

Changing The Way People Think

**Mental & Health
Foundation**
of Nova Scotia



**Community Events
& Fundraising Proposal**



Community Events & Fundraising Proposal

Thank you for joining us in our mission to ensure Nova Scotians facing mental illness live well in our communities.

If you are planning a Community Event or fundraising initiative to benefit the Mental Health Foundation of Nova Scotia, please register with us by completing the following form and returning to:

Kate Udle
Event Coordinator
Mental Health Foundation of Nova Scotia
Mount Hope Centre
Suite 1120, 300 Pleasant Street
PO Box 1004
Dartmouth, NS B2Y 3Z9

Phone: 902.464.3099

Fax: 902.464.3001

Email: Kate.Udle@cdha.nshealth.ca

We will notify you when your request has been reviewed, and contact you with further details. You can find helpful resources for events and fundraising in the 'Community Events' section of our website at www.mentalhealthns.ca

Contact Information

Name/Company/Organization:

Please select the category that best describes you:

Individual School Organization/Business Community Other:

Contact Person:

Relationship to organization, Title:

Address:



City: Province: Postal Code:

Business Phone: Home Phone: Fax:

Email(s):

Privacy Statement: The Mental Health Foundation of Nova Scotia is committed to protecting the privacy of personal information, in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA). The information collected on this form will be used by Foundation staff only. If you have any questions about our privacy policy, please contact us.

Event / Initiative Details

The following information is required by the Mental Health Foundation to evaluate and determine the Foundation's involvement.

Please note: The Mental Health Foundation of Nova Scotia needs to ensure the mission, vision, and values of the organization are properly represented through any event or fundraising initiative taking place on our behalf. All proposals need to be reviewed and approved by a Foundation representative before publication and implementation of fundraising events.

Name of Event / Program:

Date of Event / Program:

Type of Event / Program: One-Time Annual Ongoing

Location of Event / Program:

Address:

Is this event open to the public? YES NO

Target Audience:

Family / Friends Members/Customers General Public Employees / Staff

Expected # Attendance/ Participation:



Briefly describe your Community Event / fundraising initiative:

Will the event / initiative be managed by a professional agency? YES NO

If yes, please indicate the name of the agency:

Will any other charitable organizations benefit from this event / initiative? YES NO

If yes, please list the other beneficiaries:

Will you be approaching sponsors for the event / initiative? YES NO

If yes, please list the organization and businesses you intend to approach:

How will funds be raised? (Select All)

Pledges Donations Ticket Sales Product Sales

Auction: Silent Live Online

Gaming events: A gaming license is required by law. The Mental Health Foundation will be happy to provide you with the necessary paperwork required to obtain your permit.

Raffle 50 / 50 Bingo Other:

Please check one:

All event / program proceeds will be given to the Mental Health Foundation

A portion of the event / program proceeds will be given to the Mental Health Foundation



Amount of net proceeds to be given to the Mental Health Foundation % / \$

Communications Information

Briefly describe the proposed publicity plan for the event / promotion:

Will the publicity be handled by a professional agency? YES NO

If yes, please indicate the name of the agency:

Will promotional materials, such as flyers and posters be printed? YES NO

If yes, please indicate the extent of distribution and dates of release:

Does your organization plan on using the NAME of the Mental Health Foundation in your printed materials and in your publicity? YES NO

Does your organization plan on using the LOGO of the Mental Health Foundation in your printed materials and in your publicity? YES NO **If yes, please let us send you the correct logo file.*

Do you require any information/brochures from the Mental Health Foundation? * if available
 YES NO

If you will be using social media, what are your account user names?

Facebook.com/

Twitter: @

Other:

Would you like the fundraising initiative/event to appear on the Mental Health Foundation's

Facebook Twitter Events Page

Please note: All materials featuring the name and/or logo of the Mental Health Foundation must be approved by the Foundation before publication.



Mental Health Foundation Support:

If you would like a Mental Health Foundation representative to attend your event, please let us know.

Although we cannot always commit to volunteer during the event / program, we would be more than happy to say a few words of thanks or to participate in cheque presentations. We receive many requests of this nature, and as a result, cannot always guarantee our availability. However, every effort will be made to meet your requirements.

Date:

Arrival Time:

Departure Time:

Briefly describe what will be required of the Foundation Representative:

Will you require support recruiting volunteers? The Foundation has an energetic database of volunteers we would be happy to point in your direction, if needed.

YES NO

Other Information

Did we miss anything? Please provide us with any other details.





I understand that the Mental Health Foundation of Nova Scotia must approve this application and the use of its name and/or logo prior to publicizing or holding the event. By publically naming The Mental Health Foundation of Nova Scotia as beneficiary of funds raised, I agree to donate the full amount of proceeds raised within 30 days of the event date(s).

Signature: _____ Date: _____

After submitting this application, please allow two weeks for processing. You will be contacted once a decision has been reached regarding the Mental Health Foundation's involvement in your event / initiative.

For Mental Health Foundation of Nova Scotia office use only:		
Event ID:	_____	
Approved? YES	NO	Date: _____
Staff Member:	_____	
Comments:	_____	
POST-EVENT		
Donation Received:	Amount: _____	Received by: _____