## Application to Conduct an Independent Fundraiser to benefit the Maine Affiliate of Susan G. Komen for the Cure®

Date of Application:			
Organization or Group:			
Contact Name:			
Email:	Phone:		
Mailing Address:			
<u>EVENT INFORMATION</u>			
Name of Proposed Event:			
Description of Proposed Event:			
Date(s) of Event:	Time:		
Location:	Rain Date (if applicable):		
In what ways will you raise funds through this even	nt? Please check all that apply and add specifics on amounts to be charged.		
Donations at the door / admission / registratio	n		
Selling merchandise			
Raffle (must follow all State laws)			
Other:			
Date by which payment will be made to the Affiliate:	A reminder, per our guidelines, that Independent Fundraisers should adhere to the standard of no more than 25% of gross revenues for expenses.  In accordance with the Better Business Bureau Wise Giving Alliance's		
Anticipated Income:	guidelines for charitable promotions, all advertising and promotional materials for your event must clearly disclose to the public the specific		
Anticipated Expense:	amount of money from the consumer's purchase that will be donated to the Komen Maine Affiliate (i.e. \$10 of each ticket or 20% of the sales).		
Anticipated Donation:	Please list those amounts in this application. This information is required for the processing of the Letter of Agreement.		

## Application to Conduct an Independent Fundraiser to benefit the Maine Affiliate of Susan G. Komen for the Cure®

Please list any planned publicity, promotion or advertisement for this event:			
Will any other charitable organizations benefit from this event/promotion? If so, please describe the relationship.			
f an established event, please describe it's history and who the beneficiary organization has been in the past:			
The Komen Maine Affiliate can only provide limited assistance for Independent Fundraisers, due to our estrictions outlined in the Guidelines. Please check below any assistance you may request for your ever		ed resources and	
Educational materials to hand out to attendees / participants.			
A representative from Komen would be appreciated to speak at this event (subject to availability).			
☐ We would like to have an educational table set up where attendees can learn about breast health and donate to Komen.			
Other requests:			
INSURANCE REQUIREMENTS			
All Independent Fundraisers, which name the Maine Affiliate of Susan G. Komen for the Cure as a benefactor, must provide the Affiliate with an insurance certificate showing proof of insurance and naming the Affiliate as additional insured at least 30 days prior to the event. The Maine Affiliate of Susan G. Komen for the Cure and Susan G. Komen for the Cure must be named additional insureds.			
THIS IS AN APPLICATION, NOT A BINDING CONTRACT			
Applicant has read the attached Independent Fundraiser Guide for events benefiting the Maine Affiliate of Susan G. Komen for the Cure and agrees to abide by them. Applicant understands that approval must be granted by the Komen Maine Affiliate and a Letter of Agreement must be fully executed (signed by both parties) before Applicant may plan or promote the proposed event. The Maine Affiliate of Susan G. Komen for the Cure shall not be liable to any vendor or other third party for any fees, costs, or payments of any kind associated with the event, and Applicant agrees to indemnify and hold harmless the Komen Maine Affiliate against any such claims by third parties or vendors for said fees, costs or payments.  Please provide the Affiliate a minimum of 60 days for processing and approval. Depending on the complexity of the event, approval may have to be gained from Komen's headquarters before moving forward.			
Signature	Date		

A digital signature is acceptable (please email to info@komenmaine.com), or you may print this document, sign and mail to Komen Maine Affiliate, PO Box 1626, Bangor, ME 04402-1626 Questions? Call 207-262-7117

Thank you very much for wishing to fundraise for the Komen Maine Affiliate. Together, we can end breast cancer forever.