

# Do it Yourself (DIY) Event Proposal

Fox Valley Hands of Hope  
200 Whitfield Drive  
Geneva, IL 60134

**Phone:** 630-232-2233 Ext. 221

**Contact:** Gayle Deja-Schultz,  
Director of Development

**Email:** gayled@fvhh.net

Benefiting:



## CONTACT INFORMATION

Group/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

**Name of Proposed Event:** \_\_\_\_\_

Date(s) Scheduled: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Venue Address: \_\_\_\_\_

Proposed Event Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will funds be raised?    Ticket Sales    Sponsorship    Auction    Raffle

Other: \_\_\_\_\_

Anticipated Event Budget (US\$):

\$ \_\_\_\_\_ Anticipated Event Gross Income

\$ \_\_\_\_\_ Anticipated Event Expenses

\$ \_\_\_\_\_ Anticipated Event Net Revenue

\_\_\_\_\_ Estimated date funds will be received by FVHH

Does your event require a license or permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please note that certain gaming events, such as raffles or bingo, requires registration and licensing with the state. Additionally, many public locations, such as parks or forest preserves, require a permit.

Are there other beneficiaries of the event? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please specify the other organizations and what percentage FVHH will receive:

\_\_\_\_\_ %  
\_\_\_\_\_ %

Proposed use of FVHH Logo, Name and Images: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will the event be marketed/publicized (e.g. invitation, press releases, flyers, radio/TV/printed ads)?

\_\_\_\_\_  
\_\_\_\_\_

Will your event require:

\_\_\_\_\_ Donation Envelopes      Quantity \_\_\_\_\_

\_\_\_\_\_ Informational Materials      Quantity \_\_\_\_\_

\_\_\_\_\_ Promotional Materials      Quantity \_\_\_\_\_

Do you want the event proceeds to go to FVHH general funds, or benefit a particular FVHH program?

\_\_\_\_\_  
Please list all businesses you plan to solicit for cash, in-kind support or donations. Attach a separate sheet, if necessary: \_\_\_\_\_  
\_\_\_\_\_

Would you like your event to be listed on our online Event Calendar? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like FVHH to create a web page (URL) for the event? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like FVHH to provide online registration for the event? \_\_\_\_\_ Yes \_\_\_\_\_ No

The undersigned has read, understands and agrees to the terms of the Fundraising Guidelines of Fox Valley Hands of Hope (FVHH) and further agrees to release, defend, and hold harmless Fox Valley Hands of Hope and any of its affiliated or related companies, and each of their successors, underwriters, insurers and agents, and further releases from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature sustained or alleged to have been sustained by any person or entity as a result of the project or event described above.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail, fax or email this completed form (all pages) to:

Gayle Deja-Schultz, Director of Development

Fox Valley Hands of Hope

200 Whitfield Drive

Geneva, IL 60134

Phone: (630) 232-2233 ext. 221

E-Mail: [gayled@FVHH.net](mailto:gayled@FVHH.net)

FOR FVHH USE ONLY

Date: \_\_\_\_\_

Proposal: \_\_\_\_\_ Approved \_\_\_\_\_ Declined

By: \_\_\_\_\_

Title: \_\_\_\_\_