**Canadian Mental Health Association, Vancouver-Fraser Branch** is honoured to be the beneficiary of your event proceeds. The funds that you are so generously raising for our Association will assist us in the promotion of mental health and supporting the resilience and recovery of people experiencing mental illness.

**INDEPENDENT FUNDRAISING EVENT APPLICATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Contact Information**

Name of contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Event details**

Name of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue Location & Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What inspired you to hold this event?

Please provide a brief description of the fundraising event and how the funds will be raised.

**3. Budget**

Please list the **total gross revenue** (i.e. donations, auction sales etc.) expected for this event.

|  |  |
| --- | --- |
| Item | Revenue |
| 1. | 1. |
| 2. |  |
|  | 3. |
| 4. | 4. |
| 5. | 5. |
| **Total Expected Revenue** | $ |

Please list all **expenses** (i.e. advertising, food/drinks etc.) expected for this event.

|  |  |
| --- | --- |
| Item | Cost |
| 1. | 1. |
| 2. |  |
|  | 3. |
| 4. | 4. |
| 5. | 5. |
| **Total Expected Expenses** | $ |

**Anticipated Net Proceeds** = $

(Total expected revenue – Total expected expenses)

We request that any event advertised as being held in support of CMHA Vancouver-Fraser Branch should not have expenses that exceed **50%** of gross proceeds.

Terms and Conditions - Please review this section:

Use of CMHA Vancouver-Fraser Branch’s "Proud Supporter" logo is permitted for third party fundraisers;

Use of CMHA Vancouver-Fraser Branch’s name is permitted only with CMHA Vancouver-Fraser Branch’s approval;

CMHA Vancouver-Fraser Branch must review and approve all promotional materials (including, but not limited to, letters, brochures, press releases, flyers, and advertising) prior to distribution;

CMHA Vancouver-Fraser Branch’s name is not permitted on any product packaging;

All promotional materials must clearly state the percentage of proceeds or portion of ticket price that will be donated to CMHA Vancouver-Fraser Branch;

Only the final net proceeds will be processed by CMHA Vancouver-Fraser Branch. Under no circumstances will third party revenues and expenses flow through CMHA;

CMHA Vancouver-Fraser Branch is not financially liable for the promotion and/or staging of third party fundraisers;

The organizer of the fundraiser that is the subject of this agreement shall indemnify and hold harmless the Canadian Mental Health Association Vancouver-Fraser Branch, BC Division or National, its officers, directors, and employees, from and against any and all claims, liabilities, costs, fines and expenses (including reasonable legal fees) arising out of any claims or suits, or threats of suits, which may be brought against CMHA Vancouver-Fraser Branch, BC Division or National for any reason whatsoever in connection with the fundraiser, including, but not limited to, claims related to personal injury related to the fundraiser. The organizers' obligations hereunder shall survive the termination of this agreement.

CMHA Vancouver-Fraser Branch does not permit the following types of fundraising in a third party context:

* + Programs that raise money on commission;
	+ Events that encourage/involve behaviour that is counter to the CMHA mission and/or programmatic activities;
	+ Events involving the promotion or support of a political party or candidate, or those which appear to endorse a political activity;
	+ Direct solicitation (including, but not limited to, door-to-door canvassing, telemarketing or internet).

CMHA Vancouver-Fraser Branch reserves the right to withdraw the use of its name at any time.

If the fundraiser is cancelled or rescheduled, the organizer will notify CMHA Vancouver-Fraser Branch as soon as possible. If it is an event, notification will be at least 24 hours prior to the original date of the event.

I give permission to CMHA Vancouver-Fraser Branch to use the photographs and content, as submitted by me, in CMHA Vancouver-Fraser Branch’s online and offline materials.

* + I have read and agree to the Terms and Conditions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name as registered with Canada Revenue Agency

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your support of Mental Health!**

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