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**The Hospice of Windsor & Essex County Inc.  
Third Party Event Application**

**Purpose:** These worksheets are designed to help prospective committees with their planning and organization process. We thank you in advance for your time and energy. The Hospice would not be able to offer programs and services at no cost without the generous contributions of people like you.

**Name of Chair:** \_\_\_\_\_

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

**Date of Event:** \_\_\_\_\_

**Submission Date of Proposal:** \_\_\_\_\_

**Proposed Date of Fundraising Committee Response:** \_\_\_\_\_

**Committee Members**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

**Hospice Staff Liaison:** \_\_\_\_\_



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### Event Budget

Income Sources	Previous Year (\$)	Budget (\$)	Actual (\$)
1.			
2.			
3.			
4.			
5.			
<b>Total Income</b>			

Estimated Expenditures	Previous Year (\$)	Budget (\$)	Actual (\$)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>Total Expenditure</b>			
<b>Total Budget</b>			



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### Completed Project Summary Report

Number of Committee Members: \_\_\_\_\_ Number of Committee Meetings: \_\_\_\_\_

Total Number of Volunteers Participating: \_\_\_\_\_

Volunteer Hours:	Staff Hours:	Surplus / Deficit Budgeted:	Surplus / Deficit Actual:	Over / Under Budget:

Publicity and Promotion Used (Explain all methods of promotion on project):

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Evaluation of Benefits of the Project (Public relations / income):

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Committee Chair Recommendations & Comments:

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\_\_\_\_\_  
Project Chair

\_\_\_\_\_  
Hospice Staff



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**THIRD PARTY FUNDRAISING EVENT / PROMOTION**  
**INFORMATION SHEET**

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

**Date of Event:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Information Taken:** \_\_\_\_\_

**Chair Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Co-Chair Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**FINANCIAL INFORMATION**

Estimated income from the special event/promotion \$ \_\_\_\_\_

Estimated expenses for the special event/promotion \$ \_\_\_\_\_

Estimated donation to the Agency \$ \_\_\_\_\_

Donation to other charities \$ \_\_\_\_\_

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*For office use only*

*Reviewed by the Community Engagement & Advancement Committee*

Third Party Event Application Received **YES / NO**

Approved

Not Approved

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

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_