



# GUIDELINES

Thank you for your interest in hosting an event/campaign to benefit Children's Hospital of Michigan Foundation (CHM Foundation)! You and numerous community supporters know first-hand how important philanthropic support is to the success of what we do. **All of the efforts you put forth** touch the lives of children and their families we serve, and for that, we are grateful for your support and partnership!

## *Our Mission*

The Children's Hospital of Michigan Foundation supports pediatric research, education, community benefit programs, and other initiatives that improve the health of children in Michigan.

## *Our Vision*

Through our efforts to improve children's health and wellness, children have more days to play, nights to dream, and time just to be kids.

## *Useful Information*

The Foundation has created a list of policies and procedures designed to guide and help you in the planning of your fundraising events and campaigns. It's important to note that the State of Michigan regulates ALL fundraising activities, and we follow all IRS laws for charitable giving and gift acknowledgements.

Any individual or organization who wishes to conduct an event or campaign involving the use of the CHM Foundation name OR for fundraising and/or publicity purposes, must receive advanced approval from CHM Foundation. Event or campaign applications must be submitted no later than 6 weeks prior to the proposed event/campaign date. All applicants must re-apply annually for support and approval. **Please allow 10 business days for the review process to take place.**

- 1) Events or campaigns should complement the mission and image of the CHM Foundation. Companies or organizations that conflict with the Foundation's mission or values may not be sponsors. The final judgment allowing an organization and/or a person to host an event benefiting the CHM Foundation, shall be the sole and final decision of the CHM Foundation.
- 2) **You, as the event/campaign organizer, must obtain all necessary permits, licenses and insurance.** You are (or your corporate/organization is) responsible for ensuring that the event or campaign complies with all federal, state and local laws governing charitable fundraising, gift reporting and special events. **If your organization is NOT eligible to receive tax-deductible contributions, we encourage you have your supporters write checks payable to Children's**

**Hospital of Michigan Foundation with your event/campaign name in the memo line for event credit and a tax acknowledgement letter.**

- 3) Be prepared to estimate revenue and expenses for your event or campaign, as well as the size of the contribution you intend to donate to the CHM Foundation. The Council of Better Business Bureau states that, "reasonable use of funds requires that at least 50% of total income from all sources be spent on programs and activities directly related to the organization's purposes." The CHM Foundation strives to maintain overall fundraising costs at 20% of total revenue and strongly urges event/activity organizers to meet this standard. **We encourage a minimum contribution of \$500 or more for a first time event or campaign benefiting CHM Foundation.**
- 4) **CHM Foundation assumes no responsibility for your event or campaign. You agree to release the Foundation and it's officers, employees and agents from any and all liability arising out of your event or campaign.**
- 5) The CHM Foundation must approve, in advance, the content for all invitations, advertisements, press releases, posters or other promotional materials related to your project, using the CHM Foundation name and/or logo. Public announcements of ANY KIND or promoting the event/activity **IS PROHIBITED** until approval has been given by the CHM Foundation office.
- 6) The CHM Foundation may only be identified as the beneficiary of the event/campaign.
  - a) *For example, event organizers should not call an event "Children's Hospital of Michigan Foundation Walk-a-Thon." Your event should be promoted as: "Walk-a-thon to benefit Children's Hospital of Michigan Foundation."*
- 7) The public should be informed regarding any net amounts that will be donated to the CHM Foundation. If the CHM Foundation will not receive all of the proceeds from the event/activity, then the exact percentage of the proceeds that benefit the CHM Foundation must be stated clearly on all invitation copy, advertising, and promotional materials. If another organization will benefit from the event/CRM campaign, the CHM Foundation must be notified on the application paperwork.
- 8) The CHM Foundation should receive a list of targeted sponsors for the event/activity before they are approached to allow coordination with respect to other CHM Foundation events/activities that may be underway.
- 9) You are (or your corporate/organization is) responsible for ensuring that the event/CRM campaign complies with all federal, state and local laws governing charitable fundraising, gift reporting and special events. If your organization is eligible to receive tax-deductible contributions, the IRS requires that all tickets, invitations or entry forms state the fair market value or which portion of the contribution is tax-deductible.
- 10) You, as an event/activity planner, may not keep any portion of the proceeds as profit or compensation for organizing the event or campaign. If event or campaign expenses are greater than the money raised, you are responsible for paying those expenses.
- 11) Proceeds must be received by the CHM Foundation **no more than 30 business days** after the event or campaign date(s).

The following third party event or campaign application form will provide you with a list of supportive assets that CHM Foundation can offer to you - we hope you take advantage of these resources!

**Consent**

I have read, understand, & agree to comply with the fundraising guidelines stated above.

Initial here: \_\_\_\_\_

# Application Form

Has this event/campaign occurred previously?

Yes       No

**Organization Information**

*(Let us know about you!)*

Name of Corporation, Organization or individual

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Contact Person \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Fundraising Event or Campaign Information**

*(Tell us your plan!)*

Event or Campaign Name

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Description

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Date(s) \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

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Anticipated Attendance \_\_\_\_\_

Target Audience \_\_\_\_\_

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**How will you raise funds?** *(please check all that apply)*

- Event Tickets
- Sponsorships
- Donations
- Auction
- Drawings
- Other, please specify: \_\_\_\_\_

**Is a Special Event Liquor License required for this event?** *(If "YES", please attach approvals by local authorities and evidence of insurance. Your organization must indemnify and hold harmless the Children's Hospital of Michigan Foundation from and against any liability claims, damages or expenses due to or arising from the event.)*

- Yes       No

**Are you holding a raffle as part of your event?** *(If "YES", please attach a copy of your raffle license. If you don't know how to obtain a license, please visit [www.michigan.gov/cg](http://www.michigan.gov/cg). Children's Hospital of Michigan Foundation is not able to request a raffle license on your behalf.)*

- Yes       No

**Please provide a full list of vendor(s) or individuals with whom you will have any contract or agreement in relation to the event/campaign.**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Is Children's Hospital of Michigan Foundation the sole beneficiary of this event/campaign?**

*(If "NO", please specify other charitable partners.)*

Yes

No

**List other Charitable Partners:**

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### Marketing Plan

*(How will you promote your event?)*

**How will you be advertising and/or publicizing this event?** *(please list all that apply)*

**Social Media** *\*Please be sure to follow and tag us on FB, Twitter & Instagram @CHMFoundation to help you spread awareness!\**

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### Electronic/Print Invitations

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### Electronic/Print Publications

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### TV/Radio

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### Other

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**Do you have a media sponsor?** *(if so, please list)*

Yes

No

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## Support from the Foundation

*(We are here to help you!)*

**Please check a list of options for your Fundraising Toolkit:**

- Use of your logo
- Event listing on our website
- Printed banners
- Branded collateral for distribution *(paper or promotional items, if available)*
- Custom Text to Donate branded URL link for CALL TO ACTION!
- Custom donation envelopes; if checked, specify quantity \_\_\_\_\_
- Custom donation page on our website
- A special appearance by CHAMP, the Foundation's new mascot!

## Designate Use of Funds

*(What will your dollars support?)*

**Estimate of fundraising dollars that you expect to donate to Children's Hospital of Michigan Foundation**

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**Anticipated date of your donation**

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**Please indicate where you want the donated funds to be used**

- Abuse & Neglect
- Cardiology & Oncology Research
- Injury Prevention
- Mental Health
- Nutritional Wellness
- Greatest Need
- Other, please specify specific area or fund: \_\_\_\_\_

**Would you like to learn more about the Foundation and how your dollars will make an impact on the health and wellness of children?**

Yes       No

**If YES, what is your preferred method of communication?**

- Mailing List
- Email
- Social Media
- All of the above

**Submit your application!**

*I agree that the information provided in this document is accurate and further agree to the terms set forth in the Children's Hospital of Michigan Foundation Fundraising Guidelines document.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*All proceeds for the event(s) shall be delivered to Children's Hospital of Michigan Foundation within 30 days of the event.*

Please email completed for to [Staff@chmfoundation.org](mailto:Staff@chmfoundation.org) for review and approval.

*Thank you for your interest in raising funds for Children's Hospital of Michigan Foundation!*  
**You will be notified of your application approval within ten (10) days of receipt of your completed form.**  
*Please be aware that further clarification may be needed prior to approval.*

