



EHS Foundations 3rd Party Event & Fundraising Activity Application/Agreement

Thank you for considering making EHS Foundations, Erlanger Health System, or Children's Hospital at Erlanger a beneficiary of your fundraising and community support activities. Your generous efforts and support will provide assurance that we continue to provide the best healthcare available for all children and adults throughout the Tennessee Valley and surrounding regions.

What is a Third Party Fundraiser?

A 3rd party fundraising event or activity is one that is created and hosted by an individual, independent organization, business, civic or religious group, to benefit the EHS Foundations in its mission to support the EHS Health System in its mission to "compassionately care for people" through providing philanthropic and volunteer support. In hosting a 3rd party event or activity, host agrees to handle the majority of details of the event, cover related costs, recruit sponsors and volunteers, create marketing materials, and provide oversight of the event. We truly value your interest in hosting your fundraising event or activity; some tips and policies are provided below, to help make your event a huge success!

Policies & Guidelines for Third Party Events or Fundraising Activities

- Any persons and/or organizations desiring to conduct an event or promotion that utilizes the name, logo or image of EHS Foundations, Erlanger Hospital, or Children's Hospital at Erlanger for fundraising and/or publicity efforts, including soliciting sponsorships or other support, must complete this Application/Agreement and must receive written approval from Erlanger Health System Foundations Office before beginning any such fundraising or publicity efforts.
NOTE: To gain written consent from EHS Foundations for use of logos, name, or images, host must commit to designating at least 50% of proceeds (must share information on other non-profit being considering as 2nd beneficiary for approval prior to agreement) raised to benefit EHS Foundations, Erlanger Hospital, or Children's Hospital at Erlanger.
- The third party responsible for the event or activity intended to benefit EHS Foundations must agree to indemnify and hold EHS Foundations blameless for any and all risk that may arise as a result of the event or fundraising activity. EHS Foundations is not responsible for any liabilities, liability insurance, losses, debts or expenses arising from the event or activities.
- Hosts of third party fundraising events or activities must comply with federal, state, and county and local municipality laws and regulations, including, but not limited to registering with appropriate agencies when required, purchasing insurance, or obtaining any required licenses or permits as required.
- EHS Foundations cannot guarantee event attendance, sponsorships, tickets sales, or donations for any 3rd party event or fundraising activity.
- Any proposed 3rd party event or fundraising activity that compromises the Erlanger Health System image or conflicts with the EHS mission, vision, or values, may be denied consideration by the EHS Foundations.



EHS Foundations can help with planning Third Party Events or Activities the following ways:

- Provide support for Logistics and Pre-Planning for 3rd party event or activity via the EHS Foundations Special Events Coordinator.
- Provide informational brochures and/or facts about Erlanger Health System and/or Children's Hospital at Erlanger, including services provided.
- Provide Children's Hospital at Erlanger canisters to collect money (must be returned, please)
- Brainstorm ideas for 3rd party events or activities via the EHS Foundations Special Events Coordinator.
- Provide a letter of authorization and validation for host to utilize in soliciting sponsorships, donations, and/or volunteers.
- Help with soliciting volunteers via EHS Foundations volunteer base.

EHS Foundations can help with promoting Third Party Events or Activities the following ways:

- Write and distribute press releases to print, radio, and TV media outlets.
- Create article announcing the event or activity, and sharing it with Erlanger Health System Associates (5,000+).
- Promote the event or activity via Social Media Outlets.
- Place flyers in visible areas on Erlanger Health System campus.
- Provide tax letter receipts validating tax deductible goods to donors and sponsors of 3rd party events or activities as requested.
 1. Sponsors or donors requesting tax deduction receipts and/or letters must make payments directly to EHS Foundations (request more info from EHS Foundations Special Events Coordinator), as well as provide contact information. A thank you letter and receipt will e-mailed, mailed, or both.
 2. A tax deduction letter and receipt may also be requested by donors or sponsors who provide In-Kind contributions. These may still be tax-deductible. An In-Kind donation is a donation of goods, services, materials, skills, labor, or a combination of all of these. In-Kind donation forms may be requested from EHS Foundations Special Events Coordinator.
 3. **A portion of monetary or In-Kind donations may NOT be tax deductible:** If donor receives goods or services in exchange for a donation, a FMV (Fair Market Value) will be assessed for the goods or services received, and this amount will be deducted from the total tax deductible amount referred to in any tax letter and/or receipt.



Thank you for your consideration to name EHS Foundations, Erlanger Health System, or Children’s Hospital at Erlanger, as beneficiary of your upcoming event of fundraising activity. Please sign below, complete the attached Proposal Form, and return, along with any supporting documentation, to:

Erlanger Health System Foundations

Attn: Rebecca Styles

975 East Third Street

Chattanooga, TN 37403

or

Email: Rebecca.styles@erlanger.org

Fax: 423-778-2680

If any assistance is needed in the process of completing this Application/Agreement, please contact Rebecca Styles, Special Events Coordinator, at (423) 778-4803.q

EHS Foundations 3rd Party Event & Fundraising Activity Application/Agreement

Please complete the attached form providing as many details as possible, i.e. date, time, and place of event or promotion. Attach any supporting documents, such as brochures and drafts of invitations or tickets using the name of Erlanger Health System, Children’s Hospital at Erlanger or EHS Foundations.

AGREEMENT

With my signature below, I certify that I have read and understand the rules and policies for conducting a 3rd party event or fundraising activity. I assure that EHS Foundations’ name, logo, and images, will be properly used, funds will be properly handled and accounted for in a responsible manner, fundraising will be conducted in a method that is consistent with the public image of EHS Foundations, Erlanger Health System, and Children’s Hospital at Erlanger, and that the event or ongoing activity will act in accordance with all federal, state, municipal, and local laws and regulations. I understand that, if all policies are not adhered to, EHS Foundations can withdraw its consent of the 3rd party event or fundraising activity.

Signature of Contact Person/Responsible for Party for Event or Activity

Date

Print Name: _____

Name of Organization/Business/Entity: _____

THE ACCEPTANCE OF YOUR EVENT OR PROMOTION ALLOWS YOU AND/OR YOUR ORGANIZATION THE APPROVAL TO USE ERLANGER HEALTH SYSTEM, ERLANGER FOUNDATIONS, OR CHILDREN'S HOSPITAL AT ERLANGER'S NAME AND/OR IMAGE IN PROMOTING THE THIRD PARTY EVENT OR FUNDRAISING ACTIVITY. EHS FOUNDATIONS RESERVES THE RIGHT TO REVIEW ALL PROMOTIONAL MATERIALS PRIOR TO THEIR USE.

THIRD PARTY EVENT OR FUNDRAISING ACTIVITY APPLICATION/AGREEMENT

Contact Name: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

EVENT/ ACTIVITY INFORMATION

Name of Event / Activity: _____

Event Dates: _____

Event Times: _____

Event Location(s): _____

Estimated financial donation to be raised for EHS Foundations: _____

Estimated # of Participants & Attendees: _____

Brief Description of Event or Activity Proposed:

Description of how Event/Activity will be promoted: (i.e., social media, advertising, etc)

NOTE: Please submit copies of any invitations, flyers, brochures, or any other content to be utilized to EHS Foundations for approval prior to release to media or general public.

What materials would you like EHS Foundations to supply? (i.e., brochures, information, etc.)

What type of representation and assistance, if any, are you requesting from EHS Foundations?

Please tell us why you chose to support EHS Foundations, Erlanger Health System, or Children's Hospital at Erlanger: _____

With my signature below, I certify that I have received a copy of EHS Foundations' Third Party Event or Fundraising Activity Guidelines, and agree to the terms and conditions outlined therein.

Signature of Contact Person/Responsible for Party for Event or Activity

Date

Print Name: _____

Name of Organization/Business/Entity: _____

NOTE: Erlanger Health System Foundations must approve all event publicity using the name, logos, other images, and/or information pertaining to Erlanger Health System or EHS Foundations.

FOR HOSPITAL USE ONLY: Approved _____ Not Approved _____

Signature _____ Date _____

Comments _____
