

Fundraising Proposal & Agreement

Organiser/Event Coordinator

Name: _____

Name of organisation (if applicable): _____

Address: _____

Postcode: _____

Phone: (BH) _____ (mob) _____ Fax: _____

Email: _____ Website: _____

Name of a personal referee: _____

Relationship: _____

Address: _____

Postcode: _____

Phone: (BH) _____ (mob) _____

Email: _____

Have you ever raised funds for The Cancer Council Victoria before? Yes No

What is your motivation to raise funds for cancer? _____

Fundraiser/Event

Name of fundraiser/event: _____

Proposed date/timeframe of your fundraiser: _____

Address (venue) of fundraiser: _____

Will your fundraising event occur in more than one state? _____

If yes, please tick which states/territories will be covered by your fundraising event:

Vic NSW Qld SA NT ACT WA Tas

Please give a brief description of your fundraising concept: _____

What is the fundraiser? _____

Who will support/attend your fundraiser? _____

Why have you chosen this idea (for example you might have good contacts or experience in this area)? _____

What method will you be using to raise money (i.e. sponsorship, raffle, auction, percentage of admission price, straight donations, etc)? _____

Will you raise a reasonable amount of money for the amount of time you will need to make the fundraiser successful?

Members of your organising committee (if applicable): _____

Name:

Contact phone:

Do you have or intend to seek public liability insurance for your event? No Yes
 (please give details or provide a letter from your insurer detailing your cover)

Fundraiser/Event Budget

How much money do you aim to raise for The Cancer Council Victoria? \$ _____

Proposed Expenditure	Anticipated Income
_____ \$ _____	_____ \$ _____
_____	_____
_____	_____
_____	_____
_____	_____
Total _____	Total _____

Representing The Cancer Council Victoria

How do you plan to promote your event? _____

Name of sponsors (both secured and companies you intend to approach *(please see Guidelines for more details)*):

I would like to request the following support/assistance from The Cancer Council Victoria *(please note these items will be provided on a case by case basis and are subject to availability – refer to Guidelines for details on receipt usage)*:

- Borrow signage (banner)
- Tax-deductible receipts
- The Cancer Council Victoria brochures/literature
- The Cancer Council Victoria representative at event

Disclaimer

The Cancer Council Victoria reserves its right to withdraw its approval for the fundraiser/event at any time if it appears that there is a likelihood of the Fundraiser failing to adhere to any of the above terms and conditions, and/or the Special Efforts Fundraising Guidelines. In consideration of my application being accepted, I understand, intending to be legally bound for myself and my heirs, executor and administrators, that I waive and release the organisers and sponsors (individually and collectively), including the directors, officers, staff, volunteers and representatives thereof, and indemnify them against any liability (including liability for negligence) for the death or any physical or mental illness, incapacity of property damage or loss which I may suffer which may directly or indirectly result from my participation in the event/fundraiser. I further verify that I am in proper physical and mental condition to participate in the fundraiser and acknowledge that I am aware of the risks involved and voluntarily agree to assume those risks.

I _____
 (Organiser's name) accept the terms and conditions of the Special Efforts Fundraising Guidelines.

I agree to conduct my fundraiser/event _____

_____ (name of fundraiser/event) in accordance with those terms and conditions and in a manner which upholds the integrity, professionalism and ethos of The Cancer Council Victoria.

I have read and I agree to abide by the Special Efforts Fundraising Guidelines of The Cancer Council Victoria and indemnify The Cancer Council Victoria from and against any claims for injuries or damage arising at or from the event/fundraiser that is the subject of this application.

Signature (or signature of Parent/Guardian if under 18):

Name (please print): _____

Date: _____

Please return completed Fundraising Proposal and Agreement to:

Project Officer, Community Fundraising
 The Cancer Council Victoria
 1 Rathdowne Street Carlton Vic 3053
 Ph: 9635 5321 Fax: 9635 5270

Feedback on your experience as a Fundraiser is important to help us continue to improve and develop this program, and we would welcome the opportunity to get your comments after your fundraiser/event. If you would prefer not to be contacted for this research, please tick this box.