



## Special Event/Community Promotion Agreement Form

Today's Date\_\_\_\_\_

Business/Organization Name\_\_\_\_\_

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

Contact Title\_\_\_\_\_

Mailing Address\_\_\_\_\_

City/St/Zip\_\_\_\_\_

Ph\_\_\_\_\_ Fax\_\_\_\_\_ Email\_\_\_\_\_

Proposed Date(s) of Event/Promotion\_\_\_\_\_

Description of Event/Promotion\_\_\_\_\_

\_\_\_\_\_

Resources requested\* from RICFB (please check all that apply):

<input type="checkbox"/> Staff representation	<input type="checkbox"/> Info materials	<input type="checkbox"/> Other/Describe:
<input type="checkbox"/> Volunteers (#_____)	<input type="checkbox"/> Media Outreach	_____
<input type="checkbox"/> Use of Logo*	<input type="checkbox"/> Web promotion	_____

Publicity/advertising plan: \_\_\_\_\_

\_\_\_\_\_

How will RICFB be represented in publicity/advertising? \_\_\_\_\_

\_\_\_\_\_

\* The Food Bank reserves the right to review each request in order to determine the amount of resources that may be provided. Additionally, the Food Bank must approve any use of its name or logo in signage, advertising, or other materials related to the promotion.

*(Over please)*

Estimated financial benefit to RICFB

Anticipated gross revenue (i.e. percent ticket/product sales)	_____
Expenses (please fill in all that are applicable)	
Expense Type_____	Amount_____
Expense Type_____	Amount_____
Expense Type_____	Amount_____
Total Expenses	_____
Total anticipated net proceeds to the RICFB	_____

Additional Notes:

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Both parties agree to represent the other party in a responsible manner and present marketing and advertising to the other party for review prior to printing and distribution.

Both parties understand the proportion of revenue benefiting the RICFB and agree to publicly disclose this information in a responsible and accurate manner.

If there is additional relevant information, please attach it with this documentation and submit to RICFB (address below). A RICFB representative will contact you with any concerns/questions and pending approval will also sign this form and return a copy to you.

Signed:

\_\_\_\_\_  
Participating Organization/Donor

\_\_\_\_\_  
RICFB Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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Fax: 401-942-2328  
Web: [www.rifoodbank.org](http://www.rifoodbank.org)

Tax ID: 05-0395601