



Event Fundraising Policy

Thank you for your interest in planning an event to philanthropically benefit Greenville Health System (GHS). Benefit events can take many forms, from golf tournaments to black tie galas and walk-a-thons. 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 an event. If you are planning a special fundraising project (e.g. creating a calendar or selling jewelry), please complete a Special Fundraising Project Proposal instead.

Any person or organization who intends to promote a fundraiser to benefit a GHS hospital, clinic or program must adhere to the following guidelines and submit a completed and signed Event Proposal Form. 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 event / program date, and by the third Tuesday of each month for consideration that month.**

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

Event Proposal Evaluation Criteria

The following is a partial list of the criteria that will be used to evaluate proposed third-party events:

- Does the event have a realistic budget, timeline and plan?
- What is the estimated amount of proceeds from the event?
- Who will chair the event? Will there be other members of the committee?
- Does the event honor an individual or mark a special occasion?
- Will the event raise funds for areas of priority as determined by the GHS leadership team?
- Does this event 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

- 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 event 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 Event Finances

- Any promotional materials must expressly state that your event 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.
- Promotional materials for events contributing a portion of the sale of any item to GHS must state exactly how much (either percentage or specific dollar amounts) is being contributed to GHS. For example, "All proceeds benefit GHS" or "25 cents from every dollar raised will benefit GHS" or "75% of the proceeds benefit GHS".
- GHS reserves the right to approve or deny any and all co-beneficiaries.
- GHS does not advance money to help cover event expenses.
- If event expenses are greater than the total collected, the group conducting the event is responsible for payment of these additional expenses.
- The value of in-kind donations from sponsors should not be included in your total event revenue.
- Within 30 days after the last day of the event, 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*

Solicitation

- Unfortunately, GHS cannot solicit paid or in-kind sponsors for your fundraising event and cannot provide any donor or patient family contact information. In-kind donations are defined as a donation of a product or service such as food, beverage, printing or silent auction items.

Liability Policies

- There may be times when, if circumstances warrant, a fundraising event must be canceled. GHS, through any of its directors, officers or senior administrators, retains the right to cancel the fundraising event. You hereby agree to cancel the event, 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 event.

- Sponsors are responsible for furnishing liability insurance for all activities, list GHS as an additional insured and provide a certificate of insurance upon request.
- Your fundraising event must comply with all relevant state and federal laws.
- The main contact person listed on the Event Proposal Form must ensure that all necessary permits, licenses and insurance are obtained.

What You Can Expect from GHS OPP

- 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 date to ensure no conflict between events, thereby allowing for sufficient time between events to maximize support, enthusiasm and attendance for your event.
- You must immediately advise OPP of any changes in your fundraising event.
- 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 event 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.
- Event planning expertise and advice, as appropriate.
- Acknowledgment of your direct contributions to GHS.
- Approval of the use of GHS' name and / or logos for your event, upon submission for review.
- A letter of support to validate the authenticity of the event and its organizers.
- Limited existing materials for your event such as stickers, brochures and videos, as appropriate.

OPP CANNOT provide:

- GHS tax exemption for event-related purchases.
- Distribution of fliers.
- Insurance or liability coverage.
- Funding or reimbursement for expenses.
- Confirmed attendance at the event by a hospital representative patient family, volunteers or media due to the limited staff size and internal fundraising obligations.
- 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 event or activity conducted by the organization identified below in which the name and / or logo of GHS is used, including promotion of such event.

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

Name of Organization

Signature of Authorized Person

Printed Name of Authorized Person

Title of Authorized Person

Date

Third-Party Event Proposal Form



GREENVILLE
HEALTH SYSTEM

Contact Information

Contact name: _____

Organization: _____

Phone number: _____

Address: _____

City, State, Zip: _____

Email address: _____

Event Information

Name of event: _____

Type of fundraiser: _____

Description of event: _____

Is this a public event? _____

Event start date: _____ Event end date: _____

Event start time: _____ Event end time: _____

Event location: _____

Address: _____

City, State, Zip: _____

Price / Admission for the event: _____

Expected number of attendees / participants: _____

GHS service line beneficiary: _____

Specific area or program: _____

Will this fundraiser benefit any charity other than Greenville Health System? _____ Yes _____ No

If so, who? _____

How will funds be raised (ticket sales, product sales, etc.)? _____

Are there others helping plan the fundraiser? If so, please provide names: _____

End date in which fundraiser will stop accepting donations: _____

Please share the budget for the 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 \$ _____

Third-Party Event Promotion Plan



GREENVILLE
HEALTH SYSTEM

How will you promote this event?

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

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 a two-week minimum 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 event? 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 event 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: _____

Third-Party Event Proposal Agreement



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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) third-party event guidelines and that I understand what GHS can and cannot do to support third-party fundraising events. I understand that my signature does not mean GHS will approve my third-party event and that approval or denial of my third-party event will be made at a later date.

Event 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 third-party fundraising policy from date _____ to date _____.

Greenville Health System Representative

Date

Contact Rhea Adkins at (864) 797-7738 or 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 fundraiser.