



Thank you for your interest in supporting Hôtel-Dieu Grace Healthcare (HDGH) by hosting a third party event. In order to assist you with the planning and execution of a successful event we ask that you read and complete the Third Party Event Protocol and Agreement Form. If you have any questions, please call our office at 519-257-5511, ext. 73859.

DEFINITION

A third party event is an activity intended to raise funds in support of HDGH. The primary responsibility for organizing and conducting the event lies with the volunteers and/or staff of the company, organization or group that has been approved to execute the event. The event is promoted to raise funds for the Changing Lives Together Foundation in support of HDGH.

GUIDELINES

What HDGH requests of third party event organizers:

- Contact HDGH to register new events or update us on recurring events. It is important that our organization is aware of all events held on our behalf.
- It is the event organizers responsibility to communicate to sponsors, participants and the general public that HDGH is not conducting the event, but is the beneficiary of the event.

HDGH can provide the following assistance once your event has been approved by our office:

- Advice and expertise on event planning.
- Attendance of an HDGH representative, when appropriate and available, with advance notice.
- A support letter that validates the authenticity of the event/organizer, from date of issue until the event is complete.
- Limited supplies, such as flyers and other promotional material.
- HDGH will provide the availability of dates within our annual fundraising calendar

HDGH **cannot** provide the following:

- Advance funding and reimbursements for event expenses (these can be taken out of event proceeds by the organizers)
- Donor or sponsor lists
- Application for gaming licenses, e.g. bingos, raffles, liquor, insurance
- Tax receipts for cash or in-kind goods that were not directly received by HDGH (Please also see information on tax receipts).
- Insurance for the event.

OTHER GUIDELINES:

- All third party events require completion and approval of a Third Party Event Agreement Form
- All publicity (including media appearances/interviews and releases, print/promotional materials, etc.) for the proposed event must be approved by HDGH prior to be printed, released, etc.
- The HDGH name and logo may not be used by a third party/community event on an ongoing basis (i.e. on website or on promotional material), unless permission has been granted.
- The event organizer will obtain all necessary permits, licenses and insurance for their event.
- All funds and tax receipt information, if approved to issue receipts (i.e. contact information for receipting), must be received by HDGH within 30 days after the event.
- HDGH shall have the right at any time and for any reason to request that the event organizer/Third Party cease use of the name of Hôtel-Dieu Grace Healthcare and the Changing Lives Together Foundation in connection with the event and the event organizer/Third Party shall use its best efforts to comply with such request.
- HDGH will not assume any legal or financial liability at a community event.
- HDGH is not responsible for any damage, accidents to persons or property at a community event

TAX RECEIPTS GUIDELINES

It is very important that you understand the rules about tax receipts BEFORE you plan your event. For further clarification on what can be receipted, you can speak with an HDGH representative.

It is your responsibility to communicate with donors regarding tax receipts. HDGH will only issue receipts for the amount of the actual donation received by our organization.

Tax receipts cannot be issued for funds used to cover the costs of the event or other administrative expenses incurred by the organizer. HDGH is permitted to issue tax receipts to individuals that make a donation without receiving a tangible item or benefit in return. Tax receipts are provided for donations of \$20 or more.

Tax Receipts will be issued for Third Party Events:

- Provided the event organizer delivers funds whose total amount is equal to or greater than the cumulative dollar amount of the tax receipts being requested.
- All other Canadian Revenue Agency (CRA) conditions are met.

Tax Receipts will not be issued:

- For the purchase of admission tickets, green fees or auction items.
- For sponsorship, as advertising or promotion (a tangible benefit) is being received in return for the payment.

Please note:

Sponsors and other corporate contributors may be provided with a business gift tax letter as proof of contribution. The letter will list our organization's charitable tax number within the body of the text. Often, a charitable receipt is neither required nor appropriate for this group of contributors.



CHANGING LIVES TOGETHER FOUNDATION

In support of Hotel-Dieu Grace Healthcare

Organization/Group Information

Sponsoring Organization, Group or Individual: _____

Contact Name: _____ Title: _____

Address: _____ City: _____

Postal Code: _____ Phone 1: _____ Phone 2: _____

Fax: _____ Email: _____

Additional Contacts: _____

Event Details

Event Name: _____

Date of Event: _____

Time of Event: _____

Event Location: _____

Event Description:

Fundraising Goal: \$ _____

What factors made you choose HDGH as the benefactor of your event?

How would you like to be recognized?

Promotion:

Please note that HDGH must approve all media releases and promotional materials and the use of the HDGH and Changing Lives Together logo.

How will you publicize the event? _____

What is your website URL, if applicable: _____

Agreement and Indemnification

The Third Party shall indemnify and hold harmless Hotel-Dieu Grace Healthcare, Changing Lives Together Foundation and their respective directors, officers, employees, volunteers and agents from and against all liabilities, claims, demands, losses, costs, expenses, (including reasonable legal fees) or damages, accidents, suits and/or proceedings (hereinafter called "Claims") occasioned wholly or in part by the negligent acts, errors and omissions of the Third Party, its officers, directors, employees, agents or others for whom it is responsible in law, to persons or property arising out of or attributable to the use of the Third Party's equipment, products and/or services by others in pursuit of this Agreement. Such claims are attributable to bodily injury, sickness, personal injury, death or damage to or destruction of property; as a result of anything done or permitted to be done by the Third Party, its directors, officers, employees, agents or others for which they are responsible by law, or in pursuit of this Agreement.

I have read and understand the conditions surrounding tax receipts and CRA guidelines as it relates to planning this event. I have read and agree to comply with the terms of Hôtel-Dieu Grace Healthcare's Third Party Events Guideline and Agreement document. Note: a signed copy of this contract must be on file at HDGH before proceeding with your event. Tax receipts will not be issued unless you have discussed your event with a

HDGH events staff member. Please note that tax receipts will not be issued until funds have been provided to the organization.

Signature of Event Organizer: _____

Date: _____

Witness: _____

Please email, fax or mail your completed Event Proposal Form to:

Hôtel-Dieu Grace Healthcare

Attention: Barb Sebben

1453 Prince Road, Windsor, ON N9C 3Z4

519-257-5111, ext. 73859 (phone) or 519-255-2112 (fax)

barb.sebben@hdgh.org (email)