



RMHC Midwest MN, WI, IA Community Fundraiser Application

General Information

Today's Date _____

Company/Organization _____ Website _____

Contact _____ Phone _____ E-mail _____

Address _____ City _____ State _____ ZIP _____

Have you conducted a fundraiser for RMHC Midwest MN, WI, IA before? If so, when and how: _____

Why did you choose RMHC Midwest MN, WI, IA as the beneficiary of your event? _____

Event Information

Name of Event _____

Date(s) of Event _____ Time of Event _____ Location _____

Description of Event (please explain fully): _____

If possible, would you like representatives from RMHC Midwest MN, WI, IA to be present? Yes No

If yes, please describe your expectations of the representative: _____

Do you anticipate this becoming a reoccurring event? If so, how often? Annually One time event

Other, please explain: _____

Please describe what COVID precautions that will be implemented to keep participants safe: _____

Financial Information (if the event is a Wish List or pop tab drive promotion, please skip this section)

Major source of funds:

Admission Drawing Tickets Auctions Donations Merchandise Sales Other _____

Will there be an admission charge? Yes No If yes, amount: \$ _____

How and where are tickets sold and event promoted? _____

What are the estimated total revenues? \$ _____ What are the estimated total expenses? \$ _____

What percentage of net proceeds after expenses is to be donated to RMHC Midwest MN, WI, IA? 100%

If less, please explain _____

Will the event also benefit other organizations? Yes No

Publicity

Are you requesting the use of the RMHC Midwest MN, WI, IA logo? Yes No How will it be used? _____

How will the fundraiser be publicized? _____

Are there any media partners involved? Yes No If yes, who? _____

Is the fundraiser: Open to the Public By Invitation Only Other: _____

Other Comments: _____

The undersigned understands the Fundraising Approval Policy Guidelines and agrees to comply with them. I/we hereby certify that the information provided on this form is true to the best of my/our ability (official event organizer must be 18 years of age or older or have a parent/guardian sign on their behalf).

Name _____ Date _____

Please sign below and return promptly to:

Lauren Brown
RMHC Midwest MN, WI, IA
850 2nd St. SW
Rochester, MN 55902
507-424-3216
lbrown@rmhmn.org



RMHC Midwest MN, WI, IA Community Fundraiser Approval Policy Guidelines

RMHC Midwest MN, WI, IA is pleased to be selected as the beneficiary of financial support from special fund-raising programs, events or projects by generous individuals, groups and organizations.

In order to curtail over solicitation of our donors/sponsors, a complete review of planned solicitations is required. Exceptions to the above may be granted only after review by the RMHC Midwest MN, WI, IA CEO, Development Director, Fundraising Committee, or Board of Trustees. Such exceptions, if granted, must be in writing.

PLEASE READ AND KEEP FOR YOUR RECORDS

In order to ensure that all proposed fund-raising events or appeals are registered and authorized, we require the following:

1. Completion and return of this Fundraising Approval Form for review and consideration of authorization to conduct any event or appeal. This should be submitted a minimum of 60 days prior to date of the event.
2. No door-to-door or person to person solicitations.
3. Official event organizer must be 18 years of age or older.
4. Use of our RMHC Midwest MN, WI, IA name, logo or any other term implying endorsement by or support of our organization is not authorized except by specific approval.
5. No conflict with governmental regulations or licensing.
6. No commercialism which would reflect poorly on RMHC Midwest MN, WI, IA.
7. No exploitation of children or families utilizing RMHC Midwest MN, WI, IA.
8. Advance authorization is required for any reproduction of logo or name prior to printing or effort.
9. Event organizer understands that RMHC Midwest MN, WI, IA assumes no responsibility for promoting the event or effort.
10. Event organizer agrees to obtain all required permits or licenses.
11. Event organizer/sponsor holding an event intended to benefit RMHC Midwest MN, WI, IA agrees to indemnify, defend and hold RMHC Midwest MN, WI, IA harmless against and in respect of any and all claims, demands, losses, costs, expenses, obligations, liabilities, damages, recoveries and deficiencies, including interest, penalties, and reasonable attorneys' fees that shall be incurred or suffered by RMHC Midwest MN, WI, IA which arise, result from or relate to applicants' performance of its agreement as specified in these guidelines and the Fundraising Approval Form.

FOR OFFICE USE ONLY:

APPROVED BY _____ TITLE _____ ON _____



RMHC Midwest MN, WI, IA Community Fundraiser Follow-Up Report

Please complete this form and return with the proceeds from your event, including donations made payable to RMHC Midwest MN, WI, IA within 30 days of the event.

General Information

Today's Date _____

Company/Organization _____

Contact _____ Phone _____ E-mail _____

Address _____ City _____ State _____ ZIP _____

Name of Event _____

Date of Event _____ Net Income: _____ Donation to RMHC _____

Midwest MN, WI, IA:

1. I felt supported by RMHC Midwest MN, WI, IA Staff.
Strongly Agree Agree Disagree Strongly Disagree

2. The success of this event exceeded my expectations.
Strongly Agree Agree Disagree Strongly Disagree

3. I am interested in hosting another event to benefit RMHC Midwest MN, WI, IA.
Strongly Agree Agree Disagree Strongly Disagree

4. The materials provided to me were adequate for the needs of my event/organization.
Strongly Agree Agree Disagree Strongly Disagree

5. I felt appreciated by RMHC Midwest MN, WI, IA Staff for my efforts in hosting a community fundraiser.
Strongly Agree Agree Disagree Strongly Disagree

Notes

Please provide any additional notes or feedback to ensure successful partnerships in the future.
