



## **BENEFIT APPROVAL POLICY GUIDELINES**

Cope Family Center is pleased to be the beneficiary of financial support as a result of special fundraising events or projects by generous individuals, groups, and organizations.

*In order to ensure that all proposed fundraising projects are in keeping with our organizational guidelines, and to comply with regulations pertaining to non-profit organizations, we require:*

1. Completion and return of attached Independent Event Application Form for review in order to receive authorization to conduct an event. This form should be submitted a minimum of 30 days prior to date of event. The Development representative(s) will review the request. All requests will be answered no later than 15 days after receipt.
2. Use of Cope name or logo will only be authorized after approval of Independent Event Application Form. Sponsor will be authorized to use the name "Cope Family Center" only in connection with the fundraising event. This authorization will last only until the completion of the event, or termination of this agreement, whichever comes first. Use of the Cope letterhead is available with approval.
3. Any advertisements or press releases need to be approved by Cope prior to their release.
4. The amount or percentage of monies donated to Cope must be included in all advertisements so that the public knows what percentage of their funds will benefit Cope.
5. Cope does not assume sole responsibility for promoting the event. Promotion on Cope's social media sites, eNewsletter and website will be provided as marketing plan permits.
6. Event sponsor agrees to comply will all necessary local or government regulations. This includes, but is not limited to, registering with the appropriate agencies, purchasing insurance, following any rules of disclosure currently required by the IRS, and required licenses or permits (ABC, raffle, etc.).
7. The sponsor/organization holding the event intended to benefit Cope agrees to indemnify and hold Cope harmless from any and all claims that may arise as a result of this event.
8. Due to the high level of demand on volunteers' time, Cope cannot commit the resources of its volunteers if the net revenue is expected to be less than \$2,500.
9. This agreement shall not be assignable by Sponsor. A new application must be submitted by reassigned sponsor.
10. Any endeavor that requires that Cope Family Center solicit its donors or Board of Directors to make or solicit purchases will not be accepted.
11. Sponsor shall perform all actions necessary for the successful completion of the fundraising event, and shall assume full obligation and responsibility for the payment of all expenses in connection therewith, without regard to the amount of funds collected for the event.
12. Sponsor agrees to deliver to Cope, promptly after the completion of the fundraising event, the proceeds, including pledges, and to provide a written account of the fundraising event if requested by Cope.
13. Sponsor will provide Cope with a list of names and addresses of everyone who attended the event.
14. Sponsor will provide all donors and attendees with appropriate written documentation of their gift as required by Federal and State laws.

Please initial that you have read and agree to comply with the above guidelines\_\_\_\_\_.



## INDEPENDENT EVENT APPLICATION FORM

Name of organization/sponsor \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) - \_\_\_\_\_ ext. \_\_\_\_\_ Fax(\_\_\_\_\_) - \_\_\_\_\_

Brief description of proposed event, including location: \_\_\_\_\_

\_\_\_\_\_

Date of event \_\_\_\_\_ Hours of event \_\_\_\_\_

What promotional events are planned? \_\_\_\_\_

\_\_\_\_\_

Admission charge? Yes / No Amount \$ \_\_\_\_\_ Expected number of guests \_\_\_\_\_

How and where are tickets to be sold? \_\_\_\_\_

\_\_\_\_\_

Will the event benefit other organizations? Yes / No

Names of other organizations \_\_\_\_\_

Other way(s) in which funds will be raised: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Percentage of net revenue to be donated to Cope: \_\_\_\_\_% Expected Donation: \$ \_\_\_\_\_

### Check Presentation or Speaking Engagement

Speaker required? Yes / No Public Relations required? Yes / No

(Cope to approve press releases)

Date of presentation: \_\_\_\_\_ Number of persons expected \_\_\_\_\_

Materials, if needed? \_\_\_\_\_

Other details: \_\_\_\_\_

*I have read the attached Benefit Approval Guidelines of Cope Family Center. I agree to comply will all guidelines.*

\_\_\_\_\_  
Signature of contact person

\_\_\_\_\_  
Date

Please submit this form to [mmoize@copefamilycenter.org](mailto:mmoize@copefamilycenter.org) or fax to 707.256.3175 with attention to Melissa Moize.