THIRD PARTY FUNDRAISING EVENT GUIDELINES

Thank you for your interest in raising funds to support the Paralympic Foundation of Canada. With your support and generous donations we are working to ensure that the programs, equipment and people are in place to propel more Canadians with a disability all the way from the playground to the Paralympic podium.

The Paralympic Foundation of Canada is a registered Canadian charity, with charitable registration number 813904190RR0001.

Please review our guidelines:

**Financing**
- In accordance with the Paralympic Foundation of Canada's legal obligations to comply with Canada Revenue Agency (CRA) guidelines, the Paralympic Foundation of Canada will not underwrite any third party event.

**Insurance**
- The Paralympic Foundation of Canada will not provide insurance coverage for any third party events.
- The Paralympic Foundation of Canada will not assume any legal or financial responsibility relating to the fundraising event or Event Organizer.

**Tax Receipts**
- The Paralympic Foundation of Canada will issue tax receipts in accordance with CRA regulations. It is important to understand the rules governing tax receipts, as you may need to communicate this information with potential donors to your event.
- The Paralympic Foundation of Canada can only issue tax receipts for the amount of the actual donations received by our foundation. Tax receipts cannot be issued for funds used to cover the costs of the event or other administrative expenses incurred by the organizer.
- The Foundation will calculate the value of the charitable tax receipt based on the information provided by the organizer and in accordance with the CRA policy on split receipting. The Foundation can only give receipts up to the total net proceeds it receives from any event. Documentation to support tax receipting for donations must be provided to the Paralympic Foundation of Canada within 30 days of the event.
• Event Organizer(s) must provide a complete and legible list of donors to the Paralympic Foundation of Canada which includes:
  o First and last name
  o Address, including city and postal code
  o Amount donated
  o List and value of any benefits (advantage) received for donation
  o Any other information reasonably required by the Paralympic Foundation of Canada

Staffing
• The Paralympic Foundation of Canada will not guarantee staff, volunteer representatives, or athletes to attend or participate in the event.

Use of the Paralympic Foundation of Canada’s Name and Logo
• The Paralympic Foundation of Canada will in its discretion and upon prior written approval, allow the use of its name and logo by the Event Organizer(s) to promote the event.
• Your communication materials must reflect that the Paralympic Foundation of Canada is only benefitting from your event (not managing it). The Paralympic Foundation of Canada cannot be, or appear to be, in partnership with your organization, involved in the organizing, or collaborating with the organizers or their sponsors.
• The best way to reflect this is to use the following wording, or something comparable:
  o [YOUR EVENT NAME] in support of the Paralympic Foundation of Canada
THIRD PARTY EVENT PROPOSAL

EVENT NAME

________________________________________________________________________________________________

EVENT DATE(S)

________________________________________________________________________________________________

LOCATION

________________________________________________________________________________________________

TYPE OF ACTIVITY

________________________________________________________________________________________________

EVENT DESCRIPTION

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

Has this event taken place before:  Yes _____  No _____  If yes, when?  ____/____/____

CONTACT INFORMATION

Organization _____________________________________________________________

Contact person __________________________________________________________

Mailing address_________________________________________________________

Phone number__________________  Email address _____________________________

Website________________________  Facebook__________________  Twitter __________