



Rutland Health Foundation

Special EVENTS

We are grateful you are considering

the Rutland Area Visiting Nurse

Association & Hospice as the recipient of

your special event or fundraising project.

Your generosity and support not only helps

us in providing quality health care, but is an

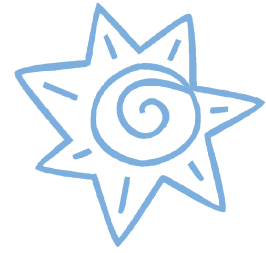
investment in the future of our community.



ABC's of organizing your event or project

We are grateful that you are considering the Rutland Area Visiting Nurse Association & Hospice (RAVNAH) as the beneficiary of your special event or fundraising project. Below are a few helpful hints for a successful event.

1. **Apply.** Fill out the enclosed application form (also available online) so we can learn how your event will help RAVNAH - and how we can help you. Submit your form at least six weeks prior to your event. We'll contact you within one week of receiving it. All fundraising activities for the benefit of RAVNAH must be approved in advance by the Rutland Health Foundation. Once approved, we will send you an endorsement letter and practical fundraising tips.
2. **Brainstorm with friends.** Gather up friends and family to help you plan the event. You will have more fun, raise more money and come up with more creative ideas with help from others.
3. **Count the beans!** Make a budget and stick to it. Identify all your expenses, potential income and your fundraising goal. Having a budget helps identify realistic goals.
4. **Details.** Make a list of all details, no matter how big or small you think it is, and check it twice. This list may include who you are inviting, what needs to be done and who is in charge of doing specific tasks.
5. **Excitement.** Much of your success will depend on how you spread the word about your event. Don't have a big budget? Use e-vites and other creative ways to spread the word .
6. **Fun.** Make sure to have fun. The more you enjoy your fundraiser, the more your participants will enjoy the event.
7. **Goal.** Have an event or project that fits the size, interests and talents of your group and set a reasonable and attainable goal.
8. **High-Five!** Thank your sponsors, committee members, friends, family and anyone who contributed to the success of your event!



Permission

The Attorney General's Office notes that **the Rutland Area Visiting Nurse Association & Hospice (RAVNAH)** retains a fiduciary duty to ensure that our name is being used properly, that the funds are being handled and accounted for in a responsible manner, and the fundraising is being conducted in a manner that is consistent with RAVNAH's mission and public image.

- All fundraising events for RAVNAH require written permission from the Rutland Health Foundation in advance. Do not make public announcements or promote the event until you receive written approval of your event proposal.
- Fundraising events must comply with all relevant state and federal laws.

Event Timing

It is the policy of the Rutland Health Foundation to maintain a list of all event and fundraising efforts benefiting our member organizations. This includes activities of Rutland Regional Medical Center, Rutland Area Visiting Nurse Association & Hospice, Kids on the Move and events that are hosted in the community on our behalf.

- It is the responsibility of the event coordinator to approve the fundraising event date with the Rutland Health Foundation staff to ensure no duplication of event or event dates. This allows for sufficient time between events to maximize support, enthusiasm and attendance at your event.

Event Promotion & Logo Usage

The Rutland Health Foundation and the Community Relations Associate at RAVNAH must review all promotional materials prior to production (including news releases, public service announcements, scripts, posters, brochures, specialty items, etc.)

before they are used.

- The logo of RAVNAH is a registered trademark and cannot be legally produced without written permission.
- Any promotional materials must be clear that your event is raising funds that will benefit the Rutland Area Visiting Nurse Association & Hospice (or a specific program at RAVNAH).
- Any promotional materials must properly characterize the use for which the donation will be made. For example, *"Proceeds benefit the Hospice Program at the Rutland Area Visiting Nurse Association & Hospice."*

Sponsorships

The Rutland Health Foundation **cannot** solicit sponsors for your fundraising event and/or provide any donor, patient or business contact information. We cannot be responsible for ticket sales or assisting with sales of a product for any fundraising activity or event.

A list of all potential sponsorship contacts (including those who donate goods and services) should be provided to the Rutland Health Foundation staff. This allows us to be good stewards of our friends in the community.

RAVNAH does not solicit or accept beer, wine, liquor, tobacco or firearms sponsorships as title sponsors for any event.

Laws and Liability

Your event must comply with all federal, state and local laws governing charitable fundraising, gift reporting and events. The event organizer is responsible for obtaining any permits and clearances required. The event organizer must also obtain appropriate insurance coverage.

- If circumstances warrant, the Rutland Health Foundation, acting as an agent for RAVNAH may at any time through any



Event

POLICIES & GUIDELINES

of its directors, officers, and staff, direct you to cancel the event. You hereby agree to cancel this event, if so directed, and further agree to release RAVNAH, the Rutland Health Foundation and our member organizations (including officers, directors and employees) from any and all liability and connection to such action.

- The sponsors agree to indemnify and hold harmless RAVNAH, the Rutland Health Foundation and our member organizations (including officers, directors and employees) from any and all claims and liabilities in any way related to the event.

You must advise the Rutland Health Foundation of any changes in your fundraising event.

Tax Receipts

The event organizer must determine the fair market value of all items, services, or privileges associated with the event in advance and inform donors of such amount in all manners required by the IRS.

Information that you should retain for your records includes the following information:

General Event Sponsors

- Company/Organization
- First and Last Name of Contact Person
- Address
- City
- State
- Zip
- Phone Number
- E-mail Address
- Donation Amount
- Tax-deductible Amount

For In-Kind Sponsors

(an in-kind sponsorship is defined as a donation of a product or service such as printing, or an auction or gift item)

- Company/Organization
- First and Last Name of Contact Person
- Address
- City
- State
- Zip
- Phone Number
- E-mail Address
- Item Donated
- Value of Item

Tax receipt language for a sponsorship or ticket purchase:

- Thank you for your donation of *(amount)* on *(date received)*. Your sponsorship/ticket purchase provides you with a *(tax deductible amount)* deduction as provided by law. Please retain this document for tax filing purposes.

Tax receipt language for a direct contribution to your event (with no associated benefit):

- Thank you for your donation of *(amount)* on *(date)*. In compliance with Internal Revenue Service regulations *(amount)* is tax deductible as no goods or services were provided in exchange for this portion of your gift. Please retain this document for tax filing purposes.

What we can do for you...

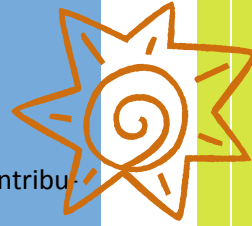
- Offer event planning expertise and advice
- Acknowledge DIRECT contributions to RAVNAH. These contributions will be added to your event donation total, but cannot be withdrawn for event expenses.
- Approve the use of the RAVNAH name.
- Provide a letter of support to be used to validate the authenticity of the event and its organizers.
- Provide recognition of your efforts on our websites, annual reports and other publications.

What we cannot do for you...

- Provide guaranteed attendance of employees, patients, volunteers or physicians.
- Publicize your event or sell tickets for your event.
- Provide RAVNAH's tax exemption number.
- Provide funding or reimbursement for event expenses.
- Provide mailing lists of donors, vendors, board members, medical staff members, employees and other affiliated organizations.
- Provide RAVNAH stationery.

Things to remember:

- Complete and sign the event proposal form at least six weeks prior to your event.
- Establish realistic goals for your event and identify your audience (i.e. who do you want to attend).
- Budget. Identify your income and expenses.
- Promotion and publicity. Be sure that you have approval to use our name/logo before you begin to publicize your event.
- Collect the funds and submit the proceeds to your contact at the Rutland Health Foundation. We ask that you forward funds within 30 days if possible.



Event POLICIES & GUIDELINES



Event or Project Proposal

General Information

Date of application:

Group/individual organizing event:.....

Main contact:

Address:

Phone:..... E-mail address:.....

Sponsoring organization (if applicable):

Beneficiary Information

Our event will benefit:.....

Are there additional beneficiaries other than us: YES NO

If so, who:

.....

Event Information:

Name of your event:.....

Date and time of event:

Where will it be held?.....

Will there be a rain date: YES NO

Ticket price:.....

Please provide a brief description of your event and activities:
.....
.....

Is this event by invitation only? YES NO

Is this open to the public: YES NO

For recognition purposes how would you like to be listed:

Publicity and sponsorships

How will you promote this event:

.....

Will you seek gifts/sponsorships from businesses? YES NO

If so, please list names of potential businesses you may contact:
.....
.....

Projected Revenue:

Estimated revenue:

Estimated proceeds:.....

Estimated donation if different than above:.....

Estimated date funds will be donated:

Additional Information:

How will this event benefit you:
.....
.....

What do you need from us?
.....
.....
.....
.....

I understand that:

- All events to benefit the Rutland Area Visiting Nurse Association & Hospice must be approved by the Rutland Health Foundation prior to the event or its publicizing.
- All promotional materials for proposed events that include RAVNAH's name or logo must be approved by the Rutland Health Foundation before they are released. Please forward a draft of materials prior to your event and publicizing. When mentioning the name of RAVNAH in print or on air it should be referred to as the Rutland Area Visiting Nurse Association & Hospice.
- Your event and photographs may appear in publications and on RAVNAH/Rutland Health Foundation websites. Your signing of this form indicates permission to use images and your event name.

I have read and agree to the policies and procedures outlined in this document.

Your name:

Signing your name on this form indicates your agreement to the conditions listed above.

Date:

Please return this form to: Rutland Health Foundation, Special Events 433 West St. Rutland, VT 05701

For electronic submission: bcrobin@rrmc.org



Thank
YOU!

If you are interested in helping to raise funds for the **Rutland Area Visiting Nurse Association & Hospice**, please fill out the Event Proposal Form that is enclosed.

A member of the Rutland Health Foundation will be your assigned contact for any assistance or questions you might have.

Please return the event proposal to:

Bernadette C. Robin, CFRE
Annual & Special Giving
Rutland Health Foundation
98 Allen Street
Rutland, VT 05701

If you have any questions, please call 802.747.3634 or e-mail bcrobin@rrmc.org.

Special EVENTS



Rutland Health Foundation

433 West St.

Rutland, VT 05701

P: 802.747.3634 | F: 802.775.7932

www.rutlandhealthfoundation.org