SPECIAL EVENT PROPOSAL FORM

(To be completed by sponsoring organization/corporation/individual)

Thank you for your interest in supporting

Stony Brook Long Island Children’s Hospital.

NAME OF EVENT/PROMOTION:



Contact Person:



Address:



Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone numbers: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work/cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time of event:



Location of event:



Address:



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| City: |  | | |  | State: |  | ZIP: |
| Is this fundraiser open to the public? (check one) | | | | | □ YES | | □ NO |
| Admission fee: $ | | | | |  |  |  |
|  |  |  |  |  |  |  |  |



Type of Project: (Please explain in detail. Use attachments if necessary.)



Publicity / Promotion Activities: (Please list types of promotional activities including posters and flyers.)



Does the organization plan to use Stony Brook Children’s name to promote the program/event? If yes, please describe. \*\*



*\*\*Stony Brook Children’s must review all publicity materials which feature our name and/or logo.*

List the organization/corporation’s principal officers.



Projected donation to Stony Brook Children’s: $



*(See attached Budget Proposal Form)*

*I have read and agree to adhere to the Stony Brook Children’s Special Event Policies outlined in the attachment.*

|  |  |  |
| --- | --- | --- |
| Signature |  | Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Name (please print) |  |  |
|  |  |  |
| Name of Organization | Date of Application |



Please return to:

Stony Brook Medicine

University Advancement

Health Sciences Tower, Level 4, Room 172

Stony Brook, NY 11794-8430

Tel:

Fax:

SPECIAL EVENT BUDGET PROPOSAL

(Must be attached to Special Event Proposal Form)

Name of event / promotion:



Date Scheduled:



Contact Person:



Telephone number(s): (H) (C)



Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **INCOME (Please itemize)** | | |  | **EXPENSES (Please itemize)** | | |
| Ticket sales | | $ |  | Rent | | $ |
| Concessions | | $ |  | Food | | $ |
| Sponsorships | | $ |  | Printing | | $ |
| Other income | | $ |  | Fees | | $ |
|  |  | $ |  |  |  | $ |
|  |  | $ |  |  |  | $ |
| Total projected income: | | |  | Total projected expenses: | | |
|  |  | $ |  |  |  | $ |

Total projected donation to Stony Brook Children’s: $



Please return this completed form along with the Special Events Proposal form to:

Stony Brook Medicine

University Advancement

Health Sciences Tower, Level 4, Room 172

Stony Brook, NY 11794-8430

Tell:

Fax:

SPECIAL EVENT POLICY AND GUIDELINES

Stony Brook Children’s requires the following guidelines be met by all groups wishing to conduct special events on behalf of the hospital.

1. Pre-approved written permission is required through Stony Brook Medicine Advancement for the use of Stony Brook Children’s name for publicity and fundraising purposes by community groups and individuals. Once approval has been granted, use of Stony Brook Children’s name for publicity and fundraising purposes must strictly adhere to Stony Brook University style guideline. Use of any Stony Brook University logo without consent will be considered unauthorized.
2. It shall be the goal of all events intended as “fundraisers” to net 50% of the gross income.
3. All copy for advertisements, point of purchase materials and other event-related promotional materials used by a sponsoring organization must be approved by Stony Brook University Advancement prior to use.
4. No costs associated with special events that are sponsored by a community group will be incurred by Stony Brook Children’s.
5. Recognition for the sponsoring group’s donation to Stony Brook Children’s will be in accordance with the established donor recognition guidelines, which begin at the $50,000 level.
6. By completing this form, you agree that the proceeds will be presented to

Stony Brook Children’s within 30 days after the event, unless otherwise agreed to prior to the event. All monetary transactions for the special event will be handled by the sponsoring group.

1. All staffing and volunteers for the special event will be provided by and will be the responsibility of the sponsoring group unless otherwise agreed to prior to the event.
2. Stony Brook Children’s does not loan or give out its mailing list for special events or promotions.
3. Stony Brook Children’s will supply sponsoring group with a hospital banner to be displayed at the event and, as appropriate, will promote event on the Stony Brook Medicine website, Stony Brook Children’s website, Stony Brook Children’s Facebook page, Stony Brook Children’s Twitter and/or internal Stony Brook Medicine e-mail newsletters.
4. All aspects of approved events must be reflective of Stony Brook Children’s reputation as a family-centered institution. Based upon Stony Brook Children’s mission, we reserve the right to respectfully decline support from any organization, corporation and/or individual.
5. The sponsors agree to indemnify and hold harmless Stony Brook Medicine, the Stony Brook Foundation and all its officers, directors and employees from any and all claims and liabilities in any way related to the event. Agreement to accept funds generated from an event does not imply that Stony Brook Children’s endorses the organization and/or individual(s) involved.
6. The sponsoring group must supply the Office of Advancement at Stony Brook Medicine with event attendee email addresses. Stony Brook Medicine will send thank you notes via email to event attendees within one week of the event.