



MT. WASHINGTON PEDIATRIC HOSPITAL

MWPH GUIDELINES FOR HOLDING A FUNDRAISING EVENT IN THE COMMUNITY (“Third Party Events”)

Thank you for your interest in raising funds for Mt. Washington Pediatric Hospital (MWPH). We greatly appreciate your philanthropic support of MWPH’s mission to maximize the health and independence of our patients through comprehensive and integrated healthcare services.

Although the hospital actively encourages third party fundraising, we must approve all events and campaign in advance.

MWPH defines “third party events” as any fundraising activity by a non-affiliated group or individual, where MWPH has no fiduciary responsibility or little or no day-to-day staff involvement.

The following are MWPH’s approved guidelines for “Third Party Events.”

GUIDELINES

An event application must be submitted for review and approved before initiation of the event takes place. Please complete and submit signed guidelines and application form to the Director of Philanthropy and allow three to five days for review and response.

MWPH reserves the right to withdraw its approval for an event at any time if it fails or appears likely to fail to adhere to these guidelines.

FIDUCIARY

- You may not open any bank accounts using MWPH’s name or use its tax identification number.
- You may not keep a portion of the net proceeds for profit or compensation. Net proceeds from an event (in the form of a check or money order) must be delivered to the MWPH Development office within 30 days of the event’s conclusion.
- MWPH may receive funds from other, similar events. Acceptance of your application does not imply exclusivity.
- MWPH is not financially responsible for any costs or expenses associated with “third party events.”
- MWPH cannot endorse or be affiliated with any events that are for the benefit of a specific patient.

SPONSORSHIP

- If you plan to contact organizations, businesses, or individuals to support your event through sponsorships or in-kind donations, you must submit your solicitation list to MWPH for approval prior to contacting them. Many businesses and individuals already support MWPH and may not want to make an additional gift.
- MWPH staff members and board members are not able to participate in the sale of event tickets or solicit event sponsorships or in-kind donations.

ADMINISTRATIVE

- All events must be held for the stated purpose and within the timeline outlined in your application. If there are changes, please contact the Development office immediately.
- MWPH has the right to approve all event dates. If a conflict arises, the hospital has the right to refuse permission for an organization to hold an event to benefit MWPH.
- MWPH reserves the right to observe your event.
- All communication with MWPH regarding your event must be done through your contact in the Development office.
- MWPH can provide a gift recognition letter noting a charitable donation to the event organizer for total event proceeds.

LEGAL

- You must comply with all local, state, and federal laws as they apply to charitable fundraising, gift reporting and special events. This requirement includes securing all necessary permits, licenses and insurances.
- Your group's officers, employees, agents, partners, members, volunteers, and contractors may not represent themselves as having any authority on behalf of MWPH.
- You and your event are not covered by MWPH liability insurance. MWPH shall be held harmless from liability in connection with the event.

MARKETING AND PROMOTIONS

- When mentioning the name of the hospital in print or on air, please use, "Mt. Washington Pediatric Hospital."
- All promotional materials must state that MWPH is a beneficiary of the event. For example, an event maybe called "Baseball X Game to benefit Mt. Washington Pediatric Hospital." It cannot be called "Mt. Washington Pediatric Hospital's Baseball X Game." You may not imply that the event is sponsored by MWPH.

- You must agree to the use of MWPH's name and logo for promotional materials only in relation to the event for which you are seeking approval. You may not alter the MWPH name or logo in any fashion. A copy of the hospital's graphic standards will be made available to you.
- MWPH must approve all promotional materials prior to production and distribution. You may only use information obtained from MWPH in the promotion of the hospital. This includes, but not limited to, advertisements, flyers, invitations, websites, letters and media releases.

STAFFING

- Planning, implementation, staffing and management of an event are your sole responsibility.
- MWPH staffing at your event cannot be guaranteed.

RECORDS

- MWPH should receive a complete accounting of all funds collected and expenses related to the event.
- MWPH reserves the right to inspect all event financial records.
- MWPH will receive a list (spreadsheet preferred) of all tangible non-cash (in-kind) contributions to the event and a list (spreadsheet preferred) of all donors who contributed to the event.

MWPH CAN PROVIDE

- A letter of authorization to validate the authenticity of the event and its organizers.
- Permission and access to MWPH logo and guidelines.
- Promotion for your event on the MWPH.org event page (time and space permitting)
- Recognition for your event/organization via the Annual Report (time and space permitting) and an acknowledgement from the hospital.

MWPH CANNOT

- Handle securing a proper venue or other services.
- Provide on-site staff or volunteers.
- Share MWPH's mailing lists including donors, board members, employees, physicians, volunteers, vendors or patients.
- Guarantee to promote and/or generate publicity on your behalf, nor provide photos to be used on promotional materials.
- Provide insurance coverage, permits, or licenses for your event.
- State tax exemption for event-related purchases
- Secure sponsorships or provide funding for your event.
- Guarantee attendance of staff, physicians, or patients at your event, including subsequent check presentations or photo opportunities with staff or patients.



MT. WASHINGTON PEDIATRIC HOSPITAL

Application for Holding a Fundraising Event in the Community

Please complete the application below and send it to Paula Bragg, MWPH, 1708 West Rogers Avenue, Baltimore, MD 21209 or to pbragg@mwph.org, or fax the cover sheet to 410-367-0937. Please allow 7 to 10 business days for a response.

Organization/Individual Information

Name of Organization/Individual: _____

Is this organization nonprofit? Yes No

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Website: _____

Contact Name: _____ Phone: _____

Have you held a fundraiser for us before? Yes No

Event Information

Name of Event: _____

Event Location: _____

Event Date & Time: _____ Projected Attendance: _____

Description of event (including if you are doing a raffle or auction, etc.): _____

Target Audience: _____

Are there other beneficiaries of this event? Yes No

If yes, please name the other organization(s): _____

Projected Revenue from event: _____ Projected Cost of the event: _____

Projected Contribution to MWPH: _____

Will your event secure sponsors? Yes No

If yes, please provide a list of those organizations and individuals you intend to solicit on the back of this application. The names must be approved by the MWPH Development office before you approach prospective sponsors.

Proposed event promotion and publicity:

Press releases

Mailings

Fliers

Needed items:

MWPH logo and logo guidelines

Will there be an event website? If so, what will it be? _____

Please indicate the date proceeds can be expected by MWPH (*must be delivered to the Development office within 30 days of the event*): _____

I agree to all of the terms and conditions in the ***Guidelines for Holding a Fundraising Event in the Community***. I understand that my event is not considered approved until I have received written approval of my application from Mt. Washington Pediatric Hospital. At no time will Mt. Washington Pediatric Hospital or any representative of the hospital be responsible for the cost, planning, or staffing of my event. I agree to indemnify and hold harmless Mt. Washington Pediatric Hospital, its employees, agents, and representatives from any and every claim, demand, suit, and payment related to or caused by my event.

Responsible Party's Signature: _____ Date: _____

Printed Name: _____ Printed Title: _____

Signature of MWPH representative: _____ Date: _____

Printed Name: _____ Printed Title: _____