

Community Initiative Proposal Form

Note: Application must be approved by Calgary Health Foundation prior to event.

Today's Date: _____

1. Your information:

Name of Group/Company Planning Community Initiative: _____

Primary Contact: _____ Role: _____

Mailing Address: _____

City: _____ Postal Code: _____

Home Tel: _____ Business: _____ Cell: _____

E-mail Address: _____

2. Event/ Initiative information:

Name of Proposed Initiative: _____

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

Name of Venue: _____

Location of Event: _____

Address: _____ Postal Code: _____

3. Briefly describe the event and how the funds will be raised.

How many people do you expect to attend the event? _____

What is your expected net revenue for this event? (Please see Budget Guideline for assistance.) \$ _____

Are you planning on hosting a raffle? (50/50 or Prize raffle) YES NO

Do you understand and agree that all event costs are to be covered by the event organizer and only proceeds are to be directed to the Calgary Health Foundation? YES NO

Does the community group agree that the Calgary Health Foundation will receive all revenues from the event within 30 days of the event? YES NO

Does the community group understand and agree that all publicity for the proposed event must be approved by Calgary Health Foundation prior to being released, printed, etc.? (Calgary Health Foundation will review within 5 business days of your submission.) YES NO

Does the Community group understand and agree that they are responsible for obtaining all insurance and/or gaming and liquor licenses required prior to the event? (For more information, see Budget Guideline Pg. 10)
YES NO

Is the Community group planning to approach any of the following for promotional sponsorship?

Newspaper	YES	NO	Radio	YES	NO
Television	YES	NO	Magazines	YES	NO
Posters	YES	NO	Print (signage, flyers etc.)	YES	NO

Please indicate if you will require promotional materials for the event.

Endorsement Letter: YES NO

Calgary Health Foundation Brochures/Information: YES NO

Do you require a member of Calgary Health Foundation or Alberta Health Services to speak at your event?

YES NO

Would you like the funds raised designate to a specific program or area within Alberta Health Services? YES NO If yes, where: _____

Signature of Applicant: _____ Date: _____

Please Print Name: _____

Please complete, sign and return the event proposal form to the address below.
Acknowledgement of your application will be forwarded to you as soon as possible.

Calgary Health Foundation

Director, Community Engagement and Donor Relations
800 -11012 Macleod Trail SE
Calgary, AB T2J 6A5

Telephone: 403-943-0603 **Fax:** 403-943-0629 **Email:**

community.initiatives@calgaryhealthfoundation.ca Visit calgaryhealthfoundation.ca for more information.

Your support is greatly appreciated.