

Community Initiative Proposal Form



Note: Application must be approved by Calgary Health Trust prior to promoting or hosting the event.

Today's Date: _____

1. Your information:

Name of Group/Company Planning Community Initiative: _____

Primary Contact: _____ Role: _____

Mailing Address: _____

City: _____ Postal Code: _____

Home Tel: _____ Business: _____ Cell: _____

E-mail Address: _____

2. Event/ Initiative information:

Name of Proposed Initiative: _____

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

Name of Venue: _____

Location of Event: _____

Address: _____ Postal Code: _____

3. Briefly describe the event and how the funds will be raised.

4. How many people do you expect to attend the event? _____

5. What is your expected net revenue for this event? (Please see Budget Guideline for assistance.) \$ _____

6. Are you planning on hosting a raffle? (50/50 or Prize raffle) YES NO

7. Do you understand and agree that all event costs are to be covered by the event organizer and only proceeds are to be directed to the Calgary Health Trust? YES NO

8. Does the community group agree that the Calgary Health Trust will receive all revenues from the event within 30 days of the event? YES NO

8. Does the community group understand and agree that all publicity for the proposed event must be approved by Calgary Health Trust prior to being released, printed, etc.? (Calgary Health Trust will review within 5 business days of your submission.) YES NO

9. Does the Community group understand and agree that they are responsible for obtaining all insurance and/or gaming and liquor licenses required prior to the event? (For more information, see Budget Guideline Pg. 10)
YES NO

10. Is the Community group planning to approach any of the following for promotional sponsorship?

| | | | | | |
|------------|-----|----|------------------------------|-----|----|
| Newspaper | YES | NO | Radio | YES | NO |
| Television | YES | NO | Magazines | YES | NO |
| Posters | YES | NO | Print (signage, flyers etc.) | YES | NO |

11. Please indicate if you will require promotional materials for the event.

Endorsement Letter: YES NO
Calgary Health Trust Brochures/Information: YES NO

12. Do you require a member of Calgary Health Trust or Alberta Health Services to speak at your event? YES NO

13. Would you like the funds raised designate to a specific program or area within Alberta Health Services? YES NO
If yes, where: _____

Signature of Applicant: _____ Date: _____

Please Print Name: _____

Please complete, sign and return the event proposal form to the address below.
Acknowledgement of your application will be forwarded to you as soon as possible.

Calgary Health Trust

Community Engagement Officer
800 -11012 Macleod Trail SE
Calgary, AB T2J 6A5

Telephone: 403-943-0603 **Fax:** 403-943-0629 **Email:** community.initiatives@calgaryhealthtrust.ca
Visit calgaryhealthtrust.ca for more information. Your support is greatly appreciated.