Third-Party Fundraising Guidelines

1. Outside organizations wishing to host a fundraiser to benefit the UVM Medical Center or the UVM Children’s Hospital shall provide a detailed description of the proposed fundraising event or activity by completing the Third-Party Fundraising Proposal Form on Page 3 and providing any other pertinent information.

2. The organizer/organizing group of the fundraiser agrees to make every effort to convey clearly that UVM Medical Center or UVM Children’s Hospital is not the host of the fundraiser, but rather the beneficiary of full or partial proceeds.

3. The organizer agrees to disclose to interested participants the level of financial support to benefit the UVM Medical Center or the UVM Children’s Hospital (percent of proceeds, set amount of money, etc.).

4. Publicity of any kind (including press releases, flyers, invitations, advertisements, etc.) and the use of UVM Medical Center or UVM Children’s Hospital logos must be reviewed by the Foundation.

5. The organizer is fully responsible for the planning, organizing and accounting for the event or activity. All costs incurred will be the responsibility of the organizer/organizing group.

6. The Foundation is committed to protecting the confidentiality of donor and volunteer contact information, including addresses and phone numbers, and is therefore unable to share such information with third-party fundraising organizers.

7. Hosting organizations are responsible for securing appropriate permits, licenses and insurance needed for the event or activity.

8. UVM Medical Center shall in no way be held liable for any injury or damage resulting from fundraising events or activities, approved or otherwise, which are undertaken by third parties stating that their intent is to benefit the UVM Medical Center or the UVM Children’s Hospital.

9. If the fundraiser includes a Game of Chance (e.g. a live/silent auction or raffle), the organizer will be responsible for checking all state, federal and local gambling regulations.

10. Organizers must coordinate with the Foundation before approaching local businesses or organizations for support.

11. In order to be tax deductible, all checks must be made out to the UVM Medical Center with the event/activity name written in the memo line.

12. All fundraiser payments are payable to the third-party. Any amount from the third-party payable to the UVM Medical Center is a charitable donation from the third-party only.

13. All philanthropic dollars raised from the fundraiser must be submitted to the Foundation office within 45 days of the event or activity. Goods and services donated to the fundraiser as gifts-in-kind are not considered donations to the UVM Medical Center or the UVM Children’s Hospital. The Foundation expects that third parties will not keep any portion of the fundraiser proceeds as profit or compensation for organizing the event or activity.

14. The foundation reserves the right to refuse any fundraising event or activity not considered to be in alignment with the mission of the UVM Medical Center or the UVM Children’s Hospital and the goals of the Foundation.
The following third-party fundraising is not permitted:

Fundraising events or activities involving the promotion of a political party, candidate or appearing to endorse a political activity.

Fundraising events or activities of any kind to benefit a specific person, such as raising money for a specific child’s health treatment.

Programs that involve a professional fundraiser or other agreement to raise funds on a commission, bonus or percentage basis.

Fundraising events or activities which require the hospital to endorse a product or service or hospital participation in the direct sale of a product or service.

Fundraising events or activities that include the use of telephone solicitation to obtain contributions.

Fundraising events or activities which compete with scheduled fundraiser run by the UVM Medical Center or its affiliates.

QUESTIONS? CONTACT:
Events@UVMHealth.org
Third-Party Fundraising Proposal Form

FUNDRAISER DETAILS
Event/Activity Name: ___________________________ Date(s): _______________ Time(s): _______________
Location: ___________________________ Number of Participants/Guests expected: _______________
Name of your organization/group: ___________________________ Financial Goal: $ ___________
Briefly describe the event/activity and how funds will be raised: ___________________________

Will the UVM Medical Center or the UVM Children’s Hospital be the sole beneficiary? If not, what other causes will be supported?

Briefly outline your plans to promote the event/activity: ___________________________

Designation/Department or Program to benefit from the proceeds: ___________________________

ORGANIZER CONTACT INFORMATION
Primary Contact: ___________________________ Email: ___________________________
Phone: _______________ Address: ___________________________ State: ____ Zip: _________

FUNDRAISING RESOURCES
We want to do what we can to ensure your fundraising efforts are a success. Below are the resources we can provide.

Each fundraiser will receive:
“Proudly Supporting” version of the UVM Medical Center or UVM Children’s Hospital logo
Scheduled Consultation with a Community Fundraising Team member

We can also provide the following upon request (check the boxes of items needed for your fundraiser):
Online Giving Page
Third-Party Fundraising Kit (includes balloons and disposable banner)
Printing of promotional materials

NOTE: Upon approval of your event, a Community Fundraising Team member will work with you to fulfill and deliver your requested materials listed above.
Please use the space below to provide any further information about your fundraiser that you would like to share:

QUESTIONS?

Please direct any special requests or questions to Events@UVMHealth.org. We will do our best to accommodate your needs within third-party fundraising guidelines.

After completing this form, please sign and acknowledge the following:

I have read and agree to the UVM Medical Center Foundation’s Third-Party Fundraising Guidelines.

Print Name ______________________________________________________________________________

Signature ___________________________________________________ Date _______________________

PLEASE RETURN TO:

Events@UVMHealth.org

OR

UVM Medical Center Foundation
St. Joseph Fifth Floor
1 South Prospect Street
Burlington, VT 05401