotion of an event. This will allow our staff to be well informed should we receive any calls from the general public regarding the event and confirming its support of our Foundation.
- The Central Northeast Health Foundation shall not incur any expenses nor be expected to provide any funds for a third party event. Such events must be self-sustaining.
- Formal Approval must be received from the Central Northeast Health Foundation in order to utilize the Foundation logo in promotional materials and websites.
- If you require a Foundation representative at your event please indicate this in your request to allow ample time for scheduling.

- Net funds (cash, cheque, visa, mastercard or money order) must be received and made payable to the Central Northeast Health Foundation no later than 30 Days following the event.
- The Central Northeast Health Foundation will not be responsible for any damages or injuries as a result of the event.
- The Central Northeast Health Foundation will not be responsible for any financial loss and maintains the right to withdraw support of an event that does not meet approved guidelines.
- We reserve the right to deny any application for fundraising events that do not complement the mission of, or project a positive image of, the Central Northeast Health Foundation.

#### **Application:**

Name of Proposed Event:			
Date of Event:	Time(s):		
Location of Event:			
Type of Event:	Projected Attendance:		
Briefly explain the event and how funds will	be raised (ticket sa	les, aucti	on, etc.):
Will alcohol be served at the event?	Yes		No
Does the venue where the event is taking pla		or license	e? Yes No Not Sure
Is s special permit required? Will tax receipts be required?	Yes No Yes		Not Sure
Will other charitable organizations benefit fr If yes please list:			No
Will you require CNEHF promotional mater	ials for your event?	Yes	No
If yes, please specify:			
Would you like to request a representative attend your event?			No

#### **Contact Information and Declaration**

Name:	
Mailing Address:	
Phone:	Email:

I have read, understand, and agree to abide by the preceding guidelines for special events in support of the mission of the Central Northeast Health Foundation Inc.

Signature

Date