



## Dare to Care Food Bank Event Application

Thank you for considering Dare to Care Food Bank as your event beneficiary. Every dollar donated is turned into three meals. At Dare to Care Food Bank we are committed to creating a hunger-free Kentuckiana through our mission *to lead our community to feed the hungry and conquer the cycle of need*. Thank you for helping us to fulfill our mission.

### How we can help with your fundraising activity:

We want your fundraising activity to be successful and will do what we can to help you, including:

- Promotion of the event on the Dare to Care Food Bank website and/or social media as available and appropriate.
- Provide input on news releases.
- Provide thank-you letters for donors who make checks payable to "Dare to Care Food Bank".

### Guidelines:

1. We reserve the right to deny any application for a fundraising activity that does not complement the mission of, or project a positive image of Dare to Care Food Bank.

2. All publicity must be approved by Dare to Care Food Bank prior to distribution. Publicity should not imply that the event is sponsored or co-sponsored by Dare to Care Food Bank or that Dare to Care Food Bank is involved as anything but the beneficiary. *Please list the event name followed by "...benefiting Dare to Care Food Bank."*

3. The public should be informed how Dare to Care Food Bank will benefit from the event or promotion. If Dare to Care Food Bank will not receive all of the proceeds, then the percentage that benefits Dare to Care Food Bank must be stated clearly on all related publicity.

4. Dare to Care Food Bank will receive proceeds within 30 days of the fundraising event or campaign or a mutually agreed upon timeline.

5. Dare to Care Food Bank is not liable for any injuries sustained by event volunteers or participants related to an event benefiting Dare to Care Food Bank, and cannot assume any type of liability for your event.

6. We are unable to provide unlimited support for all fundraising activities that benefit Dare to Care Food Bank. We cannot, for example:

- Share Dare to Care Food Bank mailing lists
- Provide insurance coverage
- Provide funding or reimbursement for expenses
- Guarantee volunteer support for your event

7. To protect Dare to Care Food Bank, there are some activities that cannot be approved, including those that:

- Require Dare to Care Food Bank's endorsement of a product, service or Dare to Care Food Bank participation in the direct sale of a product or service;
- Compete or conflict with an already established or scheduled event for Dare to Care Food Bank;
- Fail to comply with any municipal, county, state and/or federal law; or
- Involve promotion of a political party or candidate.

## Dare to Care Food Bank Event Beneficiary Application

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company or Organization: \_\_\_\_\_

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

This company/organization is: \_\_\_\_\_ Nonprofit \_\_\_\_\_ For-profit

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please provide the name of your event and a detailed description. *Include date, time, and location. If necessary, attach additional sheets for detail.*

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Is this an annual event? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide:

- Names of current sponsors (*this information is for awareness only should we have a shared sponsor or if there is a conflict of mission between Dare to Care and a sponsor*):
  
- Previous Beneficiary contact name and phone number:

If no, have you hosted a beneficiary event before? \_\_\_\_\_ Yes \_\_\_\_\_ No

- If yes, please provide the event title, date, and beneficiary contact information.

Please estimate your donation to Dare to Care Food Bank, including a percentage and dollar amount of proceeds: \_\_\_\_\_

What, if any, support will you be requesting from Dare to Care Food Bank? (*i.e. staff attendance, presentation, logo usage, event staffing, promotion assistance, etc.*).

What is your plan for publicity for your event? *All promotional materials using Dare to Care Food Bank's name or logo must be approved prior to distribution.*

Why did you choose Dare to Care Food Bank as your event's beneficiary?

Remember to attach all supporting documents including (if available), information about your organization, drafts of printed promotional pieces that will include Dare to Care Food Bank's name or logo, etc.

***For valuable consideration, including the consent to use the name and/or logo of Dare to Care Food Bank in promotional activities or materials, the undersigned, on behalf of the organization identified above, being authorized to do so, does hereby agree to release, hold harmless and indemnify Dare to Care Food Bank and its directors, officers, employees, and agents, from and against all liabilities, claims, losses, damages, injuries, demands, actions, causes of actions, suits, proceedings, judgments and expenses, including, without limitation, attorneys' fees and expenses, arising from or in connection with the event or activity conducted by the organization identified above in which the name and/or logo of Dare to Care Food Bank is used including promotion of such event. The undersigned agrees and expressly represents that Dare to Care Food Bank is not a joint venture or partner with the undersigned organizer in the conduct of the event, that Dare to Care Food Bank is not involved in the management, conduct or sponsorship of the event and that Dare to Care Food Bank is merely a charitable beneficiary of the proceeds and/or portion of the proceeds derived from the event. I have read this authorization and waiver, fully understand it and all its provisions and obligations, and sign it willingly as my own free act and deed. By signing below, I indicate my agreement and understanding.***

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Signature of Authorized Representative (18 years of age or older)

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Printed Name of Authorized Representative

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