

**Delta County Memorial Hospital Foundation**  
**Health Champions: Fundraising to Benefit Delta Health / DCMH Foundation**  
**Policy & Procedure**

Thank you for considering Delta County Memorial Hospital Foundation as a beneficiary of your fundraising activities. We appreciate your efforts to support our mission of inspiring generosity and to support remarkable care for our community through Delta Health.

**I. Definitions**

For purposes of these Policies and Procedures, “you” means the organization, group, or individual sponsoring or holding the event. “Hospital” means Delta Health. “Foundation,” “we,” or “our” means the Delta County Memorial Hospital Foundation. The Foundation is the sole fundraising arm of Delta Health.

**II. Event Approval**

1. Although the Foundation actively encourages third-party fundraising events, we must approve all events in advance. The Foundation and/or the hospital maintain the right decline events. This is an important safeguard in preserving the integrity of the name and reputation of Delta Health and the Foundation, as well as our commitment to donors.
2. Events should complement the mission and image of the Delta Health. Organizations and/or events that conflict with the mission or values of the hospital may not be sponsors.
  - a. We discourage sponsorship by tobacco and firearms companies or other companies with products that do not support the health and well-being of children or adults.
3. Applications must be completed and submitted to the Foundation no less than four (4) weeks prior to the proposed fundraising event. Approval for the event is specific to dates listed on your event application. If you would like to repeat the event, you must submit a new application.
4. As part of the Application process, you must agree to release the hospital; the Foundation; and their officers, directors, and employees from any and all liability in connection with any such action.
5. The Foundation must be notified in writing if there are any significant changes to the event once it has been approved. If circumstances warrant, the Foundation may at any time direct you to cancel the event. If so directed, you must agree to cancel the event.
6. We reserve the right to observe your event.

**III. Fund Designation**

1. Unless otherwise coordinated with us, money raised will be directed toward the Foundation’s area of greatest need. For more information on our area of greatest need or designating your funds, visit [dcmhfoundation.org/ways-to-give](http://dcmhfoundation.org/ways-to-give).

2. If you wish to designate the funds you raise to a specific department or area of the Delta Health, please note this in your application or email us at [kejones@deltahospital.org](mailto:kejones@deltahospital.org).

#### **IV. Name and Logo Usage**

1. You may not use the Delta Health or Foundation names or logos or otherwise indicate to the public that an event is being held for the benefit Delta Health or the Foundation without the prior express written consent of an authorized representative of the Foundation.
2. The names and official logos of Delta Health and/or the Foundation must be used appropriately, and must adhere to established graphic policies, which we will provide, and may not be altered.

#### **V. Promotion**

1. You may not make public announcements or promote the event until you receive written approval from the Foundation.
2. The Foundation must review and approve in writing all promotional materials including, but not limited to, advertising, letters, brochures, flyers, and press releases prior to production or distribution. Proposed materials should be submitted via email to [kejones@deltahospital.org](mailto:kejones@deltahospital.org) at least one week in advance.
3. Publicity for your event may not state or imply that the event is sponsored or co-sponsored by the Foundation and/or Delta Health, or that the Delta Health or Foundation is involved as anything but as the beneficiary. For example, you should not call an event "Delta Health / Foundation Walk-a-Thon." Your event should be promoted as the "Walk-a-thon benefiting Delta Health/Foundation."
4. If media will be present at your event, you must notify the Foundation in advance.
5. Patient photos or stories **may not** be used in promotional materials for your event without prior approval from the Hospital.
6. In order to better coordinate fundraising activities, we ask that you provide us with a list of targeted sponsors for your event before they are approached. Please remember that many individuals and businesses already support the hospital and may not wish to make additional donations.

#### **VI. Permits, Licenses & Insurance**

1. You are responsible for obtaining all permits and licenses – especially those for raffles or games of chance. Because state and local governments control all charitable gaming activities, if your event includes bingo, a raffle, 50/50 drawing and/or casino-type games and activities, you must acquire the proper permit/license from your state or local government office and abide by all rules and regulations pertaining to such gaming activity.
2. The Foundation will not apply for or obtain liquor licenses for third-party events.

3. You must obtain your own liability insurance to cover the event. The Foundation will not insure your event and requires that you obtain all insurance, including premises, liability, and worker's compensation.

## **VII. Financial and Legal Information**

1. In order to provide your donors with important information concerning their contribution, we ask that all promotional materials clearly state the percentage of proceeds (from gross or net proceeds) and/or the portion of the ticket price that will benefit the hospital.
2. You may not keep any portion of the proceeds (amount raised – event expenses) not indicated or agreed upon prior to event in the application, as profit or compensation for organizing the event.
3. If event expenses are greater than the money raised, you are responsible for paying those expenses. The Foundation will not provide funding or reimbursement of expenses.
4. Because the Foundation is not sponsoring your event, we cannot allow event revenues and expenses to flow through the Foundation's books. Only the net amount (final net proceeds from event) should be processed by the Foundation. Similarly, you cannot set up a temporary bank account in the Foundation's name.
5. Proceeds should be mailed to the Foundation no later than fourteen (14) days following the event to:

**Delta County Memorial Hospital Foundation**  
**PO Box 10100**  
**Delta, CO 81416**

6. The Foundation should receive a complete accounting of all funds collected and expenses related to the event no later than fourteen (14) days following the event. Because of our responsibility as the recipient of community assets, we reserve the right to inspect all event financial records if a question is raised about the event's proceeds.
7. The Foundation or the hospital may receive funds from other similar promotions. Our acceptance of your application creates no exclusive rights for you.
8. The Foundation will not assume any legal or financial liability associated with your event, nor will we indemnify you or any party involved in your event for any damage, expense, or other costs arising from or in any manner related to your event. The hospital, Foundation, and all related entities are not liable for any injuries sustained by event volunteers or participants related to your event and cannot assume any type of liability for your event.
9. You agree that you will comply with all state and/or municipal charitable solicitations statutes and/or ordinances which may apply to your event.
10. Events must comply with all federal, state, and local laws governing charitable fundraising and gift reporting. All tax-receipting issues must be agreed upon and documented before the

Foundation's approval is given. The Foundation may only issue tax receipts for checks made out to "Delta County Memorial Hospital Foundation" or "DCMH Foundation". If your donors send their contributions directly to the Foundation, you must inform the Foundation of the value of any goods or services the donor received in return for the contribution. The Foundation will issue tax receipts for in-kind donations or event sponsorship agreements if you provide complete information for all applicable donors.

11. You agree that you will not use the Foundation's tax exemption in any manner or as part the promotion of your event, nor will you represent to the public that you enjoy any tax exempt rights or privileges as a result of your role in the event (unless you have separate tax exempt status), nor will you state that any portion of the purchase price for any goods or services at the event is tax deductible for charitable purposes (unless you have separate tax exempt status).

### **How We Can Support You:**

The DCMH Foundation is able to offer our community fundraisers the below support and benefits through our Health Champions program:

- Consultation and guidance on fundraisers and events
- Access to our online fundraising platform and assistance creating personalized fundraising pages
- Use of the hospital's benefiting logo, when approved
- Guidance in selecting an area of the hospital to support
- Event fundraising tips and timelines
- Inclusion of event in our monthly email newsletter and public online calendar
- Promotional items for event participants upon review of application
- Brochures, pamphlets, and other informational materials promoting and explaining the hospital's mission and accomplishments, when requested in advance and upon review of application
- Assistance reviewing press releases, when applicable
- Access to videos to share with event supporters if applicable
- Blog posts and/or social media, when applicable
- Gift processing of donations, made payable to DCMH Foundation, including issuance of acknowledgement letters/receipts for tax-deductible donations
- Coordinate hospital visit for donation drop-off (ages 16 and up),-when applicable
- Certificate of appreciation

### **Our Staff Is Unable To:**

- Offer space for your event, including private homes or hospital space
- Extend our tax exemption to your organization or event
- Provide names and stories of hospital patients
- Provide Foundation or hospital stationery or letterhead
- Guarantee attendance of hospital patients, hospital staff, or Foundation staff at your event
- Provide insurance or liability coverage
- Provide mailing lists of donors and/or vendors--we have made a commitment that we do not sell or provide others with our donor and staff mailing lists

- Provide advertising for events via radio, newspaper, press release, television, or social media accounts, including Facebook and Twitter
- Provide hospital tours to children under the age of 16, nor groups larger than 8
- Provide fiscal sponsorship or reimbursement of event expenses; does not fund, financially support, or endorse third-party fundraising events

**Delta County Memorial Hospital Foundation**

Health Champion: Fundraising to Benefit Delta Health /DCMH Foundation

Application

Thank you for considering Delta County Memorial Hospital Foundation as a beneficiary of your fundraising activities. We appreciate your efforts to support our mission of inspiring generosity and to support remarkable care for our community through Delta Health.

**Contact Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Event Details**

Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Event Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who's coming?

- Private/invite only  Open to the public

Approx. number of attendees:

- Under 50  50-100  100-500  500-1,000  1,000+

How will funds be raised?

- |   |  |
|---|--|
| <input type="checkbox"/> Online donations ( <i>Foundation Platform</i> )                | <input type="checkbox"/> Tickets (entry fee)                         |
| <input type="checkbox"/> Online donations ( <i>Outside platform, such as GoFundMe</i> ) | <input type="checkbox"/> Tickets (raffle or drawing)                 |
| <input type="checkbox"/> Mail-in donations  | <input type="checkbox"/> Auction                                     |
| <input type="checkbox"/> Donation box   | <input type="checkbox"/> Selling items (shirts, food, etc.)          |
|   | <input type="checkbox"/> Other (please explain in event description) |

Are there any other beneficiaries of your event? *(If yes, please describe under "Event Description.")*

- Yes       No

Will you have any of the following at your event? *(Select all that apply.)*

- Athletic endeavors       Alcoholic beverages       None

Will the event require any of the below? *(Select all that apply.)*

- A permit       Insurance       Participant waiver       None

How do you plan to let people know about this event? *(Select all that apply)*

- Invitations  
 Flyers  
 Website  
 Social Media  
 E-mail  
 Press Release  
 None of the above  
 Other

Are you interested in any of the following supplies for your event? *(Pending availability)*

- Chap stick  
 Pens/Pencils  
 Single-use banners  
 Hospital literature

**Event Budget**

Anticipated amount raised:

Anticipated expenses:

Anticipated proceeds (amount raised - expenses)

What percent of the total raised will be donated to the Foundation? (net proceeds ÷ total raised)

What will you be donating? *(Select all that apply.)*

- Online donations (online fundraising page)  
 Personal checks  
 Cash

All gifts will be designated to the Foundation's area of greatest need unless indicated here:

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What inspired you to support the Foundation?

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**Fundraiser Agreement**

I specifically agree to all the terms and conditions contained in the "Health Champions: Fundraising to Benefit DCMH Foundation Policies and Procedures," available at [dcmhfoundation.org/getinvolved](http://dcmhfoundation.org/getinvolved). I understand that my event is not considered an approved event until written approval of my application is received from the Delta County Memorial Hospital Foundation (Foundation). No amendment, modification, or waiver of any of the terms and conditions contained in this document and the "Policies and Procedures for Community Events" shall be valid unless in writing.

I, the undersigned (or parent and/or legal guardian of the fundraiser if fundraiser is under 18) hereby agree to all the terms of the fundraiser agreement and the accompanying "Policies and Procedures for Community Events."

Marking this box indicates, I have read and agree to the "Health Champions: Fundraising to Benefit DCMH Foundation Policies and Procedures."

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Signature

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Date

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Title