



Clinton Public Hospital Foundation
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Third Party Fundraising Event Guidelines

Your Support Makes A Difference

The Clinton Public Hospital Foundation Board of Directors and staff are very grateful, knowing that we have amazing support from individuals, businesses and other organizations within Clinton and surrounding areas. We are happy that you are interested in supporting the Clinton Public Hospital, through hosting a third party fundraising event. Please know that your assistance in helping us to raise funds for our hospital is a very worthy cause. Before you begin, we do ask that you review our guidelines and complete our Third Party Fundraising Event Proposal and Agreement. Should you have any questions throughout the process, please contact the Foundation Office. Thank you!

What is a Third Party Fundraising Event?

A Third Party Fundraising Event is one which an individual, business or organization outside of the Clinton Public Hospital Foundation organizes and executes, with all or a portion of the net proceeds being disbursed to the Clinton Public Hospital Foundation. The third party is responsible for all major components of the planning of the event, including sponsorships, insurance, expenses and publicity. The Foundation Board of Directors and staff will assist as time permits and is available for guidance; however, the majority of the planning and execution is the responsibility of the third party.

What are the Third Party's Responsibilities?

- Completion and submission of the Third Party Fundraising Event Proposal and Agreement to the Foundation Office at least three weeks prior to the event.
- Securing all financial and product sponsorships
- Expenses incurred during the planning or execution of the event
- Advertising (ie. Television, radio, newspaper, flyers, etc)
 - **Please note that any advertising bearing the name or logo of the Clinton Public Hospital Foundation must be submitted to the Foundation Office for approval prior to publication.**
- Insurance coverage (A certificate of insurance listing the Clinton Public Hospital Foundation in respect to the event, must be provided at least two weeks prior to the event.)
- Obtaining all required permits and licenses. (ie. 50/50 draws, raffles, liquor permits, etc.)
- Upon approval of the Third Party Fundraising Event Proposal and Agreement, third party representatives will be asked to meet with CPH Foundation staff to outline the specific responsibilities of the Foundation, as they pertain to the event.
- Participate in a wrap-up meeting with the Clinton Public Hospital Foundation staff within 30 days of the event.
- Submit the proceeds, as agreed-upon to the Clinton Public Hospital Foundation within 60 days of the event.

What are the Clinton Public Hospital Foundation's Responsibilities?

- To review the Third Party Fundraising Event Proposal and Agreement, and to communicate the decision made by the Foundation to the third party.
- To provide assistance to an approved event, as CPH Foundation staff time permits. However, the third party organization should keep in mind that the majority of planning and execution is their responsibility.
- To send a request for volunteers as needed for an approved event, when given an explanation of roles and duties by the third party, at least two weeks prior to the event.
- To provide press releases to local media and advertise through social media, for an approved event.
- To provide assistance and direction for sponsorships or donations, as requested for an approved event. (ie. Provide a letter of our support of your event.)
- To provide other items or services, as agreed upon for an approved event.

What *can't* the Clinton Public Hospital Foundation assist with?

- Insurance for the event. However, please remember that proof of valid insurance is required for the Clinton Public Hospital Foundation Board of Directors and staff to participate in the event.
- Any financial assistance for any expenses associated with the event.
- Preparing or mailing any letters of acknowledgement to donors, sponsors or volunteers.
- Provide any lists of donors, sponsors or volunteers of the CPH Foundation.
- Signing vendor contracts.
- Supporting events that do not align with our Mission.

Mission

The Clinton Public Hospital Foundation, a charitable, non-profit organization, is committed to the advancement of health care and well-being of those served by the Clinton Public Hospital through the raising, managing and distribution of funds for equipment and infrastructure to the Clinton Public Hospital.

Where does the money go?

Funds raised at Third Party Fundraising Events, in support of the Clinton Public Hospital Foundation, will be used to support our Mission, as above.

Other Important Information

- When soliciting support of donors and sponsors, or when advertising through interviews and promotion of the event, the third party **MUST** indicate that "the event is in support of the Clinton Public Hospital Foundation". The event cannot be recognized as "in partnership with", "in association with" or any other wording that may indicate that the Foundation is assisting with the organization or execution of the event directly.
- The Clinton Public Hospital Foundation will not be liable for any damages to property, injuries to persons or loss of valuables that occur at a third party event.
- The Clinton Public Hospital Foundation cannot issue charitable tax receipts for donations made to the third party in support of the event. A charitable donation tax receipt can only be issued to individuals, businesses or organizations who are making a donation directly to the registered charity, in this case the "Clinton Public Hospital Foundation".
- Items including, but not limited to sponsorship, ticket purchases, raffle tickets or auction item purchases are not eligible for a tax receipt. Donations "in kind" may not qualify for a tax receipt.

For further information, please contact Darlene McCowan, Foundation Coordinator in the Foundation Office.
Phone: 519-482-3440 ext:6297



Third Party Fundraising Event Proposal

Date: _____

Organization: _____

Contact Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

Name of Event: _____

- New Proposal
- Existing Proposal

Type of Event: _____

Date of Event: _____

Time of Event: _____

Briefly Describe the Event:

Number of Attendees Expected: _____

Venue Information:

Venue Name: _____

Venue Address: _____

Venue Telephone: _____

What percentage of the net proceeds will be donated to the Clinton Public Hospital Foundation? _____

How much money do you expect to raise at the event?

- More than \$10,000
- \$5,000 - \$10,000
- \$1,000 - \$5,000
- Less than \$1,000

Is the event open to the public? _____

If you require volunteers the day of the event, how many do you require? _____

Do you require a member of the Foundation to speak at your event? _____

If yes, please explain the expectations: _____

Other Information:



Third Party Fundraising Event Agreement

I/We _____ Name of individual or organization _____

propose to organize and execute a third party event on _____ Month day, year _____

at _____ Venue and location _____, which will be called

_____ Name of event _____.

- I/We acknowledge that the Clinton Public Hospital Foundation reserves the right to approve or deny this third party fundraising event proposal and agree that said Foundation has the right to cancel any approved proposal at any time, should the third party fail to comply with the terms and conditions of this agreement.
- I/We agree to donate _____% of the net proceeds from this event to the Clinton Public Hospital Foundation, within 60 days of the event.
- I/We release the Clinton Public Hospital Foundation, including any staff, directors and/or volunteers from any liabilities whatsoever associated with this event.
- I/We agree that I/we have already obtained or will be obtaining necessary insurance and permits required for the execution of this event. Insurance policies will name the Clinton Public Hospital Foundation therein and a copy of such will be submitted to the Foundation Office at least three weeks prior to the event.
- I/We agree that the Clinton Public Hospital Foundation is not liable for any damages to property, injury to persons or loss of valuables that may occur in the planning or execution of the event.
- I/We understand that the Clinton Public Hospital Foundation does not issue income tax receipts for third party fundraising events, unless the donation is made directly to the Foundation from the donor.
- I/We will provide the Clinton Public Hospital Foundation with any advertising and/or promotion of the event for approval, prior to releasing said materials to the public.
- I/We agree that the Clinton Public Hospital Foundation is not responsible for any expenses associated with this event whatsoever.
- I/We agree that any communications to promote the event, will indicate that the event is "in support of" the Foundation, not in partnership with.

Name of Organizer: _____

Organizer Title: _____

Date: _____ Signature: _____

For Foundation Office Use Only

- Approved
- Denied

Name: _____

Signature: _____ Date: _____