

The Providence Alaska Foundation is pleased to be selected as the beneficiary of financial support from special fundraising programs, events or projects by generous individuals, groups and organizations.

GUIDELINES FOR FUNDRAISING EVENTS

In order to ensure that all proposed fundraising events or appeals to the general public are registered and authorized, we have the following requirements.

1. Event/Promotion should be compatible with the mission and promote the appropriate image of Providence Health & Services (Alaska).
2. Fundraising event or appeal organizers/sponsors/organizations must complete and submit an application for review at least six (6) weeks prior to the fundraising event or appeal's start date. **All fundraising events/promotions for the benefit of Providence Health & Services Alaska require advance written permission from Providence Alaska Foundation.**
3. Fundraising event or appeal organizers/sponsors/organizations may not use the name or logo of any Providence Health & Services (Alaska) programs without prior approval. Public announcement or event promotion will not be made until written permission from Providence Alaska Foundation is received.
4. Providence Alaska Foundation must be consulted before any businesses, corporations, foundations or individuals are approached for support of the event/promotion. The Foundation needs to be informed and involved to ensure the solicitation is appropriate, coordinated, and to prevent incidents of simultaneous asks of the same vendor.
5. The fundraising event or appeal organizer/sponsor agrees to obtain all required permits and licenses. Event/Promotion must comply with all relevant laws, including the laws of the State of Alaska. The fundraising event or appeal must have no conflict with government regulations or licensing. It is the organizer's responsibility to ensure the event or appeal is legal under Alaska law.
6. The fundraising event or appeal must not contain commercialism that could reflect poorly on Providence Health & Services Alaska. Events promoting the following types of products will normally not be approved: Products that could be used to injure or kill; alcohol-related products; tobacco-related products; products that present an unacceptable risk of liability; or products that are inimical to the Mission or image of Providence Health & Services (Alaska).
7. The fundraising event or appeal must not exploit patients or families who use Providence Health & Services (Alaska), including but not limited to photographs and stories. The use of photos or stories featuring patients must be approved in writing prior to use.
8. The Providence Alaska Foundation and Providence Health & Services (Alaska) assume no responsibility for promotion of the fundraising event or appeal.
9. Providence Alaska Foundation does not hold a gaming license. Raffles or any games of chance cannot be employed to raise funds for Providence Health and Services Alaska to include Children's Hospital at Providence and the Providence Alaska Foundation.

10. Providence Alaska Foundation & Providence Communications & Marketing must review all promotional materials (including press releases, public service announcements, scripts, poster, invitations, etc.) before they are issued. Allow three (3) working days for review of all promotional materials.
11. The sponsors agree to indemnify and hold harmless Providence Health System to include Children's Hospital at Providence, Providence Alaska Foundation and/or Children's Miracle Network, and all its officers, directors and employees from any and all claims and liabilities in any way related to the event/promotion.
12. The public must be fully informed regarding the amount that will actually be donated to Providence Alaska Foundation and what amount, if any, is tax deductible. Tax deductible determinations must be made by Providence Alaska Foundation.
13. Please advise Providence Alaska Foundation of any changes in your event/promotion.
14. Within thirty (30) days of the completion of the scheduled promotion or before December 31st of the current calendar year, all net proceeds will be delivered to the Providence Alaska Foundation, PO Box 196604, Anchorage, AK 99519

APPLICATION FOR FUNDRAISING EVENT

1. EVENT

In order to ensure that all proposed fundraising events or appeals to the general public are registered and authorized, we require the following information. The Providence Alaska Foundation will evaluate each application for fundraising potential, community impact, and alignment with Providence Health & Services (Alaska) current initiatives and goals. We retain the right to refuse any proposed event or appeal.

2. SPONSOR INFORMATION

Name of sponsoring organization:

Contact/s:

Telephone:

Fax:

Email:

Address:

3. PROMOTION OVERVIEW & LOGISTICS

Name of promotion:

Description of promotion:

Location(s):

Date(s) and time(s):

Date promotion will end:

Fund/Area that promotion will support* (i.e. The Children's Hospital at Providence, Cancer Center):

Method/s of generating revenue, including fees and sponsorships (i.e. admission, donations, sale, pledges, door prize):

Do you plan to pay an individual or organization to help plan, manage or conduct the promotion, or to solicit contributions? If yes, please list:

Name/s of any organization with whom you will have any contract or agreement in relation to the event:

Who is your target audience:

What do you require from Providence Alaska Foundation to make this event possible or successful:

Please attach approvals by local authorities and evidence of insurance.

Please list any sub-components in your promotion (i.e. events, store opening, product launch, etc. tied to promotion):

How often will this event occur (i.e. annually, single event, on-going):

*Note: To keep administrative costs down, fundraising initiatives generating less than \$5,000 may not be restricted beyond general/existing fund designation options.

4. REVENUE / BUDGET INFORMATION

Please estimate:

Gross proceeds A. _____

Expenses* (Include all costs such as printing, food, entertainment, rentals, promotion, etc.) B. _____

Anticipated net proceeds (A minus B) C. _____

Amount/percentage of net proceeds given to Providence Health System D. _____

Anticipated date of your donation: E. _____

* If the event/promotion budget is greater than \$10,000, please provide an itemized expense budget.

* Within 30 days of the last day of the event/promotion, final accounting of income and expenses and a check payable to the Providence Alaska Foundation must be mailed to: P.O. Box 196604, Anchorage, AK, 99519.

5. MARKETING / PROMOTIONS

Are there sponsors tied to this event (i.e. corporate, media partners, etc.)? If yes, please list:

Will you need to use the Providence Alaska Foundation or benefiting program logo?

If yes, how will you utilize the logo:

What methods of public outreach are you planning to use (i.e. public relations, advertising, TV, print, outdoor, flyers, mailers, website):

6. SIGNATURE

Until written permission has been granted by Providence Alaska Foundation, contributions may not be solicited in the name of the Children's Hospital at Providence, Children's Miracle Network, Providence Cancer Center, Cure Kids Cancer, or Providence Health & Services Alaska, and these names may not be used for any purpose.

I have read and agree to follow the attached Fundraising Guidelines. Information provided on this form is correct and accurately describes the event/promotion.

Signature

Date

TO BE COMPLETED BY PROVIDENCE ALASKA FOUNDATION

Approved

Declined

Comments: _____

Foundation President: _____ Date: _____

PROVIDENCE ALASKA FOUNDATION
P.O. Box 196604 Anchorage, AK 99519 • 907.212.3600