COMMUNITY FUNDRAISER EVENTS GUIDELINES

A Community Fundraiser Event is any event produced to benefit Center For Family Services or any of its services which is being organized by a non-agency individual or organization.

The following guidelines pertain to any and all Community Fundraiser Events benefitting Center For Family Services. Please review them before completing and submitting your event application.

1. Events to benefit Center For Family Services must be pre-approved by the agency’s Public Relations and Development Department. Completion of Center For Family Services Community Fundraiser Form is required for all events.

2. Once your fundraiser is approved, we will provide you with the Center For Family Services’ name and logo artwork for your materials. We must review everything with our name and logo before it is printed, distributed, or uploaded online.

3. For legal reasons, Center For Family Services can only be identified as the beneficiary. For example, your fundraiser can’t be called “Center For Family Services’ Bike Ride for Kids.” Instead, it could be called “A Bike Ride for Kids to benefit Center For Family Services.”

4. Center For Family Services respects the confidential nature of our donor lists and therefore is not at liberty to provide donor names and/or contact information for solicitation.

5. To avoid duplication we ask that you notify us before asking any business or company for a donation of cash or in-kind items.

6. It is the responsibility of the organizer of the event to obtain any permits and a certificate of insurance for the event as required by local, state, and federal laws.

7. Center For Family Services is unable to sell tickets on behalf of individuals or organizations for Community Fundraising Events.

8. Funds raised from an event must be remitted to Center For Family Services within 60 calendar days of the event date.
9. Center For Family Services reserves the right to decline approval or withdraw as beneficiary of the event at any time if we feel there is a conflict of interest or the event may have a negative effect on the image of Center For Family Services.
EXTERNAL FUNDRAISING EVENT APPLICATION FORM

The following form is an application only. It will be submitted to the agency’s Public Relations and Development Department for approval in accordance with the agency’s established policies and procedures.

We apologize for being so formal, but this really helps all parties have clearer communications and understanding!

Organizer’s Information

Contact Name: ________________________________________________

Title: _______________________________________________________

Organization (if applicable): ___________________________________

Address: ___________________________________________________

City: _____________________________ State: _____________________

Zip: ______________________________

Telephone: ___________________ Email: _______________________

Email: __________________________

Event Information

Type of Event (Run, Walk, Fashion Show, etc.): _______________________

Name of Event: ______________________________________________

Date and Time of Event: __________________________________________

Description of Event: ____________________________________________

______________________________________________________________
Location of Event:

Is this a first time event?  ☐ Yes  ☐ No

If no, how many years has the event been held? ________________

How will funds be raised? (Raffle tickets, ticket sales, auction, sponsorship, etc.)

If 100% of the net proceeds of the event will not be distributed to Center For Family Services, please explain:______________________________

What other organization/s receive funding if Center For Family Services received less than 100% of funds? _________________________

Do you have a Certificate of Insurance to cover the event? Yes or No (please circle). You will need to provide us a copy of The Certificate of Insurance (your broker can provide this) before the event.

Carrier: ___________________________ Policy Number: ___________________________

If no, are you prepared to arrange this? Yes or No (please circle)

Type of assistance requested from Center For Family Services:

___________________________________________

Are you requesting use of the agency logo: Yes or No (please circle)

If yes, please explain your use of the logo:______________________________

Who is providing food/drink: ________________________________

Is alcohol being served or given away? Yes or No (please circle)

Do you have a liquor license? Yes or No (please circle)
Who is responsible for providing security? 

Name of the security company: 

Is the security company licensed? Yes or No (please circle)

Please note:

1. Funds raised on behalf of Center For Family Services and its entities are to be sent to the agency within 60 calendar days of the event date.
2. Drafts of all materials using Center For Family Services name and logo are to be submitted for pre-approval by Center For Family Services before being printed, distributed or posted online.

I acknowledge I have read and will follow the Community Fundraiser Event Guidelines attached and will adhere to all requirements.

Signature _______________________________ Date: _______________________________

Please indicate date 60 calendar days from event date: _______________________________

Please return signed forms to:

Community Relations Coordinator
Center For Family Services
584 Benson Street
Camden, NJ 08103
Phone: 856.964.1990 x110
Fax: 856.494.1442
center.ffs.org