

FUNDRAISING CAMPAIGN Proposal to Raise Funds

Cause related marketing campaign: usually includes activities that are based on the sales of a specific product with a percentage of proceeds going to Multicap.

Please ensure you have read and understood the Guidelines to Your Responsibilities before submitting this form.

SECTION 1 – COMPANY/ORGANISATION’S CONTACT DETAILS

Contact Person

Company/Organisation ABN:

Company Website

Address

Suburb Postcode Phone

Mobile Email

Do you have any history of criminal convictions? **Yes/No** (please circle and if yes, provide further details)

How did you hear about Multicap?

Have you previously raised funds for Multicap? (If so, how and when?)

SECTION 2 - PROPOSED FUNDRAISING CAMPAIGN

Proposed date/time & length of the fundraising campaign

Brief Description of product/campaign (eg. month long campaign with percentage of every sale of product donated to Multicap)

Approx number of units to be sold

Price per unit

% of dollar amount to be donated to Multicap

Please provide details of any sponsors associated with your raising funds activity (if applicable)

Would you like to use the ‘Inspirational Supporter’ Logo? (if yes, please provide details of what way/s you intend to use the logo)

Please refer to the Raising Funds Guidelines for correct logo usage. Do not obtain the logo from our website. You will be sent the logo after approval of your application. All artwork or communication using the Multicap Logo and/or name must be sent to Multicap for approval before it is used. Please allow at least 3-5 working days for this approval.

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SECTION 4 – INSURANCE & LEGAL MATTERS

As the organiser you must ensure any fundraising activities meet best practice requirements for the relevant Queensland charities guidelines. It is the sole responsibility of the organiser to ensure relevant permits, authorities, and/or licenses are obtained.

- | | |
|--|-------------------------------|
| Do you need/have Public Liability Insurance for this activity? | Yes/No (please circle) |
| Does the activity require permits from council/government bodies? | Yes/No (please circle) |
| Does the activity involve lotteries, raffles, auctions, competitions? | Yes/No (please circle) |
| Do you need/have permits if required for the above activities? | Yes/No (please circle) |

SECTION 5 – MULTICAP SUPPORT

Multicap is happy to provide materials to assist in promoting your fundraising activity (subject to availability). Please indicate your requirements and allow 3-5 working days for Multicap to approve your promotional materials using our banners prior to proceeding.

| Please tick items required | Quantity/Type |
|---|--------------------|
| <input type="checkbox"/> About Multicap services brochure | |
| <input type="checkbox"/> Multicap banner for promotional materials (pre approval required) | printed/electronic |
| <input type="checkbox"/> Multicap Wishing Well for donations - limit 1 large wooden well or small plastic wells | |
| <input type="checkbox"/> Inclusion of initiative on Multicap website (with details from this registration form) | Yes/No |
| <input type="checkbox"/> Multicap Lottery tickets to sell (a staff member will call) | Yes/No |
| <input type="checkbox"/> Monte Lupo Arts ceramic and gifts to sell (a staff member will call) | Yes/No |

SECTION 6 - ORGANISER'S ACKNOWLEDGEMENT

Please tick each box to indicate your acknowledgement and acceptance of the terms and conditions for holding a Community Fundraising Activity for Multicap. If you are under 18 years of age, please ensure a parent or guardian signs this form on your behalf.

- I have read, understood and agree to the terms and conditions outlined in the Guidelines to Your Responsibilities. As the organiser I agree to release Multicap to the fullest extent permissible under law for all claims and demands of any kind associated with my raising funds activity. Further, I agree to indemnify Multicap from and against all liability or costs that may arise in respect to any damage, loss, or injury occurring to any person in any way arising at or from my activity caused by breach of these responsibilities or my negligence.
- I agree to pay all cost associated with the campaign
- I confirm that all information provided in this document is correct at the time of submission and any alterations to the information post the approval process will be forwarded in writing to Multicap for further review prior to the activity being held.
- I agree to return all funds to Multicap within 14 working days of the campaign's end date.

Name (please print).....

Signature..... Date.....

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SECTION 7 – OFFICE USE ONLY

Received by (name).....

Position..... Date.....

Is the activity approved? Yes/No (please circle and note date) Date.....

If activity is approved note identification number issued ID No.....

Letter of authority or non acceptance, date sent Date.....

Funds returned within 14 days of end? Yes/No (please circle and note date) Date.....

Notes.....

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Contact Details

Please contact our Marketing & Communication team on 3340 9000 or email events@multicap.org.au for more information.

Thank you for your wonderful support. Together we make a positive circle of support... In all ways and always.