



Third Party Application

RMHC New York Metro

www.rmhcny.org / (516) 775-5683

Contact Information:

| | | | |
|--------------|---------------------|----------------|--------------|
| Organization | | Contact Person | |
| Address | | | Apt or Suite |
| City | State | ZIP Code | Email |
| Phone Number | Mobile Phone Number | Fax Number | |

Special Event Information: Community Corporate

| | |
|---|--|
| Description of Event <i>*If possible, please attach flyers and/or detailed description.</i> | |
| | |
| | |
| Is this event open to the public, by invitation only or a new event? | |
| Location of Event | Date of Event |
| RMHC staff/volunteers needed at this event? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, indicate how many and what time: Quantity: _____ Time: _____ to _____ Provide a brief description of volunteer duties: |
| Fundraising Goal(s): Anticipated _____ revenue: % of revenue to be donated to RMHC: _____% | Other: (i.e.: Wish list items, gift cards, toys, etc.) |
| Will the fundraiser benefit any other organization? <input type="checkbox"/> NO <input type="checkbox"/> Yes- If yes, please indicate other organization(s): | |

Other Information:

| |
|---|
| How will the event be promoted? (i.e.: Invites, email, social media, etc.) |
| Will media be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will the RMHC NYM logo be used in conjunction with other logos, trademarks, etc.? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| *** If yes, proofs must be approved by RMHC NYM*** |
| Has the partner ever sponsored a fundraiser for RMHC NYM |



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We are always grateful for the generous support of our friends in the community who share our commitment to the health and well-being of our families battling serious illness or injury. Your support ensures that families continue to receive our direct services and that no family is ever turned away due to financial constraints.

RMHC New York Metro is grateful to be the beneficiary of financial support as a result of special fundraising initiatives or projects by generous individuals, groups and organizations. In order to ensure all proposed fundraising projects abide by our organizational guidelines, and to comply with regulations pertaining to non-profit organizations, we require:

(Please read and initial each numbered item and sign off at the bottom.)

1. If RMHC New York Metro will not be receiving all of the proceeds from the event, the exact percentage of the proceeds to benefit RMHC New York Metro must be clearly stated in all invitation copy, advertising and promotional materials. **INITIAL** _____
2. RMHC New York Metro must approve - in advance of printing or use - all invitation copy, advertisements, or other promotional materials related to the event where RMHC New York Metro pictures, families or its entities will be mentioned **INITIAL** _____
3. The sponsor/organization holding the event agrees to indemnify and hold the RMHC New York Metro harmless from any and all claims that may arise as a result of this event. **INITIAL** _____
4. RMHC New York Metro cannot endorse products. Materials should state: Net proceeds will benefit the RMHC New York Metro or X percent of proceeds will benefit RMHC New York Metro. **INITIAL** _____
5. Events must comply with all federal, state and local laws governing charitable fundraising, gift reporting and special events. **INITIAL** _____
6. Under no circumstances may an individual keep any portion of the proceeds as profit or compensation for organizing the event. **INITIAL** _____
7. Expenses should not exceed 50% of total revenues. **INITIAL** _____
8. You must promptly notify RMHC New York Metro if event plans change. **INITIAL** _____
9. A new application must be submitted each year for all events – including annual events. **INITIAL** _____
10. It is at the discretion of RMHC New York Metro to offer its support of events, as well as the type of support and materials that will be provided. **INITIAL** _____
11. Sponsor agrees to deliver to RMHC NYM promptly after the completion of the event, the proceeds, including pledges, and to provide a written accounting of the event within 30 days. **INITIAL** _____

I have read and agree to all of the above terms.

Name _____

Signature _____

Organization _____

Date _____

**Please complete and return this application to RMHC NYM
No fundraising activity will be approved without receipt of a completed application.**

**RMHC NEW YORK METRO
267-07 76th Avenue, New Hyde Park, NY 11040
Shauntelle Dixon, Special Events Manager
sdixon@rmhcny.org or (516) 775-5683 x135**

For RMHC NYM Office Use Only:

| | | |
|----------------------------------|---|--------|
| Date Received: ____/____/____ | Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____ | Notes: |
|----------------------------------|---|--------|