

Community Event Proposal Form - Salt Wagon Clinic

**Upon completion of this form please return to saltwagonclinic@gmail.com with the the subject line:
Completed Community Event Proposal Form**

Name of Event: _____

Who is organizing the event? Company Personal

Name of Organizer: _____

Contact Person: _____

Mailing Address: _____

City: _____ Postal Code: _____

Telephone: Preferred: _____

Email Address: _____

Twitter Acct: @ _____

Facebook Page: _____

Event Information

Describe the event: _____

Event Date: _____ Event Time: _____

Event Location: _____

Describe the exact duties expected of the Clinic?

Website Address (if applicable): _____

What type of event are you staging? One time Annual event Ongoing

Is this the first time this event is being held? Yes No

If no, please indicate previous medical partners/beneficiary(ies) & how many years:

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Will alcohol be available at the event? Yes No

NOTE: Salt Wagon Clinic assumes no legal or financial liability associated with the event and will not take out liquor licenses for third-party events. For certain types of events, the Clinic may require the organizing committee to acquire their own insurance **and provide proof if requested.**

Financial Information

Will donations be raised at the event?

Yes No

If no, please skip the financial sections

How will funds be raised: (please check all that apply)

Donations/Pledges Silent/Live Auction Ticket Sales Product Sales

Corporate Sponsorship List organizations _____

Other fundraising methods _____

NOTE: If there is to be any gaming at your event, a gaming license is required by law. The licensing process may take up to 10 weeks to complete. Please discuss this with your Clinic contact.

Are you requesting a tax receipt for this event? Yes No

If yes, please state your reason:

NOTE: In accordance with our policy, the Clinic must have full control over the issuing of tax receipts. The Clinic must also have the opportunity to review and approve any event-related tax receipting issues in advance of the event, to ensure conformity with federal regulations. Where a donation is eligible for a tax receipt, the cheque must be made payable directly to the Salt Wagon Clinic from the donating corporation or individual. The Clinic does not issue tax receipts for in-kind donations, ticket sales, raffles, auction items, or event sponsorships.

Projected Financial Information

Projected Revenue: \$ _____

Projected Expenses: \$ _____

Estimated contribution to the clinic: \$ _____

Will proceeds from your event be donated only to the Clinic ? Yes No

If no, what other charities will be involved? _____

NOTE: The Clinic requires that the company/individual/group organizing the event or program is using satisfactory financial controls. The financial records and bank information for the event must be available to the Clinic if requested.

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Promotional Information

How will you be promoting your event? _____

Do you require the use of the Clinic name and/or logos for promotional use?

No Yes Please specify: _____

NOTE: The Clinic must approve all documents and materials that make visual or verbal reference to the name, logo and/or official marks of the clinic, in whole or in part, whether intended for print, broadcast, or online media (i.e. websites). This approval must be provided by the Clinic prior to the documents and materials being used publicly, regardless of whether the initiative is internal or external to a group or organization. Approval from the Clinic gives you the right to use the Clinic's name and logo in relation to your event. This right cannot be assigned or transferred, can only be extended with written permission from the Clinic, and must be renewed each year the event is held.

What Clinic materials would be useful to your event? (Please indicate quantities)

Generic posters # _____

Donation boxes # _____

Would you like the event listed on the Salt Wagon Clinic website? Yes No

Would you like the event promoted on the Salt Wagon Clinic website? Yes No

Facebook page? Yes No

Instagram page? Yes No

If yes, please provide the exact wording to be used, describing the event, including event date, time, location, contact info. and how to purchase tickets/register for presentation on our social media pages.

*Subject to availability, inspection and editing to ensure all posts are compatible with the Clinic's social media

Your Salt Wagon Clinic Social Impact Specialist would be pleased to discuss your event needs regarding volunteers and Clinic representation. Decisions around Clinic involvement for each event will be determined at the discretion of Clinic staff based on factors such as availability, size and nature of the event. We appreciate your interest in helping to organize a fundraiser on behalf of Salt Wagon Clinic. Funds raised will be used for areas of greatest need within Salt Wagon Clinic to continue our medical work in the community.

Additional Terms and Conditions - *Please read the following and sign below to verify that you understand all the conditions outlined in this form.*

- Salt Wagon Clinic must accept all projects as ethical and compatible with the Clinic's mission and values.
- The public perception of the activity must not be injurious to the Clinic.
- The event should be financially viable in the opinion of the Clinic. The Clinic reserves the right to withhold the use of its name and/or logo from any event, which it feels is not financially or otherwise appropriate.

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- All funds must be received by the Clinic no later than 30 days after the day of the event.
- Use of funds received by Salt Wagon Clinic from the event will be determined solely by the Clinic.

The information you provide is collected for the purpose of documentation and solicitation of donations for the Salt Wagon Clinic. Salt Wagon Clinic will not share, trade, or sell your personal information unless authorized or required by law. If you have any questions regarding this collection of information, please contact the Manager of Donor Information at tcody@mmc.edu. By signing this document, I agree to the collection of the preceding information to allow the Clinic to evaluate the event and the level of the Clinic's involvement. This information may be disclosed to employees and agents of the Clinic as necessary to perform this evaluation and any requested activities. I am aware that this information will be kept for seven years by the Clinic. I also agree to the Terms and Conditions outlined above.

Signature of Event Organizer: _____ Date: _____

Signature of Clinic Organizer: _____ Date: _____