



Regional  
HIV/AIDS  
Connection

## THIRD PARTY FUNDRAISING AGREEMENT

Thank you for your interest in supporting the Regional HIV/AIDS Connection (RHAC) by organizing a third party event! RHAC requires that all fundraising activities using its name and/or logo are consistent with our organizational standards. Please complete this form and submit to RHAC for approval by fax or mail to:

186 King Street, Suite 30  
London, ON N6A 1C7 Attention: Fund Development  
Phone: 519-434-1601 Toll free: 1-866-920-1601 Fax: 519-434-1843

1. EVENT INFORMATION	
Proposed event:	Proposed date:
Proposed start & finish time:	Location:
2. EVENT CONTACT INFORMATION	
Contact/Coordinator name:	Organization/Business name:
Mailing address:	
Phone (business):	Phone (other, cell):
E-mail:	Organization/Business not-for-profit? Yes <input type="checkbox"/> No <input type="checkbox"/>

### 3. EVENT DETAILS

Description:

How will funds be raised? \_\_\_\_\_

Will any proceeds from this event be directed to another organization/charity? If so, please list:

\_\_\_\_\_

### 4. PROMOTION / MARKETING – How will the event(s) be promoted? Please check all that apply.

- Newspaper    Flyer    Radio    Sign    Facebook/Twitter:    Web site:  
 Magazine    Brochure    TV    E-mail    Other \_\_\_\_\_

Who is responsible for promotion of the event? \_\_\_\_\_

Will the event be televised?  Yes  No   Details: \_\_\_\_\_

### 5. REGIONAL HIV/AIDS CONNECTION

How can the Regional HIV/AIDS Connection help support your event? Please check all that apply.

- |  |  |              |
|--|--|--------------|
| • Volunteers                           | <input type="checkbox"/> No <input type="checkbox"/> Yes | _____ Number |
| • Red Ribbons                          | <input type="checkbox"/> No <input type="checkbox"/> Yes | _____ Number |
| • RHAC education/promotional materials | <input type="checkbox"/> No <input type="checkbox"/> Yes | _____ Number |
| • Condom Packs                         | <input type="checkbox"/> No <input type="checkbox"/> Yes | _____ Number |

- RHAC Speak Request  No  Yes

Will the RHAC logo or name be required / how? \_\_\_\_\_

**6. INSURANCE:** \*RHAC cannot have a licence of any kind in its name.

- Is liability insurance required?  Yes  No  
Is a licence required?  Yes  No  
Cost of licence: \$ \_\_\_\_\_  
Type of licence:  Lottery  Raffle  Liquor  Other

Licence issued in name of: \_\_\_\_\_

**7. BUDGET EXPECTATIONS:**

- Total gross revenue expected: \$ \_\_\_\_\_  
Anticipated expenses\*: \$ \_\_\_\_\_  
Total net revenue expected: \$ \_\_\_\_\_  
Anticipated revenue for RHAC: \$ \_\_\_\_\_

**\*(Please provide a breakdown of revenue & expenses on separate sheet, including any disbursements to another selected charity listed in Section 3 - Event Details.)**

Will charitable income tax receipts be required for this event?  Yes  No

If yes, please explain why? \_\_\_\_\_

**8. PROPOSAL UNDERSTANDING:**

***The following points outline the understanding of the Regional HIV/AIDS Connection (RHAC) about its association with the event named above and its associated people:***

1. The event named above will be implemented in a manner consistent with the current Fund Raising Policies of RHAC and consistent with the principles and practices outlined in the **Donor Bill of Rights**, the **Ethical Fundraising and Financial Accountability Code** from the Canadian Centre for Philanthropy and the **Statement of Ethical Principles** from the National Society of Fund Raising Executives.
2. RHAC will not disclose confidential information about agency donors, contacts, suppliers, etc. to the 3<sup>rd</sup> party identified in this agreement.
3. Any written promotion of the Event will clearly indicate “**net**” proceeds to RHAC, not “gross” proceeds.
4. RHAC reserves the right to approve promotional and publicity plans as well as the use RHAC’s logo. All print and Web materials, including the RHAC name/logo, must be approved by RHAC before final production.
5. Under **no** circumstances can any service or goods be contracted using the name RHAC.
6. The third party organization identified in this agreement will indemnify and save harmless RHAC and its agents/servants from and against all claims, demands, losses, costs, damages, actions, suits, or other proceedings by whomsoever made, brought or prosecuted in any manner based upon, occasioned by or attributed to any such damage or injury arising from any fundraising/awareness efforts on behalf of RHAC.
7. If a liquor licence is required, it must be issued in the name of the 3<sup>rd</sup> Party, **not** in the name of Regional HIV/AIDS Connection and all promotional advertisements bearing the RHAC name or logo will include in visible text: "The Regional HIV/AIDS Connection asks that you please drink responsibly".
8. Under **no** circumstances will RHAC be associated with telephone solicitation, direct mail or door-to-door solicitation for this event.
9. RHAC is **not** responsible for any expenses incurred by this Event unless otherwise specified in this document and approved by RHAC.
10. All personal information collected in association with this event is protected under RHAC’s privacy policies.

**\*\*\*NOTE: Copies are to be signed and distributed to all parties involved with this Event\*\*\***

**Please see the next page for signing.**

**9. SIGNATURES**

**THIRD PARTY (Print in this column)**

(Sign in this column)

Third Party Coordinator

Date:

**REGIONAL HIV/AIDS CONNECTION**

Fund Development Coordinator

Fund Development Coordinator (Signature):

Date:

Director of Community Relations

Director of Community Relations (Signature):

Date: