



## **Special Fundraising Project Policy**

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Thank you for your interest in creating a project to philanthropically benefit Greenville Health System (GHS). Special fundraising projects can take many forms, from selling jewelry to creating a calendar. We look forward to exploring these and other ideas with you. We do our best to support our employees and members of the community with their passion to help programs and services at GHS; however due to limited resources, there are times we cannot take on a project or event. If you are planning a third-party event (e.g. a sporting event or fundraising dinner) please complete a Third-Party Event Proposal instead.

Any person or organization who intends to promote a special fundraising project to benefit a GHS hospital, clinic or program must adhere to the following guidelines and submit a completed and signed Special Fundraising Project Proposal. Proposals are reviewed and assessed monthly to determine their suitability with the GHS mission to improve the health of people in our community. **Please complete and submit these documents at least two months in advance of the proposed fundraising project date, and by the third Tuesday of each month for consideration that month.**

All special fundraising projects require written approval from the GHS Office of Philanthropy & Partnership (OPP) in advance. We appreciate you delaying any public announcements or promoting the fundraising project until you receive written approval. Applicants will be notified of their proposal status within two weeks of the monthly review date.

## **Special Fundraising Project Proposal Evaluation Criteria**

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The following is a partial list of the criteria that will be used to evaluate proposed special fundraising projects:

- Does the fundraising project support the mission and image of GHS?
- What is the estimated amount of proceeds from the fundraising project?
- Does the fundraising project honor an individual or mark a special occasion?
- Will the fundraising project support areas of priority as determined by the GHS leadership team?
- Does this fundraising project fit the GHS mission and vision, and promote the appropriate image for GHS, its clinics and programs?
  - **GHS Mission:** Heal compassionately. Teach innovatively. Improve constantly.
  - **GHS Vision:** Transform health care for the benefit of the people and communities we serve.

## **Promotional Materials**

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- All materials that mention GHS or imply connection to GHS including printed material, press releases, media promotions (visual and audio), social networking (Facebook, Twitter, etc.) messages, signage, advertisements, broadcast emails, event websites and any other form of

promotion must be approved before production by OPP. **A two week minimum lead time is required.**

- The fundraising project name and graphic representation (including logo usage) must be approved in advance by OPP.
- Printed materials and other information should state, “Proceeds will benefit [name of GHS hospital, clinic or program].”
- The logos of GHS, clinics and programs are registered trademarks and cannot legally be reproduced without written permission.

## Proceeds and Fundraising Project Finances

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- Any promotional materials must expressly state that your fundraising project is raising funds to benefit a GHS hospital, clinic or program.
- Any promotional materials must properly characterize the use for which the donation will be made. For example, “Proceeds benefit Children’s Hospital of Greenville Health System.”
- Proceeds may not be used to offset an individual’s hospital or medical bills or as a gift to an individual or individual family.
- GHS reserves the right to approve or deny any and all co-beneficiaries.
- GHS does not advance money to help cover fundraising project expenses.
- If fundraising project expenses are greater than the total collected, the group overseeing the fundraising project is responsible for payment of these additional expenses.
- Within 30 days of the fundraising project’s conclusion, please provide a check made payable to GHS to:

*GHS Office of Office of Philanthropy & Partnership  
300 E. McBee Ave., Suite 503  
Greenville, SC 29601-2882*

## Liability Policies

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- There may be times when, if circumstances warrant, a fundraising project must be canceled. GHS, through any of its directors, officers or senior administrators, retains the right to cancel the fundraising project. You hereby agree to cancel the fundraising project, if so directed, and further agree to release GHS and all of its hospitals, clinics and programs and its officers, directors, and employees from any and all liability in connection with such action.
- You agree to indemnify and hold harmless GHS and all of its hospitals, clinics and programs and its officers, directors, and employees from any and all claims and liabilities in any way related to the fundraising project.
- Your fundraising project must comply with all relevant state and federal laws.

## What You Can Expect from GHS OPP

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- It is the policy of OPP to maintain a list of all internal and external fundraising efforts benefiting its hospitals, clinics or programs.
- It is the responsibility of OPP to approve the fundraising project to ensure no conflict between events and projects, thereby allowing for sufficient time between them to maximize support and exposure for the project.
- You must immediately advise OPP of any changes in your fundraising project.

- GHS has a fiduciary responsibility to ensure that its name is being used properly, that funds are being handled and accounted for in a responsible manner, and that fundraising is being conducted in a manner that is consistent with our mission, vision and public image.

**If approved, OPP CAN provide:**

- Promotion of your fundraising project through any of the following channels:
  - GHS website and / or GHS Giving website, as appropriate.
  - GHS WHAG News – a weekly email newsletter to GHS employees, as appropriate.
  - Social media efforts – Facebook, Twitter, etc., as appropriate.
  - Other various GHS publications, as appropriate.
- Fundraising project planning expertise and advice, as appropriate.
- Acknowledgment of your direct contributions to GHS.
- Approval of the use of GHS's name and / or logos for your fundraising project, upon submission for review.
- A letter of support to validate the authenticity of the fundraising project and its organizers.
- Limited existing materials for your fundraising project such as stickers, brochures and videos, as appropriate.

**OPP CANNOT provide:**

- GHS tax exemption for fundraising project-related purchases.
- Distribution of fliers.
- Insurance or liability coverage.
- Funding or reimbursement for expenses.
- Mailing list or email list of donors or vendors.
- Hospital stationery.
- Marketing or advertising services to promote the event.

# Release, Hold Harmless and Indemnification Agreement



For valuable consideration, including the consent of Greenville Health System (GHS) to use its name and / or logo in promotional activities or materials, the undersigned, on behalf of the organization identified below, being authorized to do so, does hereby agree to release, hold harmless and indemnify GHS, its directors, officers, employees and representatives from any and all liabilities and claims of liability, of any nature whatsoever, arising out of, or in connection with, the fundraising project conducted by the organization identified below in which the name and / or logo of GHS is used, including promotion of such fundraising project.

**The undersigned agrees and expressly represents that GHS is not a joint venture with the undersigned organizer in the conduct of the fundraising project, that GHS is not involved in the management or conduct of the fundraising project and that GHS is merely a charitable beneficiary of a portion of the proceeds derived from the fundraising project.**

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Name of Organization

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Signature of Authorized Person

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Printed Name of Authorized Person

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Title of Authorized Person

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Date

# Special Fundraising Project Proposal Form



GREENVILLE  
HEALTH SYSTEM

## Contact Information

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Contact name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

## Fundraising Project Information

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Name of fundraising project: \_\_\_\_\_

Type of fundraising project: \_\_\_\_\_

Purpose of the fundraising project (primary objectives, relevant background information, potential approach):

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Describe the benefits to GHS as a result of implementing this fundraising project: \_\_\_\_\_

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Please share the budget for the fundraising project, including expenses (in-kind as well):

PROJECTED GROSS REVENUE: \$ \_\_\_\_\_

PROJECTED EXPENSES:

Location/Venue	\$ _____
Food/Beverage	\$ _____
Printed Materials	\$ _____
Advertising	\$ _____
Prizes	\$ _____
Other (please specify)	\$ _____
Other (please specify)	\$ _____
Other (please specify)	\$ _____
Total Expenses	\$ _____

PROJECTED NET REVENUE:

Total Projected Gross Revenue	\$ _____
(-) Total Projected Expenses	\$ _____
(=) Projected Net Revenue to GHS	\$ _____

Detail potential stakeholders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will this fundraising project impact? Who will deliver it? Who needs to be consulted? Who needs to be communicated with about it? Will there be any resistance to it? What are the dependencies on other projects or programs?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Support you need from OPP: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated timeline for the fundraising project's duration / schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deadline for fundraising project's completion: \_\_\_\_\_

GHS service line beneficiary: \_\_\_\_\_

Specific area or program: \_\_\_\_\_

Will this fundraising project benefit any charity other than Greenville Health System? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, who? \_\_\_\_\_

Are any others helping plan the fundraising project? If so, please provide names: \_\_\_\_\_

\_\_\_\_\_

# Special Fundraising Project Promotion Plan



GREENVILLE  
HEALTH SYSTEM

How will you promote this fundraising project?

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Describe how / where you plan to use the GHS logo?

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Do you agree that all printed materials, press releases, media promotions (print, radio and TV), social networking (Facebook, Twitter, etc.) messages, signage, advertisements, broadcast emails, event websites and any other form of promotion will be approved in advance by OPP and understand that two weeks lead time is required for each item submitted for approval?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Please outline your media, marketing and promotion plan in detail.** For example, do you plan to have media promotion and / or coverage of the fundraising project? If so, indicate which media outlets you plan to approach. Please check which of the following forms of promotion you will need to have approved prior to the project beginning and the date you plan to submit for approval. *Note: approval takes a minimum of two weeks. Submitting all promotional materials together will speed the review process.*

	Expected Approval Deadline	Placement Outlet
_____ Printed Materials	_____	_____
_____ Press Releases	_____	_____
_____ Media Promotion	_____	_____
_____ Social Media Posts	_____	_____
_____ Email	_____	_____
_____ Advertisements	_____	_____



_____ Signage	_____	_____
_____ Event Website	_____	_____
_____ Web Banner Ads	_____	_____
_____ Other	_____	_____

Other details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Special Fundraising Project Proposal Agreement



GREENVILLE  
HEALTH SYSTEM

By signing my name below, I state that I have read and agree to the Greenville Health System (GHS) Office of Philanthropy & Partnership (OPP) special fundraising projects guidelines and that I understand what GHS can and cannot do to support special fundraising projects. I understand that my signature does not mean GHS will approve my special fundraising project and that approval or denial of my fundraising project will be made at a later date.

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Fundraising Project Organizer

Date

The above party has permission to use GHS logo and fundraise on behalf of Greenville Health System in the manner described in the special fundraising projects policy from date \_\_\_\_\_ to date \_\_\_\_\_.

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Greenville Health System Representative

Date

Contact Rhea Adkins at (864) 797-7738 or [RAdkins@ghs.org](mailto:RAdkins@ghs.org) with questions.

Please keep a copy and return the original fully completed application, along with signed liability waiver at least two months prior to the event to:

GHS Office of Philanthropy & Partnership  
Attn: Rhea Adkins  
300 E. McBee Ave, Suite 503  
Greenville, SC 29601-2882

*Once the application has been reviewed and returned to you with signature, you may proceed with planning and executing your special fundraising project.*