



Funds benefit N.C. Children's Hospital programs

**GUIDELINES & APPLICATION FOR
FUNDRAISING EVENTS &
SPECIAL PROMOTIONS**

**North Carolina Children's Promise
Office of External Affairs and Communications
Campus Box 7220 • Chapel Hill, NC • 27599-7220
Phone 1-866-9-NC-KIDS • Fax 919-843-1930**



UNC
N.C. CHILDREN'S
HOSPITAL

Fundraising Event Guidelines

(Revised August 2008)

Thank you for your interest in hosting an event to benefit the N.C. Children's Promise and North Carolina Children's Hospital. We are truly grateful for your support and ask that you follow these guidelines as you plan your event. Working with you, our goal is to ensure the best possible outcome for your event by approaching donors in a coordinated fashion to enrich patients' lives and enhance care at N.C. Children's Hospital.

- ✚ Any individual, business, or organization that wishes to host an event benefiting the N.C. Children's Promise (the Promise) and N.C. Children's Hospital (the Children's Hospital) must complete the following event application to be reviewed by the N.C. Children's Promise Development Office.
- ✚ Until the event has been approved, no public announcements can be made, and the event may not be promoted in any way.
- ✚ Applications must be submitted at least 6-8 weeks in advance of the proposed event date. Applicants must reapply annually for approval.
- ✚ Events must fit the mission and image of the Promise and Children's Hospital.
- ✚ All event materials that include the N.C. Children's Promise or N.C. Children's Hospital name(s) and/or logo(s) must be reviewed and approved in advance by the Development Office. Materials include, but are not limited to, advertising, press releases, posters, flyers, and t-shirts.
- ✚ The Promise (or any entity of the Children's Hospital) is the beneficiary—**not** the sponsor or host—of any benefit events. Publicity should list the name of the event followed by "...benefiting the N.C. Children's Promise." If the gift is designated to a particular area (i.e., a division, program, etc.), the area must be listed as the beneficiary, not the hospital's name in general (e.g., "...benefiting Pediatric Oncology Division of N.C. Children's Hospital and the UNC Department of Pediatrics").
- ✚ The public must be informed how the Promise and the Children's Hospital will benefit from the event. If the hospital will not receive 100 percent of the proceeds, an exact percentage or amount must be stated on all related publicity.
- ✚ The Promise and the Children's Hospital (including individual programs, divisions, etc.) must receive at least 50% of the proceeds from events benefiting our charity.
- ✚ If another organization will benefit from the event, the Promise must be notified when applying to host an event.
- ✚ Solicitation of businesses involving the direct or implied use of the N.C. Children's Promise or N.C. Children's Hospital name(s) and/or logo(s) must be approved in advance by the Development Office. Many businesses already support the Promise and Children's Hospital and may not wish to make additional donations.
- ✚ If event expenses are greater than the money raised by the event, the event organizer is responsible for those expenses.
- ✚ Proceeds must be received by The Medical Foundation of NC, Inc., our 501(c)3 body, within 30 days of the fundraising event or campaign.
- ✚ The event organizer must obtain any necessary permits, licenses, and insurance.

- ✦ The N.C. Children's Promise, N.C. Children's Hospital, and all related entities cannot assume any type of liability for your event.
- ✦ If circumstances warrant (e.g., fraud, negative exposure, etc.), the Promise and/or Children's Hospital may at any time, through members of its Board of Visitors or senior administrators, direct you to cancel the event. You must agree to cancel the event if so directed and further agree to release the Promise and Children's Hospital and its officers and employees from any and all liability in connection to any such action.
- ✦ Should the Promise or Children's Hospital decline the application or choose not to be affiliated with the third-party event in question, reference to the N.C. Children's Promise or N.C. Children's Hospital in any form (i.e., use of name or logos, etc.) will not be permitted. Failure to adhere to this stipulation will be cited as fraud.

What the N.C. Children's Promise CAN do to support your event:

- ✦ Provide a letter of authorization to be used to validate the authenticity of the event.
- ✦ Provide and approve use of logos.
- ✦ Promote the event on the Promise Web site and other appropriate media. *(Such decisions are made on a case-by-case basis. Promotion beyond Web site posting will be limited to events that plan to raise \$10,000+. Promotional information must be received by the N.C. Children's Promise at least four (4) weeks or more prior to the event to post on the Promise Web site.)*
- ✦ Provide a tax receipt to donors who make contributions payable to the "N.C. Children's Promise" or "N.C. Children's Hospital." *(Payment cannot be received by the Promise office in situations where goods or services are received; only straight donations can be received.)*

What the N.C. Children's Promise CANNOT do to support your event:

- ✦ Provide on-site staff or volunteer support at your event. *Exceptions MAY be granted on a case-by-case basis (e.g., staff may attend events planning to raise \$20,000+).*
- ✦ Extend our tax exemption to you.
- ✦ Provide giveaways or prizes for silent auctions.
- ✦ Provide funding or reimbursement for event expenses.
- ✦ Solicit sponsorship revenue for the event.
- ✦ Provide hospital and/or donor mailing lists.
- ✦ Provide insurance coverage.

If you have any questions or would like more information about organizing a fundraising activity to benefit the N.C. Children's Promise and N.C. Children's Hospital, please contact the Development Office at 919.843.4155.

Signature/Name

Date

Fundraising Event Application Form

Sponsor Information

Contact Name _____
Title _____
Company Name/Organization _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____ Email _____
Company Web site _____

Event Information

Name of Event _____
Date(s)/Time(s) of Event _____
Description of Event _____
Location of Event _____
Is this a first-time event? _____ If no, how many years has the event been held? _____
Are there any other beneficiaries? Yes _____ No _____
If yes, please name _____

How will funds be raised (e.g., raffle tickets, ticket sales, auction, sponsorships, etc.)? _____

Who is the target audience? _____

How will you promote this event (e.g., press releases, flyers, public service announcements, etc.)? _____

List businesses (other than your own) that you will solicit for cash and/or in-kind donations. _____

Financial Information

Estimated Expenses (please list) _____

How will expenses be paid? _____
Estimated Revenue _____
Estimated Amount/Percentage Given to the N.C. Children's Promise _____
Expected Date of Donation _____

I agree that until written permission has been granted, contributions may not be solicited in the name of the N.C. Children's Promise or N.C. Children's Hospital and these names may not be used for any other purpose.

Yes _____ No _____

Once final approval has been granted, I agree to adhere to the guidelines provided by the N.C. Children's Promise Development Office.

Yes _____ No _____

**Please click "Submit" or print and mail/fax application to:
N.C. Children's Promise
ATTN: Third Party Events
Campus Box 7220
Chapel Hill, NC 27599-7220
Fax: 919-843-1930**

SUBMIT

For N.C. Children's Development Office Use Only

Approved

Not Approved

NOTES:

N.C. Children's Promise Representative

Date

