



### **THIRD PARTY SPECIAL EVENT POLICY**

Any fundraising activity benefiting The Johnston Health Foundation must be approved in advance. The enclosed **Third Party Special Event Proposal Application** must be completed and filed with the FOUNDATION no less than 60 days prior to the proposed event date before approval can be granted. For questions, please call (919) 938-7169.

The Johnston Health Foundation will be referred to as FOUNDATION for the purpose of this document.

On behalf of the patients and families we serve, thank you for supporting the JOHNSTON HEALTH FOUNDATION.

#### **Third Party Special Event Policy**

The FOUNDATION is pleased to be the beneficiary of financial support as a result of Third Party Special Events or projects by generous individuals, groups and organizations.

#### **How can we help:**

FOUNDATION's ability to offer services for third party fundraising events is limited by staff size and internal obligations. FOUNDATION is able to provide the following:

- A letter of authorization to validate the authenticity of the fundraising event.
- Informational brochures or fact sheets about FOUNDATION's programs and services.
- Attendance at the event and/or reception to receive proceeds by a member of FOUNDATION's staff, based on availability and scheduled in advance.
- Use of FOUNDATION's logo and name, only if FOUNDATION is the sole event beneficiary. Materials are subject to review and approval by FOUNDATION.
- Inclusion of event information in the FOUNDATION's newsletter issue within the quarter before the event.
- Your event information will be posted on our events web page.
- Written tax receipts for donors whose checks are made payable to FOUNDATION, provided that 100% of the amount written on the checks will go to FOUNDATION.
- Written tax receipts for cash donations, provided that 100% of the cash donations will go to FOUNDATION. The third-party event organizer is responsible for collecting and submitting the names, addresses and contact information of the donors, and their respective cash donation amounts.
- Should the Third Party Special Event Organizer be a profit or nonprofit organization that collects funds under their organization's name and/or own 501c3 license, the FOUNDATION will write a tax receipt only for the amount written on the donation check issued by the organization.

## **General Policies**

- FOUNDATION must approve any fundraising event before contributions can be solicited for the benefit of the FOUNDATION. FOUNDATION's name or logo should not be used for any reason without approval.
- Reoccurring annual events or one-time events require application approval on a pre-event basis.
- FOUNDATION reserves the right to deny any application for a special event or fundraising program.
- For events that occur annually, all proceeds from the previous year's event must be received by FOUNDATION before approval is given for future events.
- FOUNDATION does not release donor, volunteer, employee, physician, patient, board member or other mailing lists or information for any reason.
- FOUNDATION does not provide financial support to third-party fundraising.

## **FOUNDATION will not approve:**

- Events that require financing from FOUNDATION.
- Events that involve a professional fundraiser, telemarketer and/or involves an agreement to raise funds on a commission, bonus or percentage basis or consist of door-to-door solicitation of any kind.
- Events that refer to tobacco or alcohol in the title. Furthermore, alcohol permits may not be obtained in the name of FOUNDATION.
- Events that fail to comply with any municipal, county, state and/or federal law.

## **Legal Policies:**

- FOUNDATION is not liable for any injuries sustained by event organizer, staff, volunteers or participants related to a third-party fundraising event benefiting FOUNDATION and cannot assume any type of liability at said event.
- The event planners are responsible for obtaining any necessary permits, licenses and insurance required.
- No contracts or service agreements should be signed before event approval is granted. FOUNDATION reserves the right to review all related contracts and agreements.
- The event sponsors or hosts agree to indemnify and hold the FOUNDATION, and all related entities, from all claims and liabilities that may arise from any acts or omissions of its agents, volunteers, or employees, or from any claim by it or anyone else related to the quality, performance, or failure to perform during the specified time of the event.
- The FOUNDATION reserves the right to request a certificate of insurance and/or a payment or performance bond from the event sponsor and the right to require the sponsor to add the FOUNDATION as an additional insured under the sponsor's liability policy for the event.

# JOHNSTON HEALTH FOUNDATION

## **Publicity Guidelines:**

- Event publicity such as flyers, press releases, public service announcements, etc. that include the logo and/or name of the FOUNDATION must be reviewed by the FOUNDATION.
- Previously established annual events, raising significant funds or attracting broad viewership may warrant press releases directly from the FOUNDATION.
- The suggested way to describe FOUNDATION's involvement is to list the event name followed by "benefiting FOUNDATION" or "to benefit FOUNDATION" and clearly stating how FOUNDATION is to benefit, i.e., "net proceeds" or "a percentage of sales."
  - In the event an organization or any other charity, in addition to FOUNDATION, is a beneficiary, this information must be clearly stated in all materials.

## **Guidelines for uses of FOUNDATION's logo:**

- The sponsoring organization's name and/or logo must appear in a prominent location in all advertising and promotional materials.
- FOUNDATION's logo may be used only in conjunction with FOUNDATION's name.
- FOUNDATION's logo may only be reproduced in its original colors or black and white.
- Any promotional materials bearing the FOUNDATION logo must be reviewed by the FOUNDATION before being introduced to the public.

## **Financial Guidelines:**

- Event organizers are responsible for payment of all event expenses.
- If the event expenses are greater than the total collected, the group holding the event is responsible for payment of any additional expenses.
- Bank accounts in the name of FOUNDATION are not permitted.
- Internal Revenue Service codes must be followed.
- When requested, a summary of income and expenses must be maintained and presented to FOUNDATION by the third party organizer at the close of the event.
- Net proceeds should be received by FOUNDATION within 30 days of the conclusion of the event.
- At the completion of the event, all checks should be made payable to JOHNSTON HEALTH FOUNDATION and mailed to:  
The Johnston Health Foundation  
PO Box 1376  
Smithfield, NC 27577

After reviewing these guidelines, please complete and sign the attached agreement and application. Please send the completed application and signed Third Party Policy Agreement via mail, email or fax at least 60 days prior to the proposed event to:

The Johnston Health Foundation  
PO Box 1376

Smithfield, NC 27577

Fax (919)938-7879 Email: [sol.halliburton@unchealth.unc.edu](mailto:sol.halliburton@unchealth.unc.edu)

\*Note that an addendum to this agreement may be added for special terms and conditions on a case by case basis.

# JOHNSTON HEALTH FOUNDATION

**THE ABOVE THIRD PARTY SPECIAL EVENT POLICY HAS BEEN READ AND AGREED TO BY:**

Contact Name of official representative:

Position/Title:

Company/Organization legal name:

Date:

Address:

Phone:

Fax:

E-mail:

\_\_\_\_\_  
Signature of official representative:

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

**Notary:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On \_\_\_\_/\_\_\_\_/\_\_\_\_, before me, \_\_\_\_\_,

Personally appeared, \_\_\_\_\_,

**Witness my hand and official seal**

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

# JOHNSTON HEALTH FOUNDATION

## THIRD PARTY SPECIAL EVENT APPLICATION:

EVENT TITLE/NAME:

Name of group/organization planning event:

Name of individual(s) in charge of event:

Mailing Address:

City/State/Zip:

E-Mail Address:

Name of event:

Location of event:

Event is: Open to the public Invitation only Ticket Price: \$ Table Price: \$

Has this event taken place before:  Yes  No If so, when?

Estimated revenue from event: Estimated expenses:

Estimated contribution to FOUNDATION:

Briefly describe the event and the fundraising components (ticket sales, table sales, raffle, auction, sponsors, etc.)

Please use the back of this form if you require additional space.

Would you like to have someone from the FOUNDATION's Speakers Bureau present at your event?  Yes  No

Do you plan to use the FOUNDATION logo in any of your promotional materials?

Yes  No

If yes, please provide designer's email address:

Will you need FOUNDATION brochures?  Yes  No

How many?

Will all net proceeds go to FOUNDATION?  Yes  No

If no, list additional beneficiaries:

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***For Johnston Health Foundation internal use only:***

Application Received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date approved: \_\_\_\_\_

Approval email/letter issued to Event Organizer. Date issued: \_\_\_\_\_

Deadline for third party special event organizer donation of event proceeds (30 days post event). Date due: \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date received: \_\_\_\_\_