



Charitable Donation and Community Sponsorship Guidelines

IMPORTANT: Please read these guidelines in their entirety before preparing your application to the Cares Foundation.

Mandate

The Cares Foundation of Fallsview Casino Resort and Casino Niagara (“Cares”) is committed to improving the quality of life for all citizens of the Niagara region through support of charitable causes and community events.

Application Procedure

Organizations requesting a donation from Cares must complete an Application for Charitable Donation form, while community event organizers seeking an event sponsorship must complete an Application for Community Sponsorship form. The form **MUST** be filled out in its entirety. Incomplete applications will not be considered.

While a small amount of supporting documentation may be included with the application, please keep this material relevant. Please do not send DVDs or videotapes.

All applications are reviewed every six to eight weeks during a meeting of the Cares Executive Committee and the committee’s decision will be provided to the applicant in writing. Applicants should expect a minimum of eight weeks between the date of their request and a decision on their application. It is not possible to review applications as they are received.

Completed applications may be submitted in the following ways:

Mail

The Cares Foundation
c/o Communications Department
Fallsview Casino Resort
PO Box 300
Niagara Falls, Ontario, L2E 6T3

Fax

905-371-7952

Email

caresfoundation@fallsviewcasinoresort.com

Guidelines

We understand that submitting an application to Cares can be labour-intensive and time-consuming, so be sure to review the guidelines below before beginning the application process. These guidelines are non-negotiable, so please refrain from submitting an application if your organization or event clearly falls outside the parameters of the Cares program.

Please note that meeting these guidelines does not guarantee approval. Due to a very high volume of requests, Cares is unable to meet all requests for funding.

Preference will be given to charitable organizations and community events that improve the quality of life for Niagara residents in one of the following categories:

- Health care
- Disease prevention, research and wellness
- Poverty reduction and support (food banks, etc)
- Community programming (Domestic violence shelters, adult literacy, etc)
- Post-secondary education
- Arts and culture
- Heritage
- Tourism
- Destination marketing

The Cares Foundation **DOES NOT UNDER ANY CIRCUMSTANCES** provide assistance to the following:

- Individuals
- Budget deficits
- Operational costs
- Partisan political activities
- Religious activities
- Sports teams, sporting events and athletes
- Organizations that direct their support to animals
- Organizations that direct a significant portion of their support to recipients outside the Niagara region
- Organizations that direct a significant portion of their support to recipients under the age of 19
- Activities that could be deemed discriminatory as defined by the Ontario Human Rights Code
- For-profit events and activities of all kinds
- Corporate conferences, conventions, congresses, meetings, seminars and parties
- Organizations that have already applied for Cares funding – successfully or unsuccessfully – within the previous 12 months
- Activities completed or costs incurred prior to the approval of a formal request to Cares
- Organizations and events that approach the Cares Foundation through a third-party fundraiser

Conditions

Organizations that receive a Cares donation or sponsorship may be required to meet one or more of the following conditions:

1. Cares reserves the right to request progress reports on any funded organizations, projects, campaigns or events.
2. Cares reserves the right to proof and/or approve any materials that feature the Cares Foundation name or logo, including but not limited to press releases, brochures, banners, signage, web pages, advertisements (print, radio, TV or online) and merchandise.
3. Event organizers who receive a Cares sponsorship will be required to complete a detailed Event Sponsorship Follow-up Report within 30 days following the event. This report will require the event organizers to demonstrate that all sponsorship deliverables have been met. It will also provide evidence of media coverage and other incremental benefits.



COMMUNITY SPONSORSHIP APPLICATION

Please type or print. ALL information must be complete before application is considered.

Organization Name: _____

Street Address: _____

Mailing Address: _____

Contact Name: _____

Contact phone number(s): Business () _____
Residence () _____
Fax () _____

Type of organization: Corporation _____
Not-for-profit _____ (registered: YES NO)
Registered Charity _____
Other _____

Revenue Canada Charitable Registration Number _____

Describe your organization's purpose and activities (attach additional information as appropriate):

Date organization established: D_____M____Y_____

Number of paid staff: _____

Number of volunteers: _____

Number of members: _____

Board of Directors of your organization:

<u>NAME</u>	<u>POSITION</u>	<u>COMMUNITY AFFILIATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all types **and levels** of funding your organization receives

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Is your organization part of a religious affiliation? YES NO

Is your organization part of a political affiliation? YES NO

PROJECT DESCRIPTION

Nature of the project for which you are requesting assistance: _____

Annual or established event? How many years? _____

Past attendance for event: _____

Market area to which this project will gain exposure: _____

Goals of your project: _____

How do you believe the goals of your event/project relate to those of Casino Niagara? _____

Duration and dates of event/project: _____

What **type** of assistance are you requesting? (financial, prize donation, services) _____

If financial, specify amount and how the donation will be directed \$ _____

Sponsorship response required by (date)? _____

Is applicant an Associate (employee) of Casino Niagara? YES NO

Number of people directly involved (committee/participants/volunteers): _____

Location where project will take place: _____

If project is an outdoor event, is there an alternate venue/date for inclement weather? _____

PROJECT PROMOTION

What media coverage is planned? _____

Will the project involve spectators/participants? If yes, please estimate number: _____

Describe demographics of your target audience: _____

Will you be collecting names and addresses of spectators/participants for future mailings? NO?

If yes, please elaborate: _____

Is advertising planned? No: _____ If yes, please list which media is to be used and how: _____

Will The Cares Foundation/logo be included in media or advertising? NO. Yes, please describe how:

Please list the various levels of sponsorship and sponsorship package descriptions (if applicable):_

Please list all other confirmed sponsors and indicate the **level of financial/in kind assistance** they are providing.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

FINANCIAL INFORMATION – must be completed for application consideration

Please provide, as attached documentation in support of your request, your most recent financial statements (preferably audited). If your organization is seeking capital funding, please provide evidence of your organization’s ability to fund operating expenses.

Does your project/event generate revenue? _____

Who receives that revenue or any profits? _____

Percentage of event revenue that goes to fundraising and administrative costs: _____

Will an income tax receipt be supplied? YES NO

The Applicant understands that the information collected on this form is to allow The Cares Foundation to evaluate its request for financial support. The Applicant further understands that the information collected will be used and disclosed as may be reasonably necessary by Niagara Fallsview Casino Resort to assess and approve such request and consents to the collection, use and disclosure of such information for that purpose.

Signature of Applicant: _____

Date: _____