GENERAL INFORMATION:
Thank you for your interest in supporting Susan G. Komen Columbus®. Our vision is a world without breast cancer!

Contributions are important to our organization as we continue the fight to end this disease. Please read through the following guidelines to determine if your project is a match with Komen Columbus. If so, please complete the application below and submit by fax (614) 297-8152 or email to katiecarter@komencolumbus.org.

Once the application is received, the project will be submitted for consideration and approval. Please allow 5-10 working days for review of the application.

GUIDELINES:
In general, Susan G. Komen Columbus is not able to handle any administrative aspects of Third Party Events. Your organization must have the means to sell tickets, staff the event, send and track invitations, initiate publicity and commit the necessary funds for advertising.

For all events or sales that anticipate net income less than $1,000 the Affiliate encourages the organization, individual or entity to consider going Passionately Pink for the Cure or holding a Rally for the Cure event. More information about these programs can be found on www.komencolumbus.org under Get Involved and Fundraising for Komen. For events or sales with a net income anticipated of $1,000 or more, the Affiliate can grant the use of our name and logo for promotional purposes. (Exceptions on case-by-case basis at the Affiliate’s discretion).

THE AFFILIATE REQUIRES ALL THIRD PARTY FUNDRAISERS TO:

1. Complete an application (see below) and email to katiecarter@komencolumbus.org.
2. Once the event or sale is approved, a Third Party Agreement Contract must be signed immediately.
3. Ensure sponsors, attendees and participants make their payments to you as the entity conducting the event or sale. You cannot offer participants the option of direct payment to the Affiliate for tax purposes; we are not able to issue tax receipts for third party events.
4. Inform us of any potential event sponsors or underwriters for your event or sale before you secure them to avoid conflict with established connections the Affiliate may have.
5. If the event consists of a sporting component, ALL participants must sign a waiver form (sample form can be provided).
6. Submit payment by check within 30 days following the conclusion of the event or sale.

If insurance is required for your event or sale, at the minimum, the Third Party Fundraiser must present proof of comprehensive general liability insurance in the amount of one million dollars ($1,000,000) which covers liability for bodily injury, property damage or death arising out of the third party event or sale. You will be required to name the following as Additional Insured on your policy solely with respect to the sale or event:

1. Susan G. Komen for the Cure®, 5005 LBJ Freeway, Suite 250, Dallas, Texas 75244 AND
2. Susan G. Komen Columbus, 929 Eastwind Drive, Suite 211, Westerville, Ohio 43081.

More Information: komencolumbus.org | T: (614) 297-8155 | F: (614) 297-8152 | info@komencolumbus.org | 929 Eastwind Drive, Suite 211 Westerville, OH 43081
All Third Party Agreement applications must clearly state a specific percentage of net revenue or a specific dollar amount that they will contribute to Komen Columbus. For example, $10 of each ticket sold or 10 percent of the sales price of this product, etc.

**THIRD PARTY EVENTS/INITIATIVES:**
Special and sporting events, benefits, promotions, franchise promotions, civic organizations, local businesses:

- Proceeds benefit Komen Columbus with a minimum anticipated donation of equal to or more than $1,000.
- **Proof of insurance for the event WILL BE REQUIRED, NO EXCEPTIONS.**
- All sporting events require naming of the Komen Columbus Affiliate and Susan G. Komen as Additional Insured on Fundraiser’s insurance policy solely with respect to the event.
- If a sporting event, waiver forms must be signed by ALL event participants and kept on file by the Third Party Fundraiser.
- Benefits from the Affiliate include:
  - Permission to use the Affiliate name and/or logo. Please remember that all marketing materials have to be approved by the Affiliate **BEFORE** printing.
  - References to Affiliate in publicity or promotional materials (e.g., fliers, tickets, invitations, etc.) should say:
    - **First reference:** Susan G. Komen Columbus®
    - **Subsequent reference:** Komen Columbus
  - Komen Columbus cannot share our mailing list. However, Affiliate will post information on our official website through our calendar of events.
  - Affiliate will promote via social media outlet(s).
  - Inclusion in Affiliate email blast if timeframe is compatible with established email blast schedule (with $1,000 minimum donation).
  - Affiliate representative at event if requested (Third party will provide two complimentary event entries for Affiliate representative[s]). Affiliate must receive application 4-6 weeks prior to event date to ensure a representative[s] is available.
  - Free Affiliate materials provided, if requested, for event (breast health shower cards: 100 maximum per event, with the option to purchase additional materials, if needed).

Support of Komen is valuable to our organization as we continue our mission of ending breast cancer forever! Thank you for your interest in partnering with us in the fight.

We work hard to create corporate and third party relationships that are mutually beneficial. The more we know about your plans, the more thorough the consideration by the Affiliate.

Please take a moment to complete this form so that we may give your proposal the consideration it deserves.

**More Information:** komencolumbus.org | T: (614) 297-8155 | F: (614) 297-8152 | info@komencolumbus.org | 929 Eastwind Drive, Suite 211 Westerville, OH 43081
SUSAN G. KOMEN COLUMBUS®
THIRD PARTY EVENT APPLICATION

STEP 1: TELL US ABOUT YOU AND/OR YOUR ORGANIZATION

Sponsoring Organization’s Name:______________________________________________________

Nature of the Business:______________________________________________________________

Contact Name:_______________________________________________________________________

Address:___________________________________________________________________________

City/State/Zip:_______________________________________________________________________

Daytime Telephone:_________________________ Fax Number:_______________________________

Best Time to Call:_________________________ E-Mail:_____________________________________

Website:____________________________________________________________________________

STEP 2: TELL US HOW MONEY WILL BE RAISED FOR SUSAN G. KOMEN COLUMBUS

Name/Title of revenue generating idea, event or program:__________________________________

___________________________________________________________________________________

How will the funds be raised (sales, pledges, etc.)? Please be specific in how funds will benefit Komen Columbus:

___________________________________________________________________________________

___________________________________________________________________________________

Date/location of event:_________________________ Hours:______________________________

Duration of fundraising activities:_____________________________________________________

Sponsor(s)/Underwriter(s):________________________________________________________________

Budget Information (Please attach details):

Projected Income:__________________________________________________

Projected Expenses:________________________________________________

Projected Contribution:_______________________________________________
How do you propose to use Komen's name and/or logo (min. $2,500 donation)? (Please list all areas, i.e. invitations, brochures, radio, print ads, television, social media, etc.):

Assistance needed from Komen Columbus (e.g., breast health awareness table, representation, materials, etc.):

Insurance (Copies of necessary insurance with Komen listed as additional insured should be submitted to Komen Columbus 30 days prior to the event):

Company:______________________________________________

Type:________________________________________________

Please Note: If you are planning a sporting event, a copy of participant waiver must be submitted 30 days prior to event.

Will other charitable organizations benefit from this event? If so, please name and describe extent to which non-profits will benefit:

Applicant has read the attached Third Party Event Guidelines and agrees to abide by them. Susan G. Komen Columbus® is not liable to any party or vendor for any fees, costs, or payments of any kind, and applicant agrees to indemnify and hold harmless the foundation against any claims by third parties or vendors for such fees, costs, or payments incurred pursuant to this agreement.

Signature:__________________________________________ Date:________________________________________

Printed Name/Title:________________________________________

Please return completed application with cover letter to: Katie Carter, Executive Director at Komen Columbus by fax to 614-297-8152, email at katiecarter@komencolumbus.org or via mail to:

Susan G. Komen Columbus, 929 Eastwind Drive, Suite 211, Westerville, Ohio 43081