

CORPORATE GIVING PROGRAM Guidelines and Eligibility

IMPORTANT: Please read guidelines carefully before submitting an application to the Corporate Giving Program.

Mandate:

The mandate of the Fallsview Casino Resort and Casino Niagara (“Niagara Casinos”) *Corporate Giving Program* is to enhance the quality of life for residents of the Niagara Region through charitable donations and community sponsorships in the areas of health and well-being; education, training and leadership; environmental sustainability; community improvement and social services; tourism development and enhancement; and arts, culture and heritage.

Eligibility:

The *Corporate Giving Program* considers opportunities with organization that demonstrate:

- That the organization is well-administered and commands the respect and confidence of the community
- That there is evidence of fiscally sound management and efficient event administration that is sustainable without continuing sponsorship from the *Corporate Giving Program*
- Proven success in mounting events and measuring results
- Preference is given to partnerships with charitable and non-profit organizations

The *Corporate Giving Program* evaluates requests on the following sponsorship criteria:

- **Geographic Market** – The event takes place in or near a community where the Casinos operate
- **Alignment** – The event must be consistent with the Casinos’ commitment to corporate responsibility, support the Casinos positioning as a strong community partner and portray a positive image
- **Target Market** – The event’s target market must primarily engage adults aged 19 and older
- **Involvement** – The opportunity should offer ways to enable the Casinos to position the corporate logo and engage its target audiences in unique ways

Ineligibility:

The *Corporate Giving Program* **will not** consider requests for support of the following:

- Organizations, projects, events or activities focused primarily on people under 19 (nineteen) years of age (minors);
- Events or activities that are contentious in any way or may be deemed unacceptable to the community at large;
- Multi-year financial commitments;
- Individual or personal needs;
- For-profit events or organizations;
- Partisan, political, religious or denominational organizations or activities;
- Operational funding or budget deficits;
- Organizations that direct aid or assistance to recipients outside of Ontario;
- Minor or amateur athletes, sports teams, sporting events, projects or fundraisers, unless they are major events and of benefit to the community at large;
- Individual or team sponsorships or registration fees for tournaments or fundraising events;

Ineligibility continued ...

- Trade or consumer shows managed by commercial organizations (e.g., travel and home shows, motor coach marketplaces);
- Operational funding campaigns already receiving significant United Way or Trillium Foundation funding;
- National organizations whose local chapters are already receiving our support;
- Activities that could be deemed discriminatory as defined by the Ontario Human Rights Code;
- Activities completed or costs incurred before the approval of the request to the Corporate Giving Program;
- Programs or services operating outside a 500km radius of the Niagara Region.

Conditions:

Organizations that receive support from the *Corporate Giving Program* may be required to meet one or more of the following conditions:

1. The *Corporate Giving Program* reserves the right to request progress reports on any funded organizations, projects, campaigns or events;
2. The *Corporate Giving Program* reserves the right to proof and/or approve any materials that feature the Corporate Giving Program 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 support from the *Corporate Giving Program* 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.

How to Apply

Organizations are invited to apply one time annually for support. If eligible, please complete and submit a **Corporate Giving Program Application**. In order to be considered a valid application, the form **must** be completed in its entirety.

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

All applications are brought before the *Corporate Giving Program* Executive Committee, which meet quarterly to review requests and to make recommendations according to the principles set forth by the *Corporate Giving Program*. Due to the high demand for support, the *Corporate Giving Program* is not able to meet all requests for funding.

If an application is successful, a formal letter will be sent to the applicant detailing the level of support from the *Corporate Giving Program*. Applications are received on an ongoing basis; therefore, please allow a minimum of six to eight weeks for processing.

Completed applications may be submitted in the following ways:

Mail:

Corporate Giving Program
c/o Community Relations
Fallsview Casino Resort
6380 Fallsview Blvd., PO Box 300
Niagara Falls, ON, L2G 7X5

Email:

corporategiving@fallsviewcasinoresort.com

Fax:

905-371-7952



CORPORATE GIVING PROGRAM APPLICATION

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

Organization Name: _____
 Street Address: _____
 Mailing Address: _____
 Contact Name: _____
 Contact Email: _____
 Contact Phone: Business: _____ Home: _____ Fax: _____

Type of organization:
 Corporation Not-for-Profit Other

Revenue Canada Charitable Registration No.: _____

Has your organization applied for support from the *Corporate Giving Program* within the past twelve months?

YES NO

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

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

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

Board of Directors of your organization, if applicable:

<u>Name</u>	<u>Position</u>	<u>Community/Affiliation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CORPORATE GIVING PROGRAM APPLICATION

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

Date organization established

(dd/mm/yyyy):

Number of Paid Staff:

Number of Volunteers:

Number of Members:

Is your organization part of a religious

YES

NO

affiliation?

Is your organization part of a political affiliation?

YES

NO

PROJECT DESCRIPTION

Nature of the project for which you are requesting assistance:

Is this an 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 project relate to those of Fallsview Casino Resort & Casino Niagara?

Duration and Dates of the project:

Please specify what **type** of assistance you are requesting (financial, prize donation, services):

CORPORATE GIVING PROGRAM APPLICATION

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

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

Support confirmation required by (date)?

Is applicant an Associate (employee) of either Fallsview Casino Resort or Casino Niagara? YES NO

Number of people directly involved in the project (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 participants for future mailings? YES NO

If yes, please elaborate:

Is advertising planned? YES NO

If yes, please list which media is to be used and how:

CORPORATE GIVING PROGRAM APPLICATION

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

Will the *Corporate Giving Program* name/logo be included in media or advertising? YES NO

Yes, please describe how:

For sponsorships: Please list the various levels of sponsorship and sponsorship deliverables (if applicable):

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

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

For Sponsorships:

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).

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? _____

The Applicant understands that the information collected on this form is to allow the *Corporate Giving Program* 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 Fallsview Casino Resort and Casino Niagara to assess and approve such request and consents to the collection, use and disclosure of such information for that purpose.

Applicant Name (please print)

Date

Applicant Signature