Community Event Proposal Form

Ways to Submit Your Proposal
Fax: 716-845-8705
Mail: Roswell Park Alliance Foundation
Elm & Carlton St.
Buffalo, NY 14263
Email: christopher.musial@roswellpark.org

Before an event is held, the Roswell Park Alliance Foundation must approve this application. All fields must be completed in full to process your proposal. Please attach separate sheet(s) if necessary. Questions? Contact the Special Events Coordinator at 716-845-3517 or christopher.musial@roswellpark.org Be sure to check out www.teamcure.com!

About You

Name of Contact/Individual(s) Hosting Event:_____

Name of Group/Company Planning Event: _____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Email:_____ Phone:_____ Fax:_____

About the Event

Name of Proposed Event:_____

Date of Event: _____Time of Event:_____

Location of the Event:_____

Location Address:_____

City:_____ State:_____ Zip:_____

Number of participants anticipated:_____ Target Audience:_____

Registration or admission fee amount: $_____Other fundraising revenue amount anticipated:$_____

Anticipated gross revenue: $_____

% of net proceeds to be donated to RPCI? 100% or _____ % if less than 100% please explain_____

If this event has taken place in the past, what years has it been held?_____

Will you consider making this an annual event for Roswell Park?_____

Does any Company plan to match the amount you raise? YES_____ NO_____

Briefly describe the event

_____

_____

_____

How funds will be raised (e.g. ticket sales, pledges, sponsorship, auction, raffle, etc.)

_____

_____

Do you have or will you obtain insurance coverage for this event or activity? YES_____ NO_____

How do you plan to publicize event? (e.g. press releases, flyers, radio/TV, printed ads)

Please submit all media solicitations for approval before using any logo from Roswell Park Cancer Institute or Team Cure.

_____

_____

Will you be soliciting businesses and/or corporations for underwriting, in kind donations, products or services?

YES_____ NO_____

If yes, please list all businesses that you plan to ask for cash or in-kind support. (products or services)

Business	**Request (please include amount for underwriting)**
_____	_____
_____	_____
_____	_____
_____	_____

Roswell Park Support

A Team Cure Event Pack will be helpful to my event (balloons, banners, etc.): YES_____ NO_____

A Roswell Park Staff Member will be helpful the day of the event: YES_____ NO_____

Would you like to be added to our Roswellness E-Newsletter: YES_____ NO_____

Please submit all media solicitations for approval prior to mailing or faxing.

Please provide picture after the event for Roswell's records and future publications.

About Your Donation

Please choose one of the below that best applies to your event:

__ Donation to be used for most pressing needs in continued cancer research and patient care.

__ Donation to be used specifically for the following purpose: _____

__ *In Honor of:* _____

__ *In Memory of:* _____

If in honor of or memory of someone specific, please tell us about this person:

_____

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Third Party Fundraising Guidelines

Thank you for your interest in raising funds and awareness for Roswell Park Cancer Institute. Any person or organization who intends to promote an event to benefit Roswell Park Cancer Institute must adhere to the following guidelines and complete the proposal form as soon as possible for timely consideration.

- ✓ Any event or promotion seeking to use the Roswell Park Cancer Institute name and Team Cure name and/or logo must have approval of Executive Board. Usage of the Team Cure logo must comply with graphic standards.
- ✓ Before soliciting businesses or individuals for sponsorship, please contact the Team Cure Coordinator at Roswell Park Cancer Institute with a list of companies you would like to approach. Many corporate relationships are established with local companies and businesses. We ask that before approaching any businesses, contact the Team Cure Coordinator first so as not to jeopardize our relationship with these donors.
- ✓ Organizer(s) must agree to hold harmless and indemnify Roswell Park Cancer Institute and Roswell Park Alliance Foundation from any liability arising from the event and sign the attached liability release and indemnification agreement with completed application.
- ✓ Roswell Park Cancer Institute and Roswell Park Alliance Foundation cannot ensure staff or patient ambassador representation at an event. Determination for representation will depend on availability and date of event.
- ✓ If for any reason event plans change, please notify the Team Cure Coordinator at Roswell Park Cancer Institute immediately. **If your event is cancelled, please return any materials and/or merchandise provided to you.**
- ✓ The main contact person listed on initial application must ensure that all necessary permits, licenses and insurance are obtained.

Roswell Park Cancer Institute/ Roswell Park Alliance Foundation CANNOT Provide:

- Tax exemption
- Gift recognition letters or letters noting a tax deduction
- Insurance or liability coverage
- Funding or reimbursement for expenses
- A mailing list of donors or vendors

Release, Hold Harmless & Indemnification Agreement

For, valuable consideration, including the consent of Roswell Park Cancer Institute and Roswell Park Alliance Foundation to use the name and/or logo of Team Cure in promotional activities or materials, the undersigned, on behalf of the organization identified below, being authorized to do so, does hereby agree to release, defend, hold harmless and indemnify Roswell Park Cancer Institute, Roswell Park Alliance Foundation, their Board members, officers, employees and representatives from any and all liabilities and claims of liability, or any nature whatsoever, arising out of, or in connection with, the event or activity described in this Application in which the name of Roswell Park Cancer Institute is used, including promotion of such event.

The undersigned agrees and expressly represents that neither Roswell Park Cancer Institute nor Team Cure is a joint venture with the undersigned organizer in the conduct of the event, that neither Roswell Park Cancer Institute or Roswell Park Alliance Foundation are involved in the management, conduct or sponsorship of the event and that the Roswell Park Cancer Institute is merely a charitable beneficiary of a portion of the proceeds derived from the event.

_____
Name of Organization (If any)

_____
Signature of Authorized Person

_____
Printed name of Authorized Person

_____
Title of Authorized Person (If any)