

Thank you for your interest in planning an event to benefit St. Luke's Cornwall Hospital (SLCH). We receive numerous inquiries each year from individuals, families and organizations that want to hold their own fundraising events in support of their community hospital. Our mission is to provide for the diverse health care needs of the community we serve with the delivery of compassionate and comprehensive health care services, and with your help we can really make a difference!

These fundraising events are held independently from St. Luke's Cornwall Hospital and are run by interested volunteers. We'd love for you to be a part of the SLCH team, but please consider a few questions before holding your event:


- Does this event support the mission and vision of SLCH?
- Does this event have a realistic budget, timeline, and plan?
- What is the projected gross revenue and gross expenses for the event?
- Who will oversee and implement the event? Will there be other members of a committee?
- Are the funds raised from the event to be restricted for any particular purpose?

After carefully considering the above questions, we ask that you please fill out the event proposal form and sign our Fundraising Event Policies and Procedures.

Please follow these steps to ensure your event will coordinate smoothly and effectively with the Foundation.

- _____ Read and understand the Fundraising Event Policies and Procedures (pages 1-2).
- _____ Read and complete the donation forms at the end of your event (template).
- _____ Complete and submit Fundraising Event Proposal and Budget forms (pages 3-4).
- _____ Complete and submit Fundraising Event Agreement (page 5).

The St. Luke's Cornwall Health System Foundation (Foundation) was established to raise funds in support of St. Luke's Cornwall Hospital. Its purpose is to obtain charitable contributions, manage those gifts and disburse them. Revenue is generated through community campaigns, special events, direct mail solicitations, planned giving programs, bequests and memorial donations. This support provides the financial resources to help SLCH provide state-of-the-art technology, enhance patient care, offer new programs and services, and undertake building expansions and renovations.



Fundraising Event Policies and Procedures

Permission

Before any event plans are implemented, a Foundation staff member will work with the event coordinator to ensure that the funds are being handled and accounted for in a responsible manner and fundraising is being conducted in a way that is consistent with the hospital's mission and vision.

- If the name and/or logo are to be used, all fundraising events require written permission in advance.
- Fundraising events must comply with all relevant state and federal laws.

Event Promotion and Logo Usage

The most successful events are those with great publicity! Please remember:

- The Foundation should review all promotional materials (including press releases, public service announcements, scripts, posters, brochures, web sites, etc.) before they are used.
- The name and logo is a registered trademark and cannot legally be reproduced without written permission.
- When appropriate, a Foundation staff member may offer support in the promotion of the event through: the hospital's website (with a link to the event's or organization's web site, if appropriate) and other standard methods of promotion used by SLCH
- Please place "Proceeds benefit St. Luke's Cornwall Hospital" on all promotional materials.

Event Timing

SLCH Foundation is responsible for all events and other fundraising efforts benefiting the hospital. We ask that you discuss all dates for your event with a Foundation staff member to ensure there is no conflict with existing events.

Event Finances/Budget

There are two primary methods of managing the expenses for your event:

- *All donations and funds raised are directed to benefit St. Luke's Cornwall Hospital.* Event expenses are financed by the organization or individual planning the event. Upon presenting receipts of any expenses incurred, an acknowledgement letter will be generated for tax purposes for the value of those goods/services/direct costs.
- *Net proceeds from the event benefit St. Luke's Cornwall Hospital.* If you plan to pay for your event expenses out of the funds raised, this must be clearly communicated to the event sponsors/donors prior to the receipt of any funds. Please remember that your cost per dollars raised should not exceed \$.50 on the dollar. For example, if the event raises \$2,000 your costs cannot exceed \$1,000. If the donor receives any direct benefit from your event (attending a dinner for instance) only the portion of their payment above and beyond the cost of that benefit counts as a donation.

Planning and managing an event budget can be very complicated. Please coordinate with Foundation staff to ensure appropriate notification, tracking, use and acknowledgement of funds received and expenses incurred. Receipts must be submitted for all expenses incurred.

Sponsorship

If you intend to solicit sponsors or donated items (In-kind) please provide a list of all potential contacts to the Foundation before any potential sponsors/donors are contacted. This ensures there is no cross-solicitation between the hospital and your event and will help us to be good stewards of our longstanding relationships within the community.

In-kind sponsorship is defined as a donation of a product or service, such as printing or silent auction items. The value of in-kind sponsors is not included in your total event revenue, but should be acknowledged in your final report.

Tax Receipts and Donor Acknowledgement

A Foundation staff member will provide a template of the donor information you should retain for your records. Please be advised that in-kind sponsors and cash-sponsors must be differentiated. Two separate databases must be retained.

Cancellation & Changes

Please notify a Foundation staff member of any changes in your fundraising event or if the event is postponed or cancelled for any reason.

What we can do for you

The SLCH Foundation wants to help make your event the best it can be. Always remember we can:

- Offer event planning expertise and advice
- Provide promotional ideas and community outreach
- Approve the use of the hospital's name and/or logo
- Provide a letter of support to be used to validate the authenticity of the event and its organizers
- Provide limited existing hospital materials for your event, such as brochures

Thank you again for your interest in planning an event to benefit St. Luke's Cornwall Hospital! Support and contributions such as yours will help your community hospital to provide the compassionate care that you, your family, friends and neighbors deserve.

To get started, please contact the Foundation at (845) 568-2152 or e-mail communityevents@slchospital.org. We look forward to working with you on your fundraising event!

Fundraising Event Proposal

Dates of Proposed Event: _____

Event Location: _____

Event Time (Begin and End): _____

Name of Sponsoring Organization: _____

Name of Event Coordinator: _____ Title: _____

Mailing Address: _____

Phone: _____ Fax: _____ E-mail: _____

Please briefly describe event purpose and how funds will be raised:

Will the amount raised be matched (yes/no)? _____

If yes, by whom? _____

Is the event open to the public (yes/no)? _____

How many people do you expect to attend event? _____

If possible, would you like to have someone from St. Luke's Cornwall Hospital present at your event (yes/no)? _____

If yes, what role will they play? _____

How will the event be publicized? (Press releases, Advertisements, Public Service Announcements, Promotional Fliers, Website, etc.)

Do you plan to use the SLCH logo and/or name in any of your promotional materials (yes/no)? _____

If yes, to what address can we e-mail the logo? _____

Will you need any SLCH materials (yes/no)? _____

If yes, please note the amount of the following items:

Item	Quantity
_____	_____
_____	_____
_____	_____
_____	_____

Proposed Budget:

Please list all projected revenue and expense related to your event. Indicate if you expect an expense item to be donated.

Revenue:

Sponsorship: \$ _____
Registration Fees: \$ _____
Ticket Sales: \$ _____
Donations: \$ _____
Other: \$ _____

Expenses:

Location: \$ _____
Food/Beverage: \$ _____
Printing: \$ _____
Advertising: \$ _____
Other: \$ _____

Total Revenue \$ _____

Total Expenses \$ _____

If your net proceeds benefit SLCH your cost per dollar raised should not exceed \$.50 on the dollar. For example, if the event raises \$2,000 your costs cannot exceed \$1,000.

Please indicate how your event expenses will be handled (as outlined in the Event Policies and Procedures). All receipts must be submitted to SLCH along with the donation tracking spreadsheets as shown in the donation templates.

____ All event donations and funds collected (gross revenue) will be directed to SLCH. Event expenses will be paid by the organization, event coordinator or another source.

____ Net proceeds from the event will benefit SLCH. Expenses will be paid out of funds collected. All donors/sponsors will be notified of this arrangement and will be acknowledged accordingly.

Additional Notes and Comments:

Signature of Event Coordinator

Date

Name of Event Coordinator

Note: Application must be approved by St. Luke’s Cornwall Health System Foundation prior to publicizing or holding event. Please fax the completed form to (845) 568-2927 or mail to:

St. Luke’s Cornwall Health System Foundation
70 Dubois Street, Newburgh, NY 12550



Fundraising Event Agreement

Please return this signed document together with your completed application form and attachments to SLCH Foundation for approval prior to distribution of your solicitation materials, invitations and public announcements.

We encourage you to contact the Foundation at (845) 568-2152 or e-mail communityevents@slchospital.org if you have any questions regarding the fundraising event policies and procedures.

Return the original signed copy with your completed Event Proposal Form to:

St. Luke's Cornwall Health System Foundation
70 Dubois Street
Newburgh, NY 12550

____ (Please initial) I have reviewed the Fundraising Event Policies and Procedures and agree to conduct my event by those guidelines and work closely with the Foundation staff members throughout the process.

Name of Sponsoring Organization

Event Title

Event Date

Name and Signature of Event Coordinator

Date

SLCH Foundation Use Only:

Date Approved _____

Date Approved by Development Officer _____

Signature of Development Officer _____

If denied, a SLCH Foundation staff member will provide a list of reasons and/or suggestions for future events and fundraising opportunities.