



Cerebral Palsy Association in Alberta

Third Party Fund Raising Guidelines

The Cerebral Palsy Association in Alberta values the contributions of organizations and individuals who raise awareness and funds to support our programs and services. We are happy to discuss your fundraising idea. To facilitate this process, we ask that you review, initial and complete the:

- **Third Party Guidelines (Appendix 1)**
- **Third Party Fundraising Activity Application (Appendix 2)**
- **Budget (Appendix 3)**

Once these documents have been reviewed by the Cerebral Palsy Association in Alberta and your event has been approved, a **Letter of Agreement** will be forwarded outlining the conditions and approval of your event.

WHAT IS A THIRD PARTY ACTIVITY?

A **Third Party** activity can be defined as any fundraising initiative brought forward by an individual(s), community group, service club, or business external to the Cerebral Palsy Association in Alberta who wish to raise money through a planned activity that is designed, managed and financially resourced by the external participants.

For your use are the following:

- **Third Party Guidelines (Appendix 1)**
- **Third Party Fundraising Activity Application (Appendix 2)**
- **Budget (Appendix 3)**
- **Donor List (Appendix 4)**
- **Material Donations (Appendix 5)**
- **Event Evaluation (Appendix 6)**



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CEREBRAL PALSY ASSOCIATION IN ALBERTA GUIDELINES FOR THIRD PARTY EVENTS (APPENDIX 1)

If you wish to help support and enrich the lives of people affected by cerebral palsy by holding a fund raising event with net proceeds or a portion thereof being donated to the Cerebral Palsy Association in Alberta, we ask you to follow these guidelines. Please read the information and place your initials where indicated.

1. The Cerebral Palsy Association in Alberta supports fundraising events that are consistent with our good image.

_____ Initials

2. To conduct an event, you are required to complete a **Third Party Activity Application and Budget**. Once you submit your application, we will review it and respond within one week. If the application is approved, we will provide you with a **Letter of Agreement**. This may be shown to potential donors, sponsors, and volunteers.

_____ Initials

3. Any organization/group that is donating a portion their net proceeds rather than the full amount, must state exactly how much, either in a percentage or a specific dollar amount on the application form.

_____ Initials

4. Any organization/group wishing to use the Cerebral Palsy Association in Alberta name or logo or otherwise indicate to the public that the event is being held for the benefit of CPAA must have prior written consent of the Executive Director.

_____ Initials

5. The official logo of CPAA should be used for only the approved event. The logo should not be altered in any way and adhere to established graphic standards.

_____ Initials

6. CPAA must review and approve all promotional materials including but not limited to advertising, letters, brochures, flyers and press releases prior to production or distribution. All promotional materials must clearly state the percentage of proceeds and /or the portion of the ticket price that will benefit CPAA.

_____ Initials

7. The organizers/sponsors of the third party event must obtain their own liability insurance to cover the event. A certificate of Insurance will be required naming the Cerebral Palsy Association in Alberta as a co-insured for the duration of the event.

_____ Initials

8. The sponsoring organization/group agrees to underwrite all costs of the special event or promotion and to secure such underwriting. The CPAA shall incur no costs unless otherwise agreed in writing prior to the special event or promotion.

_____ Initials



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9. The organization/group is responsible for obtaining appropriate licenses (i.e. for raffles, casinos etc). Information on how licensing may be obtained through the Alberta Gaming and Liquor Commission (AGLC) website www.aglc.gov.ab.ca. You may also call them at 1-800-272-8876.

_____ Initials

10. The sponsoring organization/group agrees to handle all monetary transactions for the special event or promotion and to present the proceeds to the CPAA within 30 days of the completion of the event.

_____ Initials

The preferred method of payment is a cheque or money order payable to the Cerebral Palsy Association in Alberta. Attached to the payment, should be a list of donors and donations of materials and supplies. **Appendix 4 Donor List** provides a format for this. **Appendix 5 Material Donations** is a form to keep track of material donations (e.g. door prizes, printing). This form requires a value for the items. If a material donor requires a tax receipt, documentation for the donation (e.g. invoice/bill) must be provided to the CPAA.

_____ Initials

11. **Event Evaluation Appendix 6** provides a format for evaluating both the organization/group's event and the tools that the CPAA provided to the Third Party. This must be submitted along with your final donation.

_____ Initials

12. Tax receipts can be provided for any cash donation of \$10 or more. We provide tax receipts in accordance with Revenue Canada Guidelines. Please direct any questions to CPAA Staff.

_____ Initials

13. The sponsoring organization/group agrees to ensure that all materials borrowed are returned promptly and in the same condition they were received. The sponsoring organization/group agrees to accept responsibility for damage or loss of materials borrowed from the CPAA.

_____ Initials

14. The CPAA can provide informational materials explaining cerebral palsy and promoting the work of the Cerebral Palsy Association in Alberta. Advance notice is required regarding the quantities needed for the event.

_____ Initials

15. The CPAA agrees to provide the sponsoring organization/group with appropriate recognition commensurate with the size of their gift as per our Donor Recognition Policy.

_____ Initials

Acceptance of the above Guidelines by the Organization/Group

Signature: _____ Date: _____



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THIRD PARTY FUNDRAISING ACTIVITY APPLICATION FORM APPENDIX 2

Date: _____

1. Name of Organization, Business or Individual:

2. Contact Person (Name):

Address: _____

Phone #: _____ Fax #: _____

E-mail: _____

3. Why did you decide to support the Cerebral Palsy Association in Alberta?

4. Type of activity you want to do:

5. Date of activity: From ____/____/____ To: ____/____/____

6. Location: _____

7. Brief description of event:



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9. Event timelines: please provide as much detail as possible

10. Cancellation plan:

11. Project plan

a) Objective:

b) Target group:

c) Promotion/advertising

i) Strategies:

	newspaper		radio		television
	magazines		posters		flyers
	free standing signs		website		other

Please outline your strategy providing specific details:



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ii) How and/or where do you wish to have Cerebral Palsy Association in Alberta involvement?

12. What support do you expect from the Cerebral Palsy Association in Alberta? (volunteers, materials, staff)

13. What benefits do you see to/for the Cerebral Palsy Association in Alberta as a result of this event?

14. How many volunteers and volunteer hours will be put into this event (planning, day of event and follow-up)?



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15. If you are donating a portion of the net proceeds from your event, rather than the full amount, to the Cerebral Palsy Association in Alberta, please specify what percentage or dollar value you will be giving?

% of proceeds: _____% or
\$ value of proceeds: \$ _____

16. Please include a copy of your budget, listing revenues and expenses.

Acceptance of above by organization/group:

Signature: _____

Date: _____



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THIRD PARTY FUNDRAISING BUDGET FORM APPENDIX 3

SOURCES OF REVENUE: Include revenues from auction, raffle, ticket sales, food and beverage sales, cash sponsorships

_____	\$ _____
_____	\$ _____
_____	\$ _____
(A) TOTAL REVENUE	\$ _____

EXPECTED DONATED MATERIALS - GOODS & SERVICES

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(B) TOTAL DONATIONS MATERIALS	\$ _____

(C) TOTAL GROSS REVENUE (A+B)	\$ _____
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EXPENSES ITEMIZED: Include items such as location, food/beverages, printing, advertising, prizes, entertainment, licensing and insurance, etc.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(D) TOTAL EXPENSES	\$ _____

(E) TOTAL NET REVENUE (C-D)	\$ _____
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TOTAL DONATION TO CPAA:	\$ _____
OR	
PERCENTAGE OF PROCEEDS:	% _____



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THIRD PARTY FUNDRAISING DONOR FORM APPENDIX 4

Organization: _____ Event: _____ Date: _____

Please make cheques payable to the Cerebral Palsy Association in Alberta.

Please ensure information is accurate so that tax receipts can be issued correctly.

Date of Donation	Individual Name or Company Name Address Postal Code Telephone Number E-mail	Receipt requested Y or N	\$ Amount Of Donation	Type of Donation		CPAA Tax Receipt number
				Cash	CHQ	



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THIRD PARTY FUNDRAISING MATERIAL & SUPPLIES DONOR LIST APPENDIX 5

Tracking form to be used for Gift In Kind Donations. Photocopy as needed. To be submitted by the Third Party with payment of donation.

Third Party Group: _____

Third Party Event: _____

Date of Event: _____

Third Party Contact Name: _____

Third Party Contact Phone #: _____

DONOR INFORMATION

NAME:
ADDRESS:
Phone #: Fax #: Email:
Donated Item (attach documentation if available):
Purpose of Donation (Auction/door prize):
Date of Donation:
Value of Donation (Retail):
Tax Receipt Requested (These will be issued at the discretion of the Cerebral Palsy Association in Alberta and in accordance to Revenue Canada Tax Guidelines. If a tax receipt is requested, documentation must be attached i.e. invoice/bill).



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THIRD PARTY FUNDRAISING EVALUATION APPENDIX 6

GENERAL INFORMATION:

Event: _____

Date: _____

Event Objective: _____

Intended Audiences: _____

Of Attendees: _____

of Volunteers: _____

SPECIFIC GOALS:

1. Were the specific event goals met?

2. What challenges did you experience? What recommendations would you make? What worked really well?

3. Have you been able to work within the budget you presented? Attach your payment to CPAA along with Appendix 4 Donor List and Appendix 5 In Kind Donor List.



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4. How effective was your promotional strategy? What advertising did you do? Attach any examples if possible.

5. Have all items borrowed/rented been returned and outstanding invoices paid?

6. Are there any areas where CPAA could have provided additional assistance?

7. Are there any acknowledgements/thank you's that you would like CPAA to do?

8. Would you do this event again?

9. Would you consider working with CPAA again? Yes_____ No_____

Thank you for choosing to support the Cerebral Palsy Association in Alberta! Together we can support and enrich the lives of people affected by cerebral palsy.