



LETTER OF AGREEMENT

As administrator of the proposed event, I agree to assume full financial responsibility for the special event/fundraiser and understand that NO/AIDS Task Force d.b.a. CrescentCare ("beneficiary") will assume no liability related to the event unless specifically agreed to in writing.

I agree to adhere to all federal, state, and local laws as they apply to fundraising and will remit the net proceeds from the event, as stated in the attached proposal, to Beneficiary within 90 days after the event.

I agree to submit for approval at least one week before printing, all promotional materials using beneficiary's name and/or logo, and will not use beneficiary's name or logo without written permission from the Director of Development, Development Committee Chairman or Executive Director of NO/AIDS Task Force. Additionally, I agree to submit in advance for approval by the Director of Development the names of any business or organization to be solicited for support, so as to avoid conflict with other fundraising efforts benefiting NO/AIDS Task Force.

Authorized representative or organization responsible for the event:

Signature: _____ Date: _____

Name (please print): _____

Organization/Corporation: _____ Title: _____

Address: _____

Phone: _____

**Please return all three pages by mail: CrescentCare, 2601 Tulane Ave, Ste 500, New Orleans, LA 70119
email: chris.leonard@crescentcare.org or fax: 504.267.3014**

Official use only

Approval signature: _____ Date: _____

Event information form completed and returned: _____ yes _____ no

Use of name in advertising and PR materials: _____ approved _____ not approved

Use of logo in advertising and PR materials: _____ approved _____ not approved





EVENT INFORMATION FORM

NO/AIDS Task Force d.b.a. CrescentCare is accountable to the public for all fund-raising activities using our name. Therefore, the following information must be submitted to the Development Department for review and approval before proceeding with event plans. This proposal may be subject to review by the Fund Development Committee or Board of Trustees, depending on the scope and nature of the event. Your cooperation and your interest in supporting NO/AIDS is very much appreciated.

Please print or type information

Date of Application: _____ Contact Name: _____

Name of organization/corporation planning event: _____

Address: _____ City, State, Zip: _____

Type of Event Planned: _____

Date: _____ Time: _____ Location: _____

Has the location of the event been secured? ____ yes ____ no

Is this a first-time event? _____ repeat event? _____ if repeat, when? _____

Will NO/AIDS be the sole beneficiary of this event? ____ yes ____ no

If no, please list other beneficiaries and percentage to be donated to each: _____

Approximate number of people expected to attend: _____ Anticipated gross revenue: _____

Anticipated expenses: _____ Anticipated net revenue: _____

(please attach budget)





What percent of proceeds do you intend on donating to NO/AIDS? _____

Which will the donation come from? _____ gross proceeds _____ net proceeds

It is our policy that the percentage be stated in promotional materials

Additional information regarding donation: _____

Price structure of event (entrance fee, ticket cost, cover charge, etc.): _____

In addition to the above, money will be generated through:

_____ raffle; _____ auction; _____ % of merchandise sales; _____ other (please specify) _____

NO/AIDS Task Force d.b.a CrescentCare assumes no liability related to special events conducted by other organizations for our benefit. You may be required to provide proof of your insurance coverage for the event.

Name the insurer: _____ I understand that NO/AIDS Task Force d.b.a. CrescentCare ("beneficiary") will assume no liability related to the event unless specifically agreed to in writing

List all businesses, individuals, civic or social organizations, or foundations that will be or have been solicited for underwriting, sponsorship, in-kind giving or other contributions for this event. _____

What are your specific expectations of NO/AIDS, e.g. mailings, publicity, volunteers, donor solicitation, etc.?

When, where and how will you use the name of NO/AIDS Task Force? (Please note: printed materials which include the name/logo of NO/AIDS Task Force must be reviewed and approved in writing to ensure that it is consistent with our graphic standards.) _____
