

# [ Abilities Network ]

8503 LaSalle Road  
Towson, MD 21286

410-828-7700 phone

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www.abilitiesnetwork.org

## EVENTS AND PROMOTIONS PROPOSAL

Thank you for your interest in [ Abilities Network ]. Each year, we receive many requests from companies, organizations and individuals that wish to hold a promotion, event, or sale to benefit the Abilities Network. We are grateful for dollars raised through events -- they help make it possible for our organization to provide programs and services through Epilepsy Services, Autism Services, Healthy Families Program, Project ACT (All Children Together), Community and Employment Partners and Support Services.

Because of the volume of these requests, we cannot personally participate in each event that is proposed. Therefore, we have developed criteria for participation, and we carefully review each proposal received. These rules *only* apply to event organizers who wish to use the name Abilities Network or its logo in promoting the event, and *not* to companies organizing internal employee teams. We request permission from our Board of Directors before agreeing to participate in fundraising or promotional events based on the attached.

The Abilities Network participates in third-party events. As an event organizer, we ask that your organization provide all elements needed to complete your event or promotion. Before an individual, company or organization may proceed with a special event or promotion to benefit Abilities Network, the attached form must be completed and returned to our headquarters at the address above. We require that these rules and regulations be followed:

### Rules and Regulations

1. The use of the name or logo of Abilities Network may not be used in any way without prior written permission. The official logo will be made available upon approval. Any license which may be granted to use the name or logo of Abilities Network expires 30 days from the date of the event.
2. Abilities Network name, logo and/or letterhead may not be used by any individual or organization to solicit prizes, sponsorship, underwriting or cash donations from another organization in order to support the event, promotion or sale. In addition, Abilities Network will not solicit prizes for your event.
3. A minimum of 4 weeks lead-time is required.
4. An individual, company or organization may not offer, on behalf of Abilities Network, free tickets, advertising or mentions in event programs in exchange for cash donations, sponsorships or underwriting.
5. Items sold at your event are not tax-deductible.
6. Abilities Network cannot guarantee media coverage (television, radio or print). You may contact the media about your event or promotion and communicate with any Abilities Network contacts or arrangements that are made.
7. Abilities Network does not purchase advertising to promote third-part events.
8. Abilities Network is not responsible for providing liability insurance for your event. All event organizers indemnify and hold harmless Abilities Network from liabilities, losses and expenses arising from the event or promotion. All event organizers must sign an indemnity form provided by Abilities Network prior to the event.
9. Abilities Network cannot guarantee volunteers will be available for your event. Abilities Network employees may be available for assistance upon approval.
10. Additional sponsors may reflect on Abilities Network, which is why we reserve the right to approve additional sponsors.
11. A minimum of 25% of the gross proceeds of the event must be donated to Abilities Network. A financial statement must be presented within five working days of the event.
12. It is your responsibility to make clear to all of your event participants that Abilities Network is not a sponsor of the event, but is only a beneficiary of a portion of the net proceeds.

[ Abilities Network ]

EVENTS AND PROMOTIONS PROPOSAL FORM

Contact Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

1. Please describe the event or promotion in detail: date, location, time, etc.

2. Please list all parties involved with the event (individuals, organizations, media, etc.)

3. What is the total amount of revenue you estimate will be generated from the event?

- ∞ Total revenue anticipated \_\_\_\_\_
- ∞ Total expenses projected \_\_\_\_\_
- ∞ Estimated amount that will be donated \_\_\_\_\_
- ∞ Other \_\_\_\_\_

4. Please outline how you promote the event.

- ∞ Media
  - Print
  - TV
  - Radio
- ∞ Public Relations (agency or in-house)
- ∞ Paid Advertising
- ∞ Brochures/flyers
- ∞ Signs or Banners
- ∞ Direct Mail
- ∞ Other

5. Will Abilities Network logo be used? If yes, how?

6. What would the proposed responsibilities be of Abilities Network?

7. Do you need staff support from Abilities Network to complete your event? If yes, please detail how many people you need, hours of operation and their job description.

8. Please include any other pertinent information.

9. Why did you choose Abilities Network?

Please sign:

I understand and agree to comply with the rules and regulations for conducting a third-party fundraiser.

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Name

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Date

Please return the completed form to:

Stacey Schiano, Development Director

[ **Abilities** Network ]

8503 LaSalle Road, Towson, MD 21286

Phone: 410-828.7700 Fax: 410-828-7708

Email: [sschiano@abilitiesnetwork.org](mailto:sschiano@abilitiesnetwork.org)