



**F O U N D A T I O N**

## Partnership Project Form

**Individual**    **Business**    **Organization/Group (Non-Profit)**

*Thank you for your interest in organizing an event/fundraiser to benefit Children's Hospital Foundation.*

*Please complete this application for review by the Foundation and return the completed form to:*

*Children's Hospital Foundation; Special Events Department; 2924 Brook Road; Richmond, Virginia 23220. If you have any questions, please call us at (804) 228-5827.*

### I. Contact Information

Name of Planning Organization/Individual: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### II. Event Description

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

Nature of Event (Please explain in detail): \_\_\_\_\_

Has this event been done before? **Yes / No** If yes, When? \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Rain date: \_\_\_\_\_

Indoor    Outdoor   Hours of Event: \_\_\_\_\_

Projected Attendance: \_\_\_\_\_ Is this Event Open to the Public? **Yes / No**

Are there any other beneficiaries? **Yes / No** If yes, who? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Do you plan to get sponsorships to help with your fundraising event? **Yes / No**

If yes, please provide a list of all businesses you plan to ask to support this event and please note if you have any personal relationships with the businesses. Children's Hospital Foundation **must** approve your list before you can solicit sponsorships and/or donations.



### III. Financial Information

Please Estimate:

Total Proceeds A. \_\_\_\_\_

Expenses (include costs such as printing, food, entertainment, equipment rental, promotion, etc.) B. \_\_\_\_\_

Anticipated net proceeds (A minus B) C. \_\_\_\_\_

Estimated amount/Percentage of net proceeds given to Children's Hospital Foundation. D. \_\_\_\_\_

How will proceeds from the event be given to Children's Hospital Foundation?

Cash  Check  Other: \_\_\_\_\_

Expected date net proceeds will be given to Children's Hospital Foundation:

\_\_\_\_\_

**\*Children's Hospital Foundation should receive net proceeds within 60 days of the conclusion of the event. Annually occurring events must have donated proceeds from previous year's event before approval can be granted for future events. All checks should be made to Children's Hospital Foundation.**

### IV. Proposed Support from Children's Hospital Foundation

Will you need Children's Hospital Foundation Volunteers? **Yes / No**

If yes, how many will be needed? \_\_\_\_\_ Hours Volunteers will be needed? \_\_\_\_\_

What duties will Volunteers perform? \_\_\_\_\_

\_\_\_\_\_  
\*Volunteer support from Children's Hospital Foundation will be left to the discretion of the Volunteer Office.



**V. Publicity Information**

Children's Hospital Foundation **must** review all materials that include our logo and/or name.

Publicity/promotion activities (Please list with dates.) \_\_\_\_\_

Will you need publicity support from Children's Hospital Foundation? **Yes / No**

If yes, what kind? \_\_\_\_\_

\*Promotional support from Children's Hospital Foundation will be left to the discretion of the Public Relations Department.

**VI. Agreement of Responsibility**

*We agree to indemnify, make good, and hold Children's Hospital Foundation of Richmond, Virginia, harmless from and against any and all loss, damage, fines, costs, charges, including all attorney's fees and all other costs and expenses related to any legal action, judgments, and expenses arising from any alleged action or activity resulting from the efforts of our organization. This indemnity shall survive the termination of this agreement.*

I have read the Fundraising and Special Event's Policy and agree to its terms.

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

CHF Special Events Office Signatures \_\_\_\_\_ Date \_\_\_\_\_

CMN Office Signature \_\_\_\_\_ Date \_\_\_\_\_

CHF President Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: Stephanie Allan  
Children's Hospital Foundation  
2924 Brook Road  
Richmond, Virginia 23220  
[sallan@chfrichmond.org](mailto:sallan@chfrichmond.org)  
Fax: (804) 228-5932

Office use only

<input type="checkbox"/> Approve	<input type="checkbox"/> Not Approved
Comments: _____ _____	