



Third Party Event Application

Look Good Feel Better® (LGFB) mission statement:

To provide resources, tools and education that support a woman’s social and emotional needs at every step of her cancer journey. Our vision is to ensure that no woman has to face cancer alone.

Thank you for your interest in supporting Look Good Feel Better (LGFB) and your desire to support women with cancer.

We are fortunate to receive many proposals from individuals and organizations across the country that would like to stage their own fundraising and awareness building events in support of our Mission. We welcome the participation and commitment of third-party fundraising volunteers in good standing whose goals and objectives align with our own and who can help us raise awareness and involve more people in advancing our cause.,

Before organizing your event, please complete this **Event Application Form**, which includes the necessary **Third Party Event Terms and Conditions**, and read our **Tax Receipting Procedures**. Once submitted, your application will be carefully reviewed (within 2 weeks of submission) and evaluated by our Foundation staff to determine feasibility and suitability with Look Good Feel Better’s overall goals and objectives.

We appreciate your interest in fundraising for Look Good Feel Better and we look forward to working with you!

Third Party Event Application Form:

NOTE: For consideration, all Event Proposals must be submitted at least 2 months from the event date

Date of Application:	
Organizer/Company Name:	
Organizer/Company Contact:	
Address:	
Telephone:	
Fax:	
Email:	
Describe your relationship to Look Good Feel Better:	
Event Date and Time:	

Please describe this special event and its fundraising activity:

Is a timeline, action plan and/or itinerary available for this event?

Yes, If yes, please include with your application No

Event Location: _____

Maximum Event Capacity: _____

Estimated Event Attendance: _____

PROPOSED EVENT BUDGET:

All expenses must be paid from the revenue generated from your event. Please list your expected revenue and estimated expenses. If necessary, please attach a separate page.

REVENUE

Sponsorship \$ _____
Ticket Sales \$ _____
Registration fees \$ _____
Personal donations \$ _____
Corporate donations \$ _____
Live Auction \$ _____
Silent Auction \$ _____
Promotional Draws \$ _____
Other fundraising \$ _____

Total Revenue \$ _____

EXPENSES

Venue Rental \$ _____
Food & Beverage \$ _____
Printing (tickets, posters etc.) \$ _____
Advertising & Promotion \$ _____
Prizes \$ _____
Other \$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Total Expenses \$ _____

Expected Donation Amount to Look Good Feel Better \$ _____

Anticipated donation date: _____ *(no more than 60 days after the event date).*

Is this event: Open to the public By invitation only

If by invitation only, please indicated the number of invitations distributed _____

Will any other charities receive proceeds from the event? Yes No

If yes, who: _____

Is there a sponsoring organization? Yes No

If yes, who: _____

Will alcohol be served at the event? Yes No

If yes, please provide details _____

Has this event taken place before? Yes No

If yes, when: _____

Will your event require tax receipts? (please refer to the attached Tax Receipt policies and procedures)

Yes No

Marketing and Promotions:

How do you plan to promote your event?

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Brochures / flyers | <input type="checkbox"/> Social media | <input type="checkbox"/> Coupons |
| <input type="checkbox"/> Newsletters | <input type="checkbox"/> Print ads | <input type="checkbox"/> Radio ads |
| <input type="checkbox"/> TV ads | <input type="checkbox"/> Personal network | |
| <input type="checkbox"/> Other, please specify | | |

Do you require an electronic copy of our logo? Yes (JPEG) Yes (vector file) No

Will you require a LGFB representative to attend the event (for a cheque presentation, speaking engagement, photo opportunity etc.)? If so, please describe the role the individual will play and the length of time they will be needed. Also include any special dress requirements:

Will the media attend/cover the event? If so, please identify the media you anticipate will attend:

Will you require any LGFB print material (magazine, brochures, displays)?

Third Party Event Terms and Conditions:

To safeguard and preserve the integrity of Look Good Feel Better (LGFB) and our commitment to donors, all Organizers must adhere to the following terms and conditions. Please review the following guidelines carefully, initial each point and sign the completed form. **Your signature means that you have read the guidelines and your proposal complies with each point.**

_____The terms of this agreement shall be from the date that LGFB approves the Organizer's proposal until the end of the event date. LGFB has the right to terminate this agreement at any time if it determines that the event is likely to be injurious to the image of LGFB, or if the Terms and Conditions of this agreement are not followed.

_____The Organizer understands and agrees that the LGFB logo (a) may not be altered in any way, nor may it be sublicensed to any other person (b) may not be used in connection with any telemarketing or door-to-door solicitations, and/or (c) may not be used in conjunction with terminology that is contrary to the mission of LGFB. The Organizer agrees to abide by the *LGFB Brand Toolkit* guidelines in the development of any collateral bearing the LGFB logo.

_____The Organizer will submit to LGFB for approval all promotional materials for the event including, but not limited to, advertising, invitations, letters, brochures, flyers and press releases prior to production or distribution. All event materials should state that "Proceeds / A portion of the proceeds – benefit(s) LGFB.

_____I have read and understand the tax receipting guidelines as stated in the *Tax Receipt Policies and Procedures* document included at the back of this application.

_____The Organizer will: (a) maintain a positive and professional image at all stages of the event planning and execution process and give LGFB positive exposure and increased awareness (b) comply with all applicable laws while planning, promoting and conducting the event (c) obtain all necessary insurance and permits to be in force through the conclusion of the event (d) indemnify and hold LGFB harmless from any and all claims of any kind or nature whatsoever arising out of, or in any way related to, the event.

_____The Organizer understands that LGFB will not underwrite any third party events, Under no circumstances is the Foundation able to offer funding or re-imbusement for event expenses.

_____The Organizer understands that LGFB cannot partner with any promotion for health-related products.

_____The Organizer understands that the promotion will not be based on acquiring, using the names of, or soliciting LGFB donors or employees. LGFB does not promote outside products or services to raise funds.

_____LGFB will not endorse or recommend products or services.

_____The Organizer agrees to submit to the Foundation any proceeds will all related financial reports including a complete list of expenses and revenues from the event within 60 days of the event date. The Foundation reserves the right to verify the financial reports.

_____The Event Organizer will notify LGFB within one week if the event is cancelled.

NOTE:

This agreement will not become effective unless and until it is approved by LGFB, as evidenced by the signature of an authorized LGFB representative below. By signing, the Organizer agrees to the Terms and Conditions above.

The above guidelines have been read and agreed to by: The Third Party Event has been approved by:

Name of Event Organizer

Name of Foundation Staff

Signature of Event Organizer

Signature of Foundation Staff

Date:

Date

Once you have completed the form, please fax to 905.890.2607 or
email to Jane Wilson at jwilson@lgfb.ca.

Many thanks for your interest in supporting Look Good Feel Better.
We will be in touch with you within 2 weeks of receiving your application!



Third Party Tax Receipting Procedures

We receive more questions about receipts than about almost any other matter.. Therefore **it is very important that you understand the rules about tax receipts BEFORE you plan your event.**

It is **your responsibility** to communicate decisions surrounding tax receipting to the participants of the event, so please be sure you are clear about what you can and cannot offer.

All contributions made to the Foundation are subject to Canada Revenue Agency (CRA) charitable tax-receipting guidelines. There are many details regarding criteria, documentation and other regulations that should be discussed with a Foundation representative before the promise of receipts are communicated with your event attendees. Under no circumstances will charitable tax receipts be issued without prior authorization from a Foundation representative.

According to CRA guidelines, any amount paid to charity will not be consider a “gift” if the donor receives a benefit in return for the contribution. Therefore, event sponsorship contributions as well as the purchase of raffle tickets, event admission tickets, greens fees, registration fees, live and silent auction items are **NOT** eligible for official charitable tax receipts.

Financial Contributions:

If money is given directly to the Foundation in the form of a cheque or cash donation, than an official charitable tax receipt can be issued to the person who made the donation. According to Foundation practice, only donations greater than \$25.00 will be eligible to receive a tax receipt. The full name and address (including postal code) and the contribution amount must be documented on the attached Tax Receipt Request Form and submitted to the Foundation with the event proceeds before a tax receipt can be issued.

Gift-in-Kind Contributions:

According to Foundation practice, tax receipts will not be issued for the donation of in-kind gifts to a third-party fundraising initiative.

***Further tax receipting information is available on the [Canada Revenue Agency](#) website.**

TAX RECEIPT REQUEST FORM

Event Organizer:		
Date of Event:		
Event Name:		

Please Note: Full name and address must be legible to receive a tax receipt. Receipts will not be issued if information is incomplete.

Where requested, donations over \$25 will receive a tax receipt.

All contributions made to the Foundation are subject to Canada Revenue Agency (CRA) charitable tax-receipting guidelines and will be receipted in the year in which the event proceeds are received.

Full Name	Mailing Address	Postal Code	Donation Amount	Phone Number	E-mail Address	Paid
EXAMPLE: Mr. John Smith	123 Anywhere Street, Anytown, ON	X1X 2X3	\$30	(123) 456- 7890	My_mail@yahoo.ca	✓