



COMMUNITY FUNDRAISER EVENT GUIDELINES

A Community Fundraiser is any event produced to benefit Children's Aid and Family Services ("agency") or any of its services which is being organized by a non-agency individual or organization.

The following guidelines pertain to any and all Community Fundraiser Events benefiting Children's Aid and Family Services. Please review them before completing and submitting your event application.

1. Events to benefit Children's Aid and Family Services must be pre-approved by the agency's Development Department. Completion of the Children's Aid and Family Services [Community Fundraiser Event Form](#) is required for all events.
2. Once your fundraiser is approved, we will provide you with the Children's Aid and Family Services' name and logo artwork for your materials. We must review everything with our name and logo before it is printed, distributed, or uploaded online.
3. For legal reasons, Children's Aid and Family Services can only be identified as the beneficiary. For example, your fundraiser can't be called "Children's Aid and Family Services' Bike Ride for Kids." Instead, it could be called "A Bike Ride for Kids to benefit Children's Aid and Family Services."
4. Children's Aid and Family Services respects the confidential nature of our donor lists and therefore is not at liberty to provide donor names and/or contact information for solicitation.
5. To avoid duplication we ask that you notify us before asking any business or company for a donation of cash or in-kind items.
6. It is the responsibility of the organizer of the event to obtain any permits and a certificate of insurance for the event as required by local, state and federal laws.
7. Children's Aid and Family Services is unable to sell tickets on behalf of individuals or organizations for Community Fundraising Events.
8. Funds raised from an event must be remitted to Children's Aid and Family Services within 60 calendar days of the event date.
9. Children's Aid and Family Services reserves the right to decline approval or withdraw as beneficiary of the event at any time if we feel there is a conflict of interest or the event may have a negative effect on the image of Children's Aid and Family Services.



CHILDREN'S AID
AND FAMILY SERVICES

COMMUNITY FUNDRAISER EVENT FORM

The following form is an application only. It will be submitted to the agency's community fundraising events committee for approval in accordance with the agency's established policies and procedures.

We apologize for being so formal, but this really helps all parties have clearer communications and understanding!

Name of Group/Organization: _____

Address: _____

City, State, Zip : _____

Contact Person: _____

Title: _____ Phone Numbers: _____ (w)

_____ (c) _____ (h)

Fax Number: _____ Email: _____

Event/Promotion Name: _____

Date(s) of Event/Promotion: _____

Time(s): _____

Name and Address of Facility where event is being held: _____

How will the funds be raised: _____

How will the funds be collected: _____

If 100% of the net proceeds of the event will not be distributed to Children's Aid and Family Services, please explain: _____

What other organization/s receive funding if Children's Aid and Family Services receives less than 100% of funds?: _____

Do you have a Certificate of Insurance to cover the Event/Promotion: Yes or No (please circle).
You will need to provide us a copy of The Certificate of Insurance (your broker can provide this) before the event.

Carrier: _____ Policy Number: _____

If No, are you prepared to arrange this? Yes or No (please circle)

Type of assistance requested from Children's Aid and Family Services: _____

Are you requesting use of the agency logo: Yes or No (please circle)

If Yes, please explain your use of the logo: _____

Would you like your Event/Promotion listed on the events portion of the Children's Aid and Family Services' website? Yes or No (please circle)

If Yes, please list contact name and number and/or email/website: _____

Who is providing food/drink: _____

Is alcohol being sold or given away: Yes or No (please circle)

Do you have a liquor license: Yes or No (please circle)

Who is responsible for providing security: _____

Name of security company: _____

Is the security company licensed?: Yes or No (please circle)

Insured?: Yes or No (please circle)

Please note:

1. Funds raised on the behalf of Children's Aid and Family Services and its entities are to be sent to the agency within 60 calendar days of the event date.
2. Drafts of all materials using the Children's Aid and Family Services name and logo are to be submitted for pre-approval by Children's Aid and Family Services before being printed, distributed, or posted online?

I acknowledge I have read and will follow the Community Fundraiser Event Guidelines attached and will adhere to all requirements.

Please sign: _____

Please indicate date 60 calendar days from event date: _____

Please return signed form to:

Special Events Manager
Development Department
Children's Aid and Family Services
200 Robin Road
Paramus, NJ 07652
Phone Number: (201) 261-2800
Fax Number: (201) 634-3672
www.cafsnj.org