**~~~~ Volunteer Led Fundraising Activity Plan Template**

**Introduction**

*Please read before you start completing the form*.

* It is important when first thinking about your activity/event to let your Community Fundraiser know so that they can support with the planning process.
* After this initial confirmation of activity/event, this activity plan document must be completed for each fundraising activity organised by a fundraising group or volunteers.
* Submit this plan **6 weeks** in advance of the planned activity date to your Community Fundraiser.
* Ideally this form should be electronically completed and emailed to your Community Fundraiser, if not possible, please print this guide, clearly write all the information in the boxes and send to your community fundraiser.
* Your Community Fundraiser and Fundraising Volunteer Development Manager will then review the document once submitted to make sure there is nothing else we need to add to ensure the activity is covered by our insurance.
* If there is anything else we need to consider before your event can be confirmed, we’ll work with you to make sure everything is in place for your event to go ahead safely. Once we are confident all aspects are covered, we will come back to you confirm your event has been approved.
* Please note that failure to meet these requirements will potentially lead to activities not being approved and not being covered by Marie Curie insurance.
* COVID
* As we return to fundraising ensuring your own safety and your supporters’ safety is essential. This adapted document enables you to cover your COVID safety while considering all other aspects of your safety plan.
* Please ensure you have read the Marie Curie COVID Event Guidance [here](https://www.mariecurie.org.uk/fundraising-group-resources/raising-money/organising-an-event/printable-materials), as well as considering the Government COVID guidance.

**ALL activities and events including when you are taking part in someone else’s event**

***Guidance on how to complete this plan can be found here:***

[www.mariecurie.org.uk/fundraising-group-resources](http://www.mariecurie.org.uk/fundraising-group-resources)

If an accident or incident was to occur out of office hours, please call the Community Fundraising Incident Team

0800 3047112

**To be completed by the Fundraising Group or Fundraising Volunteer.**

|  |  |
| --- | --- |
| **Volunteer Main Contact**  |  |
| **Fundraising Group Name (***if applicable***)**  |  |
| **Activity Name** |  |
| **Date and Time(s) of Activity** |  |
| **Address of Activity** |  |

|  |  |  |
| --- | --- | --- |
| **What** | * What is the activity/event?
* What is going to be happening and the type of activities involved?
* Will there be other companies/service providers involved? e.g., DJ, children’s entertainer, food caterer
* Will the activity be part of someone else’s event, if so, who?
* What is your first aid provision?
 |  |
| **Where** | * Where will the activity take place?
* If outdoors, are there toilet facilities?
* If in a building, that type of building?
* Is there adequate parking (if required)?
 |  |
| **When** | * Will it clash with other activities and events taking place, either locally or nationally?
* Times/duration?
* Month/Season? (Weather considerations)
* Day or night? (Lighting considerations
 |  |
| **Who** | * Who will be involved in arranging the activity; fundraising group members and/or third parties?
* How many people are expected?
* Will children be attending?
* Will animals and pets be present at the activity? If so, what type?
* Is the activity suitable for vulnerable people such as those with disabilities?
 |  |
| **How** | * How will you promote the activity?
* Will you need posters/tickets/flyers? If yes, how many and when will you need them by?
* How will you sell tickets or collect donations?
* Do you need a float/change for the activity?
* Do you require any additional materials, balloons, tablecloths, bunting etc?
 |  |
| **Raffles**  | Are you hosting a raffle at your event?   | Yes / No |
| **If you are working with local business or suppliers, have you got the following documents?***Please note, some activities might require additional information. If unsure, check with your community fundraiser.*  |
| * Written agreement of services/ Contract
* Quotes
* Event briefing / Terms & Conditions
 | * Copy of risk assessments/Safety Processes
* Copy of their Public Liability
* Food hygiene rating (checked on FSA website)
 |
| **How much do you hope to raise, and any costs?** *Please fill in the below table with your best estimates or known amounts.* |
| **Income** *– change examples where needed* | **Costs** *– change examples where needed* | **Upfront cost** |
| Tickets/Admission (Please show price per person) | £ | Venue | £ |  |
| Stall Charges | £ | Equipment | £ |  |
| Car Parking | £ | Catering | £ |  |
| Raffle/tombola/auctions | £ | First Aid | £ |  |
| Catering  | £ | Postage | £ |  |
| Donations  | £ | Printing | £ |  |
| Collections | £ | Advertising  | £ |  |
| Trading items  | £ | Prizes  | £ |  |
|  | £ | Entertainment  | £ |  |
|  | £ | Volunteer Expenses  | £ |  |
|  |  | COVID Costs: PPR & Hand Sanitisers  | £ |  |
| **Estimated Total Income** | £  | **Total Cost** | £  |
| **Profit estimated £** | £ | **Are there any upfront costs?** |  |
| **Important Considerations** 1. Please ensure that invoices are addressed to either ‘*Marie Curie Fundraising Group Name’* or ‘*Marie Curie’*
2. Send details and invoices onto your Community Fundraiser.
3. To ensure Marie Curie can arrange a prompt payment of invoice in advance of an event, please send them on as soon as possible.
4. You should also identify deadlines for when deposits or full payment for your event must be met, i.e., the hire of venues or suppliers.
 |

**Safety Plan (separate guidance is available to help support with completion of this section)**

**Please note**, if your planned event is one of the following you will not need to complete the safety plan below. Tick the appropriate event title and your community fundraiser will send you the pre-written safety plan.

|  |  |
| --- | --- |
| [ ] Fundraising Group Meeting[ ] Blooming Great Tea Party, at a house[ ] Speaker Talks | [ ] Doorstep Drop [ ] Virtual Fundraising [ ] Speaker Virtual Talks |

**To be completed by the Fundraising Group or Fundraising Volunteer**

***Please note,*** *we have tried to pre-populate with common activity/issues, which you can delete or add to as appropriate, and you will need to provide specific details. Feel free to add additional rows if required if completing electronically or photocopy page if hand completing****.***

|  |
| --- |
| Additional Covid-19 Considerations* Tick to confirm you have read in full and follow the Marie Curie Fundraising Volunteers [COVID Event Guidance here](https://www.mariecurie.org.uk/fundraising-group-resources/raising-money/organising-an-event/printable-materials). Your community fundraiser can print you a copy.
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity/Issue** | **What could go wrong?** | **What needs to be done to stop things going wrong?** | **Who is responsible for completing the action(s)?** |
| Cash handling |  |  |  |
| Dehydration |  |  |  |
| Electrical equipment  |  |  |  |
| Manual handling  |  |  |  |
| Medical Emergency / First aid provision  |  |  |  |
| Personal Safety |  |  |  |
| Slips, tips & falls |  |  |  |
| Travel to and from activity (volunteers) |  |  |  |
| Weather |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\**Please add additional rows if required.***

**Regular/Repeat Activities**

Is this a repeat/regular activity? No / Yes

* If yes, has anything changed since the original plan was documented other than the date of the activity? If yes, please complete a new activity plan.
* If no, please print, sign and date below.

I confirm that the activity has remained the same and that no changes are required to the activity plan above.

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |

The new date of the activity is:

|  |
| --- |
|  |

***For Marie Curie Community Fundraising Staff to Complete.***

***Community Fundraiser***

|  |  |
| --- | --- |
| **Community Fundraiser Name** |  |
| **Date Activity Plan Received** |  |

* I have read and checked that all the above has been completed appropriately, and any additional information supplied, before forwarding onto the Fundraising Volunteering Development Manager for next steps and approval.
* I have stored this activity plan in the agreed location stipulated by the Fundraising Volunteering Development Manager.

***Fundraising Volunteering Development Manager***

All sections to be completed by the Fundraising Volunteer Development Manager after receipt of the Fundraising Group Activity Plan.

|  |  |
| --- | --- |
| **Fundraising Volunteering Development Manager Fundraiser Name** |  |
| **Date Activity Plan was reviewed**  |  |

**Please Tick Risk Assessment Level**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Low** |  | **Medium** |  | **High\*** |  | **Very High\*** |  |

**\*** FVDM tonotify compliance to raise with our Insurance Provider

|  |  |
| --- | --- |
| What is the percentage of the cost to the predicted income generated? |  |

|  |
| --- |
| **First Aid Cover** |
| What is the level of first aid cover, is going to be available at the event?  |  |

**Activity Plan Approval – FVDM**

|  |  |
| --- | --- |
| **Action** | **Signed off by** **(FVDM name and date)** |
| Fundraising activity is appropriate for FG and Vols., to carry out |  |
| Satisfied with the content of the activity plan |  |
| Third party documentation received and checked |  |
| Proposed income/cost budget acceptable? **Yes / No** |  |
| Activity Approved? Yes / No |  |
| Date Activity Plan Approved |  |
| If not approved, confirm reasons |  |
| Follow up action required? Yes / No (e.g. additional information required from CF, FG and Vols., |  |

**Activity Plan Approval – FVDM & Compliance (High Risk + Events)**

* I have notified compliance of this event
	+ Date Compliance was notified: \_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Action** | **Signed off by** **(FVDM name and date)** |
| Fundraising activity is appropriate for FG and Vols., to carry out |  |
| Satisfied with the content of the activity plan |  |
| Third party documentation received and checked |  |
| Proposed income/cost budget acceptable? **Yes / No** |  |
| Activity Approved? Yes / No |  |
| Date Activity Plan Approved |  |
| If not approved, confirm reasons |  |
| Follow up action required? Yes / No (e.g., additional information required from CF, FG, Vols., or FVDM) |  |

***Community Fundraiser Note – this form, once completed is to the uploaded to the shared drive (if handwritten, scan and upload)***