Thank you for your interest in choosing the Epilepsy Foundation of Michigan as the recipient of your fundraising event! Third-party fundraising events assist in funding our many programs and services across Michigan that will benefit individuals with epilepsy and their families. The following document will outline some important steps in organizing a successful third-party event.

**Brainstorm**

Think about the type of event you would like to organize, the manageable size of people you could organize, whether you need to put together committees, who is your audience, your desired venue, and your desired fundraising goal. All of these components are very important and should be evaluated through the brainstorming process.

**Contact the Foundation**

Once you have decided on the event, complete the Event Proposal Form and submit to the Epilepsy Foundation of Michigan for review. If you have immediate questions or need assistance filling out the form, please do not hesitate to contact us by telephone at (800) 377-6226 option 1, ext. 217 or email at events@epilepsymichigan.org.

You will receive a final written agreement between you/your organization and the Foundation.

**Enlist Support**

Attempt to enlist as much support as possible at the front-end of the event. We suggest striking a committee and divide into sub-committees so your dedicated and enthusiastic volunteers can each have a role to play in the project.

**Establish Your Goals**

Set attainable financial goals by creating a realistic and measurable budget with sources of both expenses and income. Attempt to acquire as many donations as possible – reduced costs result in realizing higher net proceeds for your event. Be aware of your progress – revisit your goals frequently and assess your progress.

**Set a Date**

Determine an appropriate and convenient time and location for those participants that will be attending. Check other event calendars including the Epilepsy Foundation of Michigan’s calendar of events to ensure there is no conflict.

**Logistics**

The Epilepsy Foundation of Michigan would be pleased to review the logistics of your event. We will provide you with information and support you in the areas of tax receipting, budgeting, sponsorships and donations.

The Epilepsy Foundation of Michigan will need to receive a list of targeted sponsors for the event before they are approached to minimize overlap with other Epilepsy Foundation of Michigan events and/or fundraising campaigns that may be underway.
The Epilepsy Foundation of Michigan can provide informational materials promoting the organization, its goals and accomplishments. Advance notice is needed regarding the quantities needed for the event.

Event organizers are responsible for obtaining all permits especially those for raffles and/or games of chance.

**Marketing and Promotion**

The event will be promoted in a manner to avoid statement or appearance of the Epilepsy Foundation of Michigan endorsing any product, firm, organization, individual or service.

Any group or individual wishing to use the Epilepsy Foundation of Michigan’s name or logo on any materials, including advertising, must receive the Epilepsy Foundation of Michigan’s approval prior to production.

The Epilepsy Foundation of Michigan must approve all promotional materials, including but not limited to advertising, letters, brochures, flyers and press releases prior to production or distribution. These materials are important to the success of your event and we would like our partnership to be as successful as possible.

**Collecting Money**

The Epilepsy Foundation of Michigan will need to receive a complete accounting of all funds collected and expenses related to the event. We reserve the right to inspect all event financial records.

The Epilepsy Foundation of Michigan is not financially liable for the promotion and/or staging of third-party events.

Any group or individual that is donating A PORTION of their net proceeds rather than the full amount, must state exactly how much, either in a percentage or a specific dollar amount on all promotional materials.

Under no circumstances should third-party event revenue and expenses flow through the Epilepsy Foundation of Michigan. Only the net proceeds from the event are to be processed by the Epilepsy Foundation of Michigan.

The sponsoring group or individual must handle all monetary transactions for the special event or promotion and to present the proceeds to the Epilepsy Foundation of Michigan within 60 days of the completion of the event.

The preferred method of payment is a check or money order payable to the Epilepsy Foundation of Michigan. Attached to the payment, should be a list of donors and donations of materials and supplies.

**Thank you**

The success of your event needs to be shared! Ensure the acknowledgement and thanks are generously given to everyone who supported the event and let them know how much their contribution(s) were appreciated.

**Begin Planning for Next Year...**

Review and evaluate the success of the event and begin strategies for next year.
Third Party Fundraising Event Proposal Form

Date submitted: ____________________________

Name of Individual/ Organization planning event: ____________________________

Contact Person: ____________________________

Phone Number: ____________________________

Full Address: ____________________________

Email: ____________________________

PROPOSED EVENT INFORMATION

Event Name & Type: ____________________________

Event Date: ____________________________

Event Time: ____________________________

Event Location & Full Address: ____________________________

Please provide a brief description of the event: ____________________________

Please describe how revenue will be generated (i.e. admission fees, tickets, raffle, proceeds): ____________________________
Do you require any of the following: (please check)

Tax Receipts: __ Yes  __ No
*If you checked YES than you will need to speak further with a representative of the Epilepsy Foundation of Michigan to ensure that your event is eligible to issue tax receipts.

Liquor License: __ Yes  __ No

Gaming License: __ Yes  __ No

Epilepsy Foundation of Michigan Staff Assistance: __ Yes  __ No

*Please note: for some events and activities it is necessary to take out a liquor or gaming license however the Epilepsy Foundation of Michigan will NOT take out a liquor or gaming license on behalf of a third-party event.

## BUDGET

<table>
<thead>
<tr>
<th>EVENT BUDGET</th>
<th>PROJECTED AMOUNT</th>
<th>ACTUAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total Cost (fill below)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venue</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Printing</td>
<td>$</td>
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<tr>
<td>Prizes</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Food/Beverage</td>
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<td>$</td>
</tr>
<tr>
<td>Advertising</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total Revenue- Total Cost =</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I, __________________________ understand that the Epilepsy Foundation of Michigan reserves the right to approve or deny this proposition to host a third-party event on behalf of the Epilepsy Foundation of Michigan. Pending approval, I agree to that the Epilepsy Foundation of Michigan’s name and logo are registered trademarks. I agree that a representative of the Epilepsy Foundation of Michigan must approve this proposal and the use of its name and/or logo prior to publicizing or holding the event. By publicly naming the Epilepsy Foundation of Michigan as the beneficiary of my event, I agree to donate the full amount of the proceeds raised within 60 days of the event date.

X ____________________________  _______________  
Signature of Applicant     Date

For Foundation Use ONLY
Date Approved: _____________________________  
Approved by: _______________________________
TERMS AND CONDITIONS
For Third Party Events held on behalf of the Epilepsy Foundation of Michigan

Please read and sign below to indicate your understanding of these terms and conditions:

This is a letter of agreement between the Epilepsy Foundation of Michigan and ________________________________, who wishes to organize a special event (Third Party Event) with proceeds going to the Epilepsy Foundation of Michigan.

1. The Epilepsy Foundation of Michigan will not cover expenses or assume any legal or financial liability associated with the Third Party Event.
2. The Epilepsy Foundation of Michigan authorizes the Third Party use of its name and logo in communications to the media upon obtaining prior approval from the Epilepsy Foundation of Michigan.
3. The Epilepsy Foundation of Michigan is not responsible for any accidents or damage to persons or property that may occur during the course of the event and the Third Party will arrange suitable insurance prior to the date of the Third Party Event.
4. Net Proceeds from the Third Party Event together with all related financial reports must be remitted to the Epilepsy Foundation of Michigan within 60 days of the Third Party Event. The Epilepsy Foundation of Michigan retains the right to verify the financial reports.
5. The Epilepsy Foundation of Michigan will advise the Third Party about regulations regarding tax receipts.
6. Any written materials require prior approval from the Epilepsy Foundation of Michigan.
7. If the Epilepsy Foundation of Michigan has serious concerns about the way that the project is being implemented and such concerns are not immediately addressed, the Epilepsy Foundation of Michigan can cancel this agreement by giving the Third Party 24 hours’ notice. The Epilepsy Foundation of Michigan is not responsible for financial or other damages that may result from such cancellation.
8. All sporting events require that participants sign waiver forms, waiving any physical, personal, or financial liability.

Name of Applicant: ____________________________

Company Name (if appropriate): ________________________________

Date submitted: ________________________________

Signature: ______________________________________

Event Name: ____________________________ Event Date: ________________________________

Please complete and return to:
Epilepsy Foundation of Michigan
25200 Telegraph Road, Suite 110, Southfield, MI 48033
For questions please call 1-800-377-6226 ext.1217

For Foundation Use ONLY
Date Approved: ____________________________ Approved by: ____________________________