



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: _____ Raindate: _____

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? _____

***Please attach a list of businesses you plan on asking to sponsor this event and please note if you have a personal relationship.**

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 planning assistance from Children's Hospital Foundation? Yes / No

If yes, what will this assistance entail? _____

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? _____

V. Publicity Information

Children’s Hospital Foundation reserves the right to 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 _____

Special Events Coordinator _____ Date _____

CHF President Signature _____ Date _____

Return to: Stephanie Allan
Children’s Hospital Foundation
2924 Brook Road
Richmond, Virginia 23220
Fax: (804) 228-5932

Office use only	
Approve	Not Approved
Comments: _____	

