**MyCommunity Fundraiser Program**

Policies & Guidelines

**Overview**

Thank you for choosing University of Florida Health as the partner for your fundraising event or campaign. UF Health describes a collaboration of the University of Florida Board of Trustees for the benefit of the University of Florida College of Medicine, Shands Jacksonville Medical Center, Inc., Shands Teaching Hospital and Clinics, Inc., and Shands Recovery, LLC. Throughout these guidelines, these entities are referred to collectively as “UF Health”. 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 MyCommunity Fundraiser Program must complete an Event Proposal Application and submit a brief summary of the event or campaign. 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 third party fundraiser?**

Any fundraising initiative brought forward by an individual, community group, service club, or business (“the host”) **external** to UF Health (“the beneficiary”) who wishes to raise money through a planned activity that is **designed, managed and financially resourced by the external participants** (“the host”).

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

1. **Marketing Guidelines**

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 for your event.

The logos of UF Health entities may not be legally be reproduced without written permission of the logo owner. 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 2 weeks 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 sponsored or co-sponsored by any UF Health entity.

**Initial here \_\_\_\_\_\_\_\_\_\_**

1. **Financial Guidelines**

MyCommunity Fundraiser programs should fit the mission and promote the appropriate image for UF Health. UF Health has a responsibility to ensure that the UF Health name is being used properly and 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. UF Health 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.

The UF Health Office of Development does not advance moneys, reimburse event expenses, provide donor lists or solicit sponsorship revenue for MyCommunity Fundraiser Programs. All expenses and revenue are fully managed by the outside organization.

UF Health is the recipient of the lump sum net revenue raised through third-party fundraising events. Gifts made by individuals or businesses are not directly received by UF Health and tax deduction receipts are not provided. UF Health’s tax-id number may not be used for your fundraising purposes.

Any gift in-kind donations received to support the third party event are not eligible to receive tax deduction receipts from UF Health. By law, UF Health cannot provide a donor a tax deductible receipt for in-kind gifts donated to businesses or individuals.

If the Host does not have a bank account established for fundraising activities, UF Health recommends creating a separate bank account to accurately keep track of donations received and related expenses. Using personal bank accounts for fundraising activities is strongly discouraged.

Within 30 days after the last day of the event, please send one check made payable to UF Health to:

UF Health Office of Development

Attn: Olivia Baum

PO Box 100386

Gainesville, FL 32610

The individual or business name on the check will receive a tax deduction receipt and gift recognition for the lump sum contribution from the MyCommunity Fundraiser campaign or event.

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1. **General Guidelines**

Fundraising events and campaigns must comply with all relevant state and federal laws.

The Host agrees to indemnify, defend and hold harmless all UF Health entities, including attorney’s fees and costs, from any and all claims and liabilities in any way related to the program.

The Host is responsible for furnishing commercially reasonable liability insurance for all activities, listing all applicable UF Health entities as additional insured, and providing a certificate of insurance upon request.

The Host is responsible for paying any applicable sales taxes relating to fundraising or other activities.

UF Health and its officers, directors and representatives will not be responsible for any costs, expenses, debts, liabilities or obligations incurred by the Host 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 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 any fundraising program in its sole discretion. The Host hereby agrees to cancel the program, if so directed, and further agrees to release UF Health from any and all liability in connection with such action.

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**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

**Questions & Concerns**

Thank you again for your interest in hosting an event partnered with UF Health. Contributions 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:

Olivia Baum

Development Coordinator

352.627.7854

obau0001@shands.ufl.edu



**Contact Information**

**MyCommunity Fundraiser**

Application

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 creating an online giving page (i.e. GoFundMe, Fundly, etc.)?

Yes No

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

How did you hear about the MyCommunity Fundraising Program?

Hospital Personnel

Other\_\_\_\_\_\_\_\_\_\_Office of Development Website

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

Fundraising Activities:

Ticket Sales Registration

Auction Raffle

Sponsorship General Donations

% of Sales (Please specify) Other (Please specify)

Estimated Contribution $

**Event Attendance**

By Invitation Only Open To the Public

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

In-Kind Donations\*

(examples: toys, soft goods, food, etc.)

\*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 MyCommunity Fundraiser Program. These policies are intended to protect the reputation and integrity of UF Health. The MyCommunity 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 Olivia Baum, Development Coordinator Community Events at obau0001@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 |