



Community Event Application

Thank you for your interest in hosting an event for Arkansas Children's. By choosing to host an event for Arkansas Children's (AC), **you** are making a difference. To help guide you in hosting community fundraising events, we have established event guidelines and procedures. **All fundraising events require prior sanction and support from Arkansas Children's Foundation.** If you have any questions, don't hesitate to contact us. Call our main number at 501-364-1476, and ask for the Annual Gifts – Community Events department.

The completed event proposal form must be submitted to the ACF Events Committee **at least 45 days prior to the event in order to be considered for approval.** Arkansas Children's Foundation (ACF) reserves the right to approve all events. Successful events should uphold the mission and image of AC, and offer net proceeds or an acceptable percentage of net revenue to Arkansas Children's. Your application will be reviewed and you will be notified of approval/status within 5-7 business days. Events will be approved on a case by case basis.

Until your event is approved, use of the Arkansas Children's name, logo, or any of its licensed marks is strictly prohibited. Please read our [Fundraising Policies and Guidelines](#), our [Graphic Standards](#), and [Instructions for Handling and Documenting Cash and Other Donations](#).

Please fill out your contact information:

Title: (Mr. / Mrs. / Miss / Dr.) _____

First Name: _____

Last Name: _____

Email: _____

Street Address 1: _____

Street Address 2: _____

City: _____

State/Province: _____

ZIP / Postal Code: _____

Country: _____

Phone Number: _____

You may receive periodic communications from Arkansas Children's Hospital Foundation. You can manage your email preferences at any time by logging into our site or by contacting us.

Please answer the following questions:

Company/Organization: _____

Are you a 501c3 organization? (Yes or No) _____

If yes, what is your 501c3 number?: _____

Event Name: _____

Please describe your proposed fundraising event: _____

Event Start Date: _____

Event End Date: _____

Event Start Time: _____

Event End Time: _____

Event Location: _____

Promotional Period: _____

Event Website: _____

Event Fundraising Goal: _____

Where would you like the funds raised to be designated? _____

Please briefly describe how you will promote this event? _____

Is this event open to the public? (Yes or No) _____

In order to acknowledge and thank donors for their gifts to Arkansas Children's, we also require collection of donor information (this includes name, email address, mailing address, and phone number.) How will you capture donor information for your event?:

_____ Online (*website registration, online ticket sales, etc.*)

_____ On Site at event (*sign-up sheets, registration form at event, etc.*)

Will you need assistance from Arkansas Children's to capture donor information?

Does your company or organization utilize a database to capture and track donors or attendees?: _____

Once your event is complete, how will you submit the donor information from your event to Arkansas Children's? _____

***Question - Required -Major source of income? Check all that apply:**

Please make at least 1 selection from the choices below.

- Admission/ticket sales
- Auctions (in-kind donation forms will be provided upon approval)
- Monetary/cash donation collection
- Sale (baked goods, crafts, etc.)
- Promotions/percentage of sales to benefit Arkansas Children's
- Sponsorships (Note: Sponsor levels and benefits must be reviewed and approved)
- Proceeds from vendors at event
- Other (explain below)

Will any other organization benefit from this event/promotion? _____

If yes, please list other benefiting organizations and percentage going to each:

*Has this event been approved by necessary local and county officials? _____

Will you have event sponsors? (Yes or No)_____ If No, please note the

company/ organization name(s): _____

How do you plan to use the Arkansas Children's logo? (Note: All logo usage must be sent over to ACF staff for approval prior to promoting the event): _____

*Question - Required -Check below any requests from Arkansas Children's Hospital Foundation (select all that apply):

Please make at least 1 selection from the choices below.

- Welcome Kit (mailed out upon event approval include appropriate AC branded supplies and disposable plastic banner)
- Donation form to capture donor information
- Ambassador Family /Child To Speak at Event
- Digital copy of Logo
- Other (explain below)

AGREEMENT:

Arkansas Children's welcomes fundraising proposals for review, but choosing to submit a proposal does not obligate Arkansas Children's Foundation to enter into a fundraising agreement with you. Additionally, all funds raised for Arkansas Children's Foundation will need to be remitted no later than 30 days after your fundraiser has ended.

By submitting a fundraising proposal you agree to assume all risks and liabilities associated with the proposal and hereby release and hold harmless Arkansas Children's entities, their directors, officers, employees, agents, and successors from and against any and all claims, damages, liabilities, costs, and expenses, including reasonable attorney's fees arising out of or in connection with the event, including without limitation any personal injuries or damages to property that may occur in conjunction with your proposal.

Although Arkansas Children's actively encourages third-party fundraising events and

promotions, we **must** approve all events in advance. The Foundation and/or hospital maintain the right to decline events. This is an important safeguard in preserving the integrity of the name and reputation of Arkansas Children's, Arkansas Children's Northwest, Arkansas Children's Foundation, and Children's Miracle Network Hospitals, as well as our commitment to our donors.

If Arkansas Children's Foundation agrees to enter into a fundraising agreement with you, all written, electronic or printed fundraising program materials containing Arkansas Children's and Children's Miracle Network Hospitals logos or trademarks, before and after your fundraising begins, must comply with graphic standards and must be submitted to us for approval before printing or circulation.

By submitting this Event Application, you certify that you have reviewed and agree to the [Arkansas Children's Foundation Fundraising Policies and Guidelines](#), the [Arkansas Children's Graphic Standards](#), and the [Instructions for Handling and Documenting Cash and Other Donations](#).

Please sign and date to show that you approve of the above terms:

Signature _____ Date: _____

FOR OFFICE USE ONLY:

Approved by: _____ Date: _____

Please mail completed applications to:

Rhonda McBain
Arkansas Children's Foundation
#1 Children's Way, Slot 661
Little Rock, AR 72202

Or you may email completed applications to:

Rhonda McBain
mcbainra@archildrens.org
501-364-1473