

**Houston Affiliate of Susan G. Komen for the Cure®
Third Party Agreement Application**

Date of Application: _____

Applicant's Name: _____

Business, Organization or Group, if applicable: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Business Phone: _____ Home Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Name of Proposed Event/Promotion/Sale: _____

Brief Description of Proposed Event/Promotion/Sale:

If An Event, Please Indicate Potential Date/Time: _____

Location: _____

If a short-term or ongoing initiative, please indicate beginning and ending dates:

How will you generate money?

Please list any sponsors or underwriters if applicable:

Can provide comprehensive general liability insurance in the amount of \$1,000,000.00 if required?
() yes () no Company: _____ Type and amount: _____

Budget Information

Projected Gross Income: _____

Projected Expenses: _____

Projected Net Revenue: _____

REQUIRED: Projected Donation to the Komen Houston Affiliate: _____
(Specific dollar amount or percentage of proceeds must be provided)

Brief description of how you plan to publicize and promote the event or initiative:
(i.e. - brochures, radio, print ads, television, etc.)

Benefits available to you depend on your type of event: (Refer to the category list in guidelines)

- Permission to use **name** (min. \$500 donation) and/or **logo** (min. \$2,500 donation): () yes () no
- Listing on the Affiliate website: () yes () no
(Only available if your event/sale is approved six weeks in advance of scheduled date.)
- Listing in newsletter or email blast if timeframe is compatible: () yes () no
- Komen Education Materials:
 - () self-exam shower cards Qty: _____*
 - () breast health pamphlets Qty: _____*
 - () Komen Houston Affiliate flyer Qty: _____*

**Based on availability. Limit 100 for each when in stock. May request downloadable file.*

Will any other charitable organization/s benefit from this event? If so, please name and describe extent to which they will benefit. _____

How did you hear about third party opportunities with the Houston Affiliate?

Please return this application at least four to six weeks prior to the event/sale. You will receive notification if it was approved or declined.

Email completed application to info@komen-houston.org or fax to 713-783-9187.

Or mail to:
Houston Affiliate of Susan G. Komen for the Cure®
5433 Westheimer, Suite 325
Houston, TX 77056

FOR OFFICE USE ONLY:

Date submitted: _____

Approved: () yes () no, reason: _____

Notification to applicant: _____

COI: () yes () no

LOA: () yes () no

Copy of finalized LOA mailed to applicant: () yes () no

Waiver forms signed and turned in: () yes () no

Scan all material: () yes () no

Payment received: () yes () no Check presentation: () yes; volunteer: _____ () no