



Ontario Rett Syndrome Association (O.R.S.A.) Fundraising Event Proposal Form

Date submitted:

Name of Individual/ Organization planning event:

Contact person and title:

Mailing address:

Telephone:

Fax:

Email:

Event Name/Type:

Event Date & Time:

Event location and address:

Event website (if applicable):

Event Details

Please provide a brief description of the event:

Which other organizations will benefit from this fundraising event (if any)? If so, what percentage of revenue will O.R.S.A. receive?

What is the expected number of attendees and who is your target audience?

Will it be open to the public? Yes No

Why have you decided to raise funds for O.R.S.A.?

How did you learn about O.R.S.A.?

Is this a new event? Yes No

If no, how many years has this event been held for O.R.S.A.?



Do you have a previous relationship with O.R.S.A.?

Please describe how revenue will be generated (pledges, ticket sales, sponsorship, auctions):

Have you established a committee to help manage and support your event?

Yes No

What type of support do you require from O.R.S.A.?

- Advice and expertise on planning the fundraising event
- Advice on completing gaming licenses, and liquor permits
- Advice and guidance for event sponsorship
- Advertising the event on the O.R.S.A. event calendar and newsletter (if time permits)
- An O.R.S.A. representative (speaker, board member or an individual with RTT and their family) to attend your event (depending on location and advance notice)
- A Letter of Support that validates the authenticity of the event for one year
- O.R.S.A. promotional items) such as pens, mugs, bookmarks, pamphlets, etc)
-- please list what you would like to receive and quantity:
- Volunteer T-shirts -- please list quantity:
- Administrative support if required (such as mailings, draft letters) – please describe:
 - Use of O.R.S.A.'s official logo. **Materials must be reviewed by the O.R.S.A. Fundraising Committee before the logo is issued.**
- Official tax receipts for donations of money and gifts-in-kind
- Liability insurance upon approval by O.R.S.A.'s insurance company
- Thank-you letters to you and to your supporters, if addresses are provided.

How are you planning on promoting your event?

Do you plan on contacting any individuals or companies for sponsorship

YES NO

If yes, please list:



Ontario
Rett Syndrome
Association
Building Healthy Tomorrows

If yes, how do you plan on recognizing your sponsors?

Do you have a contingency plan (e.g. rain date) if required?



Budget

All costs are to come out of event proceeds or should be paid directly by the event organizer. Please list expected revenues and estimated expenses (even if you anticipate having them donated or sponsored) in the following table:

REVENUE	Amount	EXPENSES	Amount
Sponsorships		Location/venue	
Donations		Food/beverage	
Pledges		Printing	
Ticket Sales		Prizes	
Product sales		Advertising	
Silent auction		License fees	
Raffle		Postage	
Other (please list)		Other (please list)	
Totals	0.00		0.00
Net Profit:	0.00		

Note: to calculate manually, net profit = total revenue minus total expenses.

I, _____ agree that Ontario Rett Syndrome Association's name and logo are important symbols which must not be misrepresented. I agree that a representative of O.R.S.A. must approve this proposal and the use of its name and/or logo prior to publicizing or holding the event. By publicly naming Ontario Rett Syndrome Association as the beneficiary of my event, I agree to donate the full amount of the proceeds raised and a financial reconciliation of the event within 30 days of the event date(s).

Signature of Applicant

Date

For use by O.R.S.A.

Date Received:
Date Approved:
Approved by: