



## Fundraising Event Application Form

A Fundraising Event is any fundraising initiative (e.g. golf outing, ticketed event, sales promotion) approved by University Hospitals (UH) and entirely driven and managed by an independent individual or group (the "Event Organizer") to benefit UH.

- This Form must be completed by the Event Organizers.
- Prior to completing this Form, please read the Fundraising Event Policies and Guidelines set forth on page 3.
- This Form must be submitted to the UH Manager for Strategic Community Initiatives no later than 45 days prior to the Fundraising Event.
- Upon receipt of written approval, a member of the Strategic Community Initiatives team will forward you the approved Form and gather more information regarding the event.
- Please refrain from printing and distributing invitations or any Event Fundraising publicity until written approval has been received.

*If you have questions regarding this Form, please contact the UH Strategic Community Initiatives team at (216) 844-0416*

Name of Event Organizer: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (Daytime): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of proposed Fundraising Event: \_\_\_\_\_

Date(s): \_\_\_\_\_ Event hours: \_\_\_\_\_ Location(s): \_\_\_\_\_

Describe the proposed Fundraising Event and the manner in which money will be raised:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will an admission fee be charged? Y\_\_\_ N\_\_\_ If yes, in what amount? \$ \_\_\_\_\_

Anticipated gross receipts: \$ \_\_\_\_\_

Anticipated costs: \$ \_\_\_\_\_

**Attach proposed budget and further explanation as necessary.**

Anticipated donation to UH: \$ \_\_\_\_\_

Donation to be reflected in the year of \_\_\_\_\_

**Donation must be received by December 31 of such year.**

1. If there will be an in-kind donation (i.e. non-monetary, such as art or a vehicle), please describe and state estimated value:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Will credit cards be accepted at the Fundraising Event? Y\_\_\_ N\_\_\_

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3. If other charitable organizations will also benefit from the Fundraising Event, please list all such beneficiaries and explain how the proceeds will be apportioned to each beneficiary:

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4. Will any for-profit business profit from this event? Y\_\_N\_\_

5. Will businesses in the Cleveland area be contacted for donations or sponsorships to support the event in any way? Y\_\_N\_\_

6. If yes, please identify the businesses you wish to contact (use a separate sheet if necessary). *Please note that UH reserves the right to request that certain businesses not be contacted.*

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7. If Event Organizer, or any member thereof, is a UH employee or physician or a family member of a UH employee or physician, please list each such person's name and their relationship to UH:

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8. Please describe how you plan to publicize for the Fundraising Event:

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9. Will Fundraising Event materials, such as promotional flyers and invitations, state that the event will benefit UH or otherwise use UH's name or logo? Y\_\_N\_\_

**If yes, prior written UH approval is required.**

### Fundraising Event Policies and Guidelines

*Please review the following policies and guidelines for Fundraising Events undertaken to benefit University Hospitals. If you have questions regarding these policies and guidelines, contact the UH Strategic Community Initiatives team at (216) 844-0416.*

**All Fundraising Events must align with UH's core mission, vision and values. No Fundraising Event may include any aspect that would potentially detract from UH's community goodwill.**

1. A Fundraising Event Application Form must be submitted by the Event Organizer and must be approved by an authorized UH representative prior to any publicity of, invitation to, or ticket sales for the Fundraising Event. University Hospitals reserves the right to request additional information about the Fundraising Event or the Event Organizer before granting approval.
2. UH's prior written approval is required for all corporate sponsors of the Fundraising Event to ensure there are no conflicts with other key event sponsors or donors currently supporting UH in other areas.
3. If circumstances warrant, UH may opt out as a beneficiary of the Fundraising Event at any time with no obligation or liability to the Event Organizer or any third party.
4. All donor, volunteer, employee, physician or UH mailing lists shared with the Event Organizer must be kept strictly confidential and shall not be released to any third party.
5. An estimate of the Fundraising Event proceeds should be provided to UH prior to planning and organizing any aspect of the event.
6. Fundraising Events must be financially self-sustaining without reliance on or financial risk or liability to UH.
7. All Fundraising Events must comply with the following policies:
  - 7.1. UH written approval must be received prior to any use of the UH name and/or logo.
  - 7.2. One hundred percent of net proceeds must be donated to UH in order for the UH name and/or logo to be used in Fundraising Event marketing. UH may consider exceptions to this policy based upon the facts and circumstances surrounding the Fundraising Event.
  - 7.3. Companies with public images that may have the potential to compromise the goodwill of UH or to conflict with the UH mission, vision, or values may not be major or presenting sponsors of the Fundraising Event, and may not promote their products through advertising or other event exposure. Examples of such products include alcohol, tobacco, firearms and other products that do not support the health and well-being of our community.
  - 7.4. Fundraising Events shall not imply or otherwise give the appearance that UH supports or endorses certain products, services, political parties, or political issues.
8. UH offers the following event support:
  - 8.1. Provide advice on event planning.
  - 8.2. Provide written acknowledgement to event organizer for direct contributions.
  - 8.3. Issue tax receipts to donors who make checks payable to "University Hospitals" or to one of its entities (i.e. Rainbow Babies & Children's Hospital, Seidman Cancer Center).
  - 8.4. Provide approval for use of name and/or logo for event materials such as flyers or invitations, as appropriate (prior written approval from UH is required before distribution of such materials).
  - 8.5. Provide a letter of support to validate the authenticity of the Fundraising Event and Event Organizer as needed.
  - 8.6. Enable use of patient stories through brochures and DVDs, subject in all instances to the Health Insurance Portability and Accountability Act (HIPAA) and all other applicable laws and regulations.
9. UH cannot offer the following support:
  - 9.1. Reimburse or fund any Fundraising Event costs.
  - 9.2. Guarantee promotion of the Fundraising Event through the UH publications and media outlets.
  - 9.3. Be responsible to sell tickets to the Fundraising Event.
  - 9.4. Guarantee the attendance of any employee, physician, patient/patient families, or volunteers at the Fundraising Event.
  - 9.5. Accept any financial risk or liability related to the Fundraising Event.
  - 9.6. Permit Event Organizer to act as an agent or representative of UH.
10. To enable UH to provide timely recording and recognition, donations must be submitted within 30 days of the completion of the Fundraising Event. Donations for Fundraising Events occurring in the fourth quarter must be received by December 31 of that year if recognition is desired for the same year.
11. The Event Organizer shall indemnify, defend, and hold University Hospitals and its board members, officers, employees, and agents harmless from any claims of any nature arising from or related to the Fundraising Event.
12. Nothing in this Form shall be construed to authorize the Event Organizer or any representative thereof to act as an agent or representative of University Hospitals.

By signing this Form, on behalf of myself and any group that I represent, I acknowledge, understand and agree to the Fundraising Event Policies and Guidelines on Page 3 of this Form. Further, I acknowledge and understand that completion and submission of this Form does not mean and may not be construed to mean that University Hospitals has approved the Fundraising Event. Approval shall only be provided by University Hospitals upon my receipt of the Form signed by an authorized representative of University Hospitals.

Event Organizer:

By: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

***Please make a copy for your records and send the original to:***

**Charlene Matthews  
Strategic Community Initiatives  
University Hospitals  
11100 Euclid Avenue, MCCO 5062  
Cleveland, Ohio 44106  
Phone: (216) 844-0416  
FAX # (216) 983-2201**

Approved by: University Hospitals

By: \_\_\_\_\_

Title: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_