



Ronald McDonald House Charities® of Richmond  
2330 Monument Avenue, Richmond, VA 23220  
804.355.6517 Office 804.358.3153 Fax  
www.rmhc-richmond.org

## Project Form

Individual    Business    Organization/Group (Non-Profit)

*Thank you for your interest in organizing an event/fundraiser to benefit Ronald McDonald House Charities of Richmond. Please complete this application for review by the organization and return the completed form to: Ronald McDonald House Charities of Richmond, Director of Development, 2330 Monument Avenue, Richmond, VA 23220, or [allison@rmhc-richmond.org](mailto:allison@rmhc-richmond.org). If you have any questions, please call us at (804) 355-6517.*

### I. Contact Information

Name of Planning Organization/Individual ("Requesting Party"): \_\_\_\_\_

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

Contact Person and Title: \_\_\_\_\_

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

### II. Event Description

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

Nature of Event (Please explain in detail): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has this event been done before? Yes / No    If yes, when? \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Rain Date (if applicable): \_\_\_\_\_

Indoor  Outdoor    Hours of Event: \_\_\_\_\_

Projected Attendance: \_\_\_\_\_ Is this event Open to the Public? Yes / No

Are there any other beneficiaries? Yes / No    If yes, who? \_\_\_\_\_

*Please attach a list of businesses that will be asked to sponsor this event and please note if the Requesting Party has a personal relationship.*



### III. Financial Information

Please Estimate:

Total Proceeds A. \_\_\_\_\_

Expenses (include costs such as printing, food, entertainment, equipment rental, promotion, etc.) B. \_\_\_\_\_

Anticipated net proceeds (A minus B) C. \_\_\_\_\_

Estimated amount/Percentage of net proceeds given to RMHC of Richmond D. \_\_\_\_\_

How will proceeds from the event be given to RMHC of Richmond?

Cash    Check    Other: \_\_\_\_\_

Expected date net proceeds will be given to RMHC of Richmond: \_\_\_\_\_

*Note: RMHC of Richmond should receive net proceeds within 60 days of the conclusion of the event. Annually occurring events must have donated proceeds from previous year's event before approval can be granted for future events. All checks should be made payable to Ronald McDonald House Charities of Richmond.*

### IV. Proposed Support from Ronald McDonald House Charities of Richmond

Will planning assistance from RMHC of Richmond be needed? Yes / No

If yes, what will this assistance entail? \_\_\_\_\_

Will RMHC of Richmond Volunteers be needed? Yes / No

If yes, how many will be needed? \_\_\_\_\_ Hours Volunteers will be needed? \_\_\_\_\_

What duties will Volunteers perform? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**V. Publicity Information**

Ronald McDonald House Charities of Richmond reserves the right to review all materials that include our logo and/or name.

Publicity/promotion activities (Please list with dates): \_\_\_\_\_

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Will publicity support be needed from RMHC of Richmond? Yes / No

If yes, what kind? \_\_\_\_\_

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*Note: Promotional support from RMHC of Richmond will be left to the discretion of the Director of Development.*

**VI. Agreement of Responsibility**

*Requesting Party agrees to indemnify, make good, and hold Ronald McDonald House Charities of Richmond, Virginia, Inc., and its employees and directors harmless from and against any and all loss, damage, fines, costs, charges, including, but not limited to, all attorney's fees and all other costs and expenses relating to any suit, judgment, action, or other claim arising from or relating to the acts or omissions of Requesting Party or otherwise arising from or relating to the Event. This indemnity shall survive the termination of this agreement.*

I have read the Fundraising and Special Event's Policy and agree to its terms.

Signature of Primary Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of RMHC Director of Development: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Allison Santos, Director of Development  
RMHC of Richmond  
2330 Monument Avenue  
Richmond, VA 23220  
Fax: (804) 358-3153  
Email: allison@rmhc-richmond.org