



SAINT REGIONAL FOUNDATION
JOHN HOSPITAL
FONDATION DE L'HÔPITAL SAINT
RÉGIONAL JOHN

**Help make sure our hospital is always on, always awake,
here for you when you need it most.**

SPECIAL EVENT PROPOSAL

Thank you for your interest in organizing a fundraiser on behalf of the Saint John Regional Hospital Foundation (SJRHF). Your generosity ensures patients at the Saint John Regional Hospital continue to benefit from the best patient care possible. Your fundraising proposal must be approved prior to publicizing your activity or event.

Please return this completed form to:
Samantha Weldon, Community Engagement Coordinator
Saint John Regional Hospital Foundation
400 University Ave
P.O. Box 2100
Saint John, NB E2L 2L4
Office: (506) 648-7566 Fax: (506) 648-6002
Email: Samantha.weldon@horizonnb.ca

Must be completed at least ONE MONTH before the event.

Contact Information

Contact Person: _____

Organization: _____

Organization Type (please circle one):

Company School Community Group Other: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone Number: Primary: () _____ Other: () _____

Event Information

Title of Event: _____

Date of Event: _____ Time of Event: _____

Location: _____

Objective:

Detailed description of Event:

Target Audience (circle ALL that apply):

Family/Friends

Customers

Organization Members

General Public

Employees/Staff

Other: _____

Will any other charities benefit from this event? No Yes (Please specify):

What level of support, if any, will you require from the Saint John Regional Hospital Foundation (i.e. volunteers, representative at event, marketing materials etc.)? Please be advised that our staff members are able to support your efforts but are unable to organize and/or execute the event on your behalf.

Please outline all (if any) individuals and/or companies you plan to approach for Sponsorship of your event (include both cash and gift in-kind donations):

How will funds be raised (i.e. Ticket sales, Raffles, 50/50, Pledges etc.)?

****Note:** All charitable gaming activities require licenses (see next question)

Do you require any of the following for your event?

- Charitable Receipts: Yes No
****It is important to discuss receipting with a SJRHF representative BEFORE collecting any money for your event. This will ensure our mutual compliance with Canada Revenue Agency's receipting guidelines.**

- NB Gaming License: Yes No
**** By law, a license is required for any gaming portion of your event (i.e. 50/50, raffles, bingo). A SJRHF representative will provide you a letter of endorsement to submit with your license application.**

- NB Liquor License: Yes No

How do you plan to promote your event (i.e. social media, print material, radio/TV ads, etc.)? ****Note:** All promotional material used with the SJRHF name and/or logo **MUST** be approved by a SJRHF representative **BEFORE** being released to the public.

Financial Information

A budget is requested to allow the SJRHF to account for the anticipated support generated by your event. You may submit your own, or use the attached budget template.

Event Budget:

Please note that we realize these figures are estimates, we will **NOT** hold you to these numbers. **ALL** expenses **MUST** be paid from the revenue generated from your event. The SJRHF will **NOT** pay for any financial losses incurred from your event.

Proposed Revenue	Amount (\$)
Personal Donations	
Corporate Donations	
Ticket Sales	
Registration	
Auction(Silent or Live)	
Sponsorship	
Raffle	
50/50	
Sales (i.e. Food, Beverage etc.)	
Other	
Proposed Revenue Total:	

Proposed Expenses	Amount (\$)
Venue Rental	
Food & Beverage	
Printing	
Advertising	
Prizes	
Other	
Proposed Expense Total:	

Net Revenue to SJRHF:	
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Budget Comments:
