



HOWARD HOSPITAL FOUNDATION FUNDRAISING POLICY

PURPOSE:

The purpose of this policy is to centralize and coordinate all fundraising efforts intended to benefit Howard County General Hospital (“HCGH”), its subsidiaries, and other related organizations, under the leadership of Howard Hospital Foundation, Inc. (“HHF”)

THE PURPOSE OF THIS POLICY IS TO COORDINATE AND ENCOURAGE FUNDRAISING EVENTS AND IS NOT INTENDED TO RESTRICT SUCH EVENTS.

APPLICABILITY:

This policy is applicable to all individuals, corporations, organizations, and their representatives conducting fundraising events or activities in the name, or on behalf of, HCGH.

POLICY:

In order to assure that fundraising activities, which are advertised to benefit HCGH, are consistent with the mission and high standards of the hospital, any individuals, corporations, or organizations planning such events must complete the following Fundraising Event Application Form prior to commencement of fundraising activities. Completed Fundraising Events Forms must be submitted for review and approval at least thirty (30) days prior to the scheduled fundraising event.

Application forms should be mailed or hand delivered to the address below or emailed to: HCGH-Foundation@jhmi.edu.

Howard Hospital Foundation
Attn: Third Party Events
5755 Cedar Lane
Columbia, MD 21044

Approval of an application to engage in fundraising activities to benefit HCGH shall not be deemed a commitment on the part of HCGH or HHF to contribute money or staff time in furtherance of such fundraising event or activity.

HHF FUNDRAISING EVENT APPLICATION FORM

Name of organization or individual hosting event or fundraiser:

CONTACT INFORMATION

Name: _____

Title: _____

Telephone Number: _____

Mailing Address: _____

E-Mail Address: _____

DESCRIPTION OF EVENT

Date: _____

Time: _____

Location: _____

Description: _____

Is this a first-time event? If no, please briefly describe event history.

Net profit goal: \$ _____

Percentage of net proceeds to benefit HCGH: _____ %

How will funds be collected? _____

Are event proceeds able to be sent to the Howard Hospital Foundation within 60 calendar days of the event or fundraiser? If no, please explain:

List of targeted sponsors/donors (Individual and/or corporate):

Time period for solicitation: _____

Describe below or attach a copy of the marketing and advertising plan for the event. *Any materials including the Howard Hospital Foundation or Howard County General Hospital name or logo must be pre-approved by the Howard Hospital Foundation.

Will your event require assistance from HHF staff? YES _____ NO _____
If yes, please describe.

Signature of Officer of Organization

Title

Print Name

Date

For Howard Hospital Foundation administrative use only

I. Application approved this ___ day of _____, 20____.

Signature of HHF Vice President of Development or Designee

II. Application denied this _____ day of _____, 20____.

Signature of HHF Vice President of Development or Designee

III. The following additional information is needed before this application will be considered for approval by HHF: