



## Events Proposal Form

Before organizing your event, please fill out this event proposal form. Application must be approved by the Sinai Health Foundation prior to publicizing or hosting your event.

### 1. Contact Information

Individual or Organization planning this event: \_\_\_\_\_

Contact name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ Mobile \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

### 2. Event Description

Name of the Proposed Event:

Brief Description of the Proposed Event:

What was the inspiration for the Proposed Event?

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Event Location & Address: \_\_\_\_\_

Will this be an annual event?  Yes  No

Has this event taken place before?  Yes  No

How many people do you anticipate will attend the event? \_\_\_\_\_

How will funds be raised e.g. ticket sales, raffles, pledges, etc.? \_\_\_\_\_

Would you like the funds raised to be used for Sinai Health System's highest priorities or designated to a specific program or area within the System? Please note that funds can be allocated to a maximum of one (1) fund.

- |   |   |
|---|---|
| <input type="checkbox"/> Highest Priorities                     | <input type="checkbox"/> Women's and Infants' Health Programs |
| <input type="checkbox"/> Lunenfeld-Tanenbaum Research Institute | <input type="checkbox"/> Bridgepoint Active Healthcare        |
| <input type="checkbox"/> Mount Sinai Hospital                   | <input type="checkbox"/> Circle of Care                       |
| <input type="checkbox"/> Specific Area: _____                   |   |

### 3. Proposed Event Budget

All costs are to come out of event proceeds or to be paid directly by the event organizer. Please list expected revenues and estimated expenses. If necessary, please attach a separate page.

#### Revenue

Sponsorship	\$ _____
Donations	\$ _____
Ticket Sales	\$ _____
Silent Auction	\$ _____
Other	\$ _____
Total Revenue	\$ _____

#### Expenses

Venue	\$ _____
Food/Beverage	\$ _____
Printing	\$ _____
Advertising	\$ _____
License Fees	\$ _____
Other	\$ _____
Total Expenses	\$ _____

#### 4. Event Promotion, Licenses and Tax Receipts

How do you plan on promoting the event?

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Brochures/flyers             | <input type="checkbox"/> Newsletters | <input type="checkbox"/> TV ads                       |
| <input type="checkbox"/> Social media (e.g. Facebook) | <input type="checkbox"/> Print ads   | <input type="checkbox"/> Personal network             |
| <input type="checkbox"/> Coupons                      | <input type="checkbox"/> Radio ads   | <input type="checkbox"/> Other, please specify: _____ |

Do you require an electronic copy of our logo?       Yes (JPEG)       Yes (vector file)       No

Will your event require tax receipts?       Yes     No

Does your event require a gaming license?       Yes     No

(Please note that the Gaming Services Act regulates events such as Bingos, Raffles, Monte Carlos/Casinos and 50/50 Draw. Event organizer(s) must apply for the license as stated in the Gaming Services Act. Please allow six weeks to process applications.)

## 5. Event Agreement

Sinai Health Foundation lends support to advance the patient care, teaching and research initiatives at Sinai Health System, comprised of Mount Sinai Hospital, Bridgepoint Active Healthcare, Circle of Care, and the Lunenfeld-Tanenbaum Research Institute. Sinai Health Foundation invites and welcomes special events organized and sponsored by individuals, corporations and organizations (“Event organizer(s)”) on its behalf.

In accordance with Canada Revenue Agency (CRA) guidelines and for the benefit of Sinai Health Foundation and the event organizer(s), Sinai Health Foundation has outlined the following policies, criteria, and guidelines below.

## 6. Policies

**The organization/individual(s) organizing the event agrees to:**

1. Submit the Event Proposal Form which includes a detailed description of event plans, budget and resources required by event organizer(s).
2. Maintain a positive and professional image at all stages of the event process and give Sinai Health System and Sinai Health Foundation positive exposure and increased awareness.
3. Ensure benefits are directed to Sinai Health System (pending approval of budget).
4. Use its' own mailing list for the event.

**Sinai Health Foundation reserves the right to:**

1. Refuse involvement and the use of its name and logo; in any event that does not meet its approval.
2. Withdraw agreement by giving the event organizer(s) a 24 hour notice with no financial and/or collateral obligations that may result from such cancellation.

## 7. Guidelines

### **Accountability**

- Sinai Health Foundation will not assume any legal and/or financial liability associated with your event.
- Sinai Health Foundation will not be named in, or sign contracts on behalf of the event organizer(s) nor will a contract be signed or obligations be made on behalf of the Foundation without the Foundation's approval and written consent. All contracts should be viewed by the Foundation before signing.
- Event organizer(s) will submit net proceeds from the event together with all related financial reports including a complete list of event expenses and revenues within 60 days of the event. Sinai Health Foundation retains the right to verify the financial reports.
- Event organizer(s) will provide Sinai Health Foundation with a week's notice if the event is cancelled.
- Any sporting events require all participants to sign waiver forms waiving any physical, personal, and or financial liability.
- Sinai Health System and Sinai Health Foundation hold firmly to Ontario legislation which requires no tolerance for harassment and violence. While violence is generally understood, harassment is behavior that is unwelcome, demeaning, hurtful or intimidating, including demeaning remarks, and jokes, displays of racist or sexually suggestive materials, bullying, inappropriate sexual advances, yelling and swearing.
- All third party events that benefit Sinai Health System and Sinai Health Foundation will be held to the same standard of no tolerance for harassment and violence.

- Any confirmation of such behaviours will result in the removal of all Sinai Health System brands, marks and identification generally and a discontinuance of the relationship between Sinai Health Foundation and the third party fundraisers. Monies raised at an event which is shown to have included harassment and/or violence will not be accepted by Sinai Health Foundation and receipts will not be issued to the donors.

## **Financial**

- Sinai Health Foundation will advise event organizer(s) about Canada Customs and Revenue Agency regulations regarding tax receipting.
- Sinai Health Foundation will provide tax receipts to all event participants as long as appropriate and accurate information is given such as full name of participant, donation amount and complete address as per Canada Revenue Agency guidelines.
- Sinai Health Foundation will not underwrite any events.

## **8. Use of Logo & Name and Promotion**

- Sinai Health Foundation will allow the use of the Sinai Health Foundation logo and name in communications to the public and media to promote agreed upon event. Any use of the Sinai Health Foundation logo and name must be approved, in writing, prior to its use.
- Sinai Health Foundation will have final approval of any promotional material created for the agreed upon event.
- Sinai Health Foundation will not provide nor give out its mailing and/or donor list to event organizer(s) or mail out promotional material to Sinai Health Foundation donor database on behalf of the agreed upon event.

## **Insurance**

- Sinai Health Foundation will not cover insurance for events.

## **Licenses and Fees**

- Any event involving licenses and fees will conform to government regulations. Sinai Health Foundation will not fill out applications for license/permits the event may require but will assist in the coordination. The event organizer(s) is required to provide copies of licenses and/or permits upon request.
- Event organizer(s) will pay the fees for required license and/or permit.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete, sign and return the event proposal form to the address below.  
Acknowledgement of your application will be forwarded to you within 10 business days.

Sinai Health Foundation  
T 416-586-8203 F 416-586-8639 shfevents@sinaihealthsystem.ca  
supportsinai.ca

Mount Sinai Hospital, Joseph & Wolf Lebovic Health Complex  
1001–522 University Avenue, Toronto, ON M5G 1W7

**Thank you for your support!**  
Charitable Registration No. 11904 8106 RR0001

2018193M