



Community Partner Fundraiser Program Policies & Guidelines

Overview

Thank you for choosing University of Florida Health as the community partner for your fundraising event or campaign. Special events and community programs are an important part of fundraising for our organization. We look forward to working with you to ensure that your event is successful. Any person or organization interested in participating in the partner program must complete an Event Proposal Application and submit a summary of the event or campaign including a draft budget. The application must be submitted for prior approval through the UF Health Office of Development. This application process allows us to identify how the funds you raise can make the biggest impact at UF Health for our patients, providers and students.

What is a partner fundraiser?

A **Community Partner** program is a fundraising initiative brought forward by an individual, community group, service club or business (“the host”) external to UF Health to raise money for an entity within UF Health (“the beneficiary”). The activity is partially managed by the UF Health Office of Development including fundraising guidance, income processing, expense tracking and publicity assistance. Programs classified as a Community Partner are able to show a history of success and receive a net profit of **\$10,000** or greater.

Please review and understand that the following guidelines will apply if your event proposal is approved.

Marketing Guidelines

The logos of UF Health entities are registered trademarks and cannot legally be reproduced without written permission. UF Health Communications must review and pre-approve all promotional materials before they are used. This includes sponsorship materials, posters, flyers, website listings and social media posts. Please allow 5 business days for review and approval of promotional materials.

Any promotional materials must expressly state that the event is raising funds to benefit an entity of UF Health. However, publicity may not imply that the event is hosted, sponsored or co-sponsored by any UF Health entity.

All fundraising events and campaigns require written permission to use the name of UF Health and all entities under its auspices. The Host will be notified if the application is approved. Please do not make public announcements or promote the program until you have received approval of your event.

Initial here _____

Financial Guidelines

Community Partner Fundraiser programs should fit the mission and promote the appropriate image for UF Health. UF Health has a fiduciary responsibility to ensure that the UF Health name is being used properly, that funds are being handled and accounted for in a responsible manner.

The Host can designate a specific fund to benefit an area within UF Health. If a fund does not currently exist that meets the Host’s designation, a cash contribution of \$2,000 must be made to establish a new fund. The Beneficiary will accept contributions to the fund, manage and administer amounts held in the fund and disburse amounts from the fund in accordance with the fund purpose. The Host will not provide oversight or direction on the disbursement of the fund.

Gifts made by individuals or businesses must be directly received by UF Health for tax deduction receipts to be provided. Any gift in-kind donations received to support the Community Partner program are eligible to receive tax deduction receipts from UF Health. UF Health’s tax-id number may be used for your fundraising purposes with approval.

Because individuals and businesses are receiving tax deduction credit for contributions directly to UF Health, the Host will not receive individual tax deduction credit for the total dollars raised related to the program. A letter of volunteer support can be provided by request.

The Beneficiary does not advance moneys, provide donor lists or solicit sponsorship revenue for Community Partner Fundraiser Programs. The Host is responsible for identifying and soliciting all revenue. The Beneficiary must review sponsor solicitation list at least 10 days in advance of the first solicitation. UF Health development officers maintain the right to refuse solicitation of a business or individual for any reason.

The Beneficiary must review the budget proposal and sign-off on expenses at least 14 business days in advance of the first expense submitted for payment. The percentage of expenses out of gross revenue must not exceed 50%. Budgeted expense percentage above 25% requires advance approval from the Beneficiary.

No contracts will be signed or invoices will be paid until event income, in excess of the contractual financial obligation, is collected and deposited into the benefitting event fund.

Initial here _____

General Guidelines

Fundraising events and campaigns must comply with all relevant state and federal laws, including sales tax and gaming regulations. A copy of the UF Health Development Procedure for Sales Tax, Gaming and Reporting is available upon request.

The Host agrees to indemnify and hold harmless UF Health from any and all claims and liabilities in any way related to the program.

UF Health and its officers, directors and representatives will not be responsible for any costs, expenses, debts, liabilities or obligations incurred by the Community Partner or others involved in the project or program. The Host assumes full responsibility for all such costs, expenses, debts, liabilities and obligations.

There may be times when, if circumstances warrant, a Community Partner Fundraising Program must be canceled. UF Health through any of its directors, officers, Vice Presidents or Offices of Development and Communications retains the right to cancel the fundraising program. The partner hereby agrees to cancel the program, if so directed, and further agree to release UF Health from any and all liability in connection with such action. The Beneficiary will sign all contracts for any and all services that the Beneficiary will be responsible for payment of expenses. The Beneficiary maintains the right to refuse signing a contract where expenses will exceed 50% of gross revenue.

All contracts must be submitted for review through UF Health Legal Services prior to signature and/or payment. Please allow 30 business days for legal review.

UF Health Shands employees who participate in a Community Partner program as a volunteer or committee member must sign the Statement of Understanding and agree to adhere to the associated Core Policies.

Initial here _____

How We Can Help

- Submit event for publication in UF Health Shands internal newsletter
- Post event on UF Health online events calendar
- Assist with promotion through UF Health Giving social media
- Provide an endorsement letter for fundraising to benefit UF Health
- Serve as fundraising advisor, providing guidance on event planning and execution (i.e. review sponsorship levels before they are made public)
- Provide logo/ proper name for use on marketing materials and review materials for correct use
- Provide UF Health giveaway items when requested, based on specific criteria for event
- Create online registration website for event (dependent on resources available)
- Provide oversight of income/expenses, ensuring expenses do not exceed 50% of income without prior approval
- Provide tax receipts/acknowledgement letters to sponsors and donors
- Provide Tax ID information directly to requesting organization
- Provide guidance in developing volunteer committees and attend committee meetings, if requested
- Provide staffing for the event to assist with:
 - Check-in/Check-out
 - Raffle/Auction
 - Day of Registration
 - General Donations
 - Tax Forms for any winners

Questions & Concerns

Thank you again for your interest in partnering with UF Health. Fundraising campaigns such as yours are a tremendous help in furthering the mission of UF Health!

If you have any questions or concerns, want to discuss an event or need additional information, please don't hesitate to contact:

Jordan Regar
Development Coordinator
352-294-5753
jper0007@shands.ufl.edu

Contact Information

Organization Name

Contact Person

Mailing Address

City/State/Zip

Telephone

Email

Program Information

Provide a brief description of the program:

Name of Proposed Program

Date(s)

Time(s)

Location Name

Location Address

Location Phone

Are there other beneficiaries besides an entity of UF Health?

Yes

No

If yes, which other organizations? _____

Will you be requesting an online giving page?

Yes

No

(If yes, please keep in mind that the event must be approved before your page may be created)

How did you hear about the Community Partner Fundraising Program?

Hospital Personnel

Office of Development Website

Other _____

Estimated Proceeds (Complete as thoroughly as possible based on previous financials or projections.)

Fundraising Activities:

- | | | |
|--|---|---|
| <input type="checkbox"/> Ticket Sales | <input type="checkbox"/> Registration | <input type="checkbox"/> In-Kind Donations*
(examples: toys, soft goods, food, etc.) |
| <input type="checkbox"/> Auction | <input type="checkbox"/> Raffle | |
| <input type="checkbox"/> Sponsorship | <input type="checkbox"/> General Donations | |
| <input type="checkbox"/> % of Sales (Please specify) | <input type="checkbox"/> Other (Please specify) | |

Anticipated expenses:

- | | |
|---|---|
| <input type="checkbox"/> Venue | <input type="checkbox"/> Custodial |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Tables, Tents, Chairs etc. |
| <input type="checkbox"/> Printed Materials | <input type="checkbox"/> Plaques, Awards, etc. |
| <input type="checkbox"/> Entertainment: Stage, lighting, DJ, etc. | <input type="checkbox"/> Other (Please specify) |

Estimated Contribution \$ _____

(Must submit a detailed draft budget with proposal)

Event Attendance

By Invitation Only Open To the Public

Have you ever hosted this event before? If so, what was the outcome?

*Due to the sensitivity of our patients' health conditions, we can only accept brand new items and food restrictions may apply.

As event organizers, I (we) hereby acknowledge to have read and understood the guidelines of the Community Partner Fundraiser Program. These policies are intended to protect the reputation and integrity of UF Health. The Community Partner Fundraiser application will be reviewed and evaluated for qualifying criteria. If the event is approved, you will receive a packet with additional information. For questions, please contact Jordan Regar, Development Coordinator at 352.294.5753 or jper0007@shands.ufl.edu

Signature

Date

Printed Name

Internal Use Only

- Southeastern Healthcare University of Florida Foundation

Fund Number Fund Description

Approved as Submitted Not Approved Approved with Comments

Comments

Authorized Signature

Date

UF Health Office of Development
PO Box 100386
Gainesville, FL 32610

t. 352.265.7237
f. 352.273.5884
giving.ufhealth.org