Community Event Application

Thank you for your interest in hosting an event for Arkansas Children’s. By choosing to host an event for Arkansas Children’s (AC), you are making a difference. To help guide you in hosting community fundraising events, we have established event guidelines and procedures. **All fundraising events require prior sanction and support from Arkansas Children’s Foundation.** If you have any questions, don’t hesitate to contact us. Call our main number at 501-364-1476, and ask for the Annual Gifts – Community Events department.

The completed event proposal form must be submitted to the ACF Events Committee **at least 45 days prior to the event in order to be considered for approval.** Arkansas Children’s Foundation (ACF) reserves the right to approve all events. Successful events should uphold the mission and image of AC, and offer net proceeds or an acceptable percentage of net revenue to Arkansas Children’s. Your application will be reviewed and you will be notified of approval/status within 5-7 business days. Events will be approved on a case by case basis.

**Until your event is approved, use of the Arkansas Children’s name, logo, or any of its licensed marks is strictly prohibited.** Please read our [Fundraising Policies and Guidelines](#), our [Graphic Standards](#), and [Instructions for Handling and Documenting Cash and Other Donations](#).

Please fill out your contact information:

**Title:** (Mr. / Mrs. / Miss / Dr.)

First Name: ______________________________________________

Last Name: ________________________________________________

Email: ____________________________________________________

Street Address 1: __________________________________________

Street Address 2: __________________________________________

City: _____________________________________________________

State/Province: ____________________________________________

ZIP / Postal Code: __________________________________________
Country: __________________________________________________________

Phone Number: _____________________________________________________

You may receive periodic communications from Arkansas Children’s Hospital Foundation. You can manage your email preferences at any time by logging into our site or by contacting us.

Please answer the following questions:

Company/Organization: ________________________________________________

Are you a 501c3 organization? (Yes or No) ________________________________

If yes, what is your 501c3 number?: _________________________________

Event Name: _________________________________________________________

Please describe your proposed fundraising event: ________________________________

____________________________________________________________________

____________________________________________________________________

Event Start Date: ____________________________

Event End Date: ____________________________

Event Start Time: ____________________________

Event End Time: ____________________________

Event Location: ______________________________________________________

____________________________________________________________________

Promotional Period: _________________________________________________

Event Website: ______________________________________________________

Event Fundraising Goal: ______________________________________________

Where would you like the funds raised to be designated? ______________________

____________________________________________________________________

Please briefly describe how you will promote this event? ______________________

____________________________________________________________________

Is this event open to the public? (Yes or No) ________________________________
In order to acknowledge and thank donors for their gifts to Arkansas Children’s, we also require collection of donor information (this includes name, email address, mailing address, and phone number.) How will you capture donor information for your event?:

____ Online (website registration, online ticket sales, etc.)

____ On Site at event (sign-up sheets, registration form at event, etc.)

Will you need assistance from Arkansas Children’s to capture donor information?

___________________________________________________________________

Does your company or organization utilize a database to capture and track donors or attendees?: ________________________________

Once your event is complete, how will you submit the donor information from your event to Arkansas Children’s? ________________________________

_____________________________________________________________________

*Question - Required - Major source of income? Check all that apply:
Please make at least 1 selection from the choices below.

☐ Admission/ticket sales

☐ Auctions (in-kind donation forms will be provided upon approval)

☐ Monetary/cash donation collection

☐ Sale (baked goods, crafts, etc.)

☐ Promotions/percentage of sales to benefit Arkansas Children’s

☐ Sponsorships (Note: Sponsor levels and benefits must be reviewed and approved)

☐ Proceeds from vendors at event

☐ Other (explain below)

_____________________________________________________________________

Will any other organization benefit from this event/promotion? __________________

If yes, please list other benefiting organizations and percentage going to each:

_____________________________________________________________________

_____________________________________________________________________

*Has this event been approved by necessary local and county officials? __________________

Will you have event sponsors? (Yes or No)______________ If Yes, please note the
company/ organization name(s):___________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
How do you plan to use the Arkansas Children’s logo? (Note: All logo usage must be sent over to ACF staff for approval prior to promoting the event): ________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

*Question - Required - Check below any requests from Arkansas Children’s Hospital Foundation (select all that apply):
Please make at least 1 selection from the choices below.
- Welcome Kit (mailed out upon event approval include appropriate AC branded supplies and disposable plastic banner)
- Donation form to capture donor information
- Ambassador Family /Child To Speak at Event
- Digital copy of Logo
- Other (explain below)

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

AGREEMENT:

Arkansas Children’s welcomes fundraising proposals for review, but choosing to submit a proposal does not obligate Arkansas Children’s Foundation to enter into a fundraising agreement with you. Additionally, all funds raised for Arkansas Children’s Foundation will need to be remitted no later than 30 days after your fundraiser has ended.

By submitting a fundraising proposal you agree to assume all risks and liabilities associated with the proposal and hereby release and hold harmless Arkansas Children’s entities, their directors, officers, employees, agents, and successors from and against any and all claims, damages, liabilities, costs, and expenses, including reasonable attorney's fees arising out of or in connection with the event, including without limitation any personal injuries or damages to property that may occur in conjunction with your proposal.

Although Arkansas Children’s actively encourages third-party fundraising events and
promotions, we must approve all events in advance. The Foundation and/or hospital maintain the right to decline events. This is an important safeguard in preserving the integrity of the name and reputation of Arkansas Children’s, Arkansas Children’s Northwest, Arkansas Children’s Foundation, and Children's Miracle Network Hospitals, as well as our commitment to our donors.

If Arkansas Children’s Foundation agrees to enter into a fundraising agreement with you, all written, electronic or printed fundraising program materials containing Arkansas Children’s and Children’s Miracle Network Hospitals logos or trademarks, before and after your fundraising begins, must comply with graphic standards and must be submitted to us for approval before printing or circulation.

**By submitting this Event Application, you certify that you have reviewed and agree to the [Arkansas Children’s Foundation Fundraising Policies and Guidelines](#), the [Arkansas Children’s Graphic Standards](#), and the [Instructions for Handling and Documenting Cash and Other Donations](#).**

Please sign and date to show that you approve of the above terms:

Signature____________________________________________Date:__________________

FOR OFFICE USE ONLY:

Approved by:_________________________________________Date:_________________

Please mail completed applications to:

Leah Hillyer  
Arkansas Children’s Foundation  
#1 Children’s Way, Slot 661  
Little Rock, AR 72202

Or you may email completed applications to:

Leah Hillyer  
HillyerLA@archildrens.org  
501-364-2095