



Do it Yourself (DIY) Event Proposal

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? (circle all that apply) Ticket Sales Sponsorship Auction

Raffle Other: _____

Anticipated Event Budget (US\$): \$ _____

Anticipated Event Gross Income \$ _____

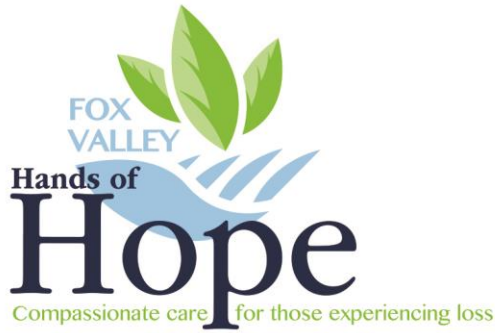
Anticipated Event Expenses \$ _____

Anticipated Event Net Revenue \$ _____

Estimated date funds will be received by FVHH: _____

200 Whitfield Drive
Geneva, IL 60134
P. 630.232.2233
F. 630.232.0023
www.FVHH.net





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/social media/printed ads)? _____

Will your event require:

_____ Donation Envelopes Quantity _____

_____ Informational Materials Quantity _____

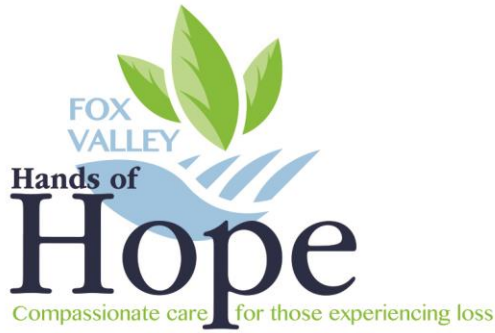
_____ Promotional Materials Quantity _____

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 or email this completed form (all pages) to:

Cindy Bravos, Director of Community Support & Marketing

Fox Valley Hands of Hope

200 Whitfield Drive

Geneva, IL 60134

Phone: (630) 232-2233 ext. 1221

E-Mail: cbravos@fvhh.net

FOR FVHH USE ONLY Date: _____ Proposal: _____ Approved _____ Declined _____

By: _____ Title: _____

200 Whitfield Drive
Geneva, IL 60134
P. 630.232.2233
F. 630.232.0023
www.FVHH.net

