Third Party Fundraising
Event Guidelines
Third Party Fundraising Event Guidelines

A third party event is any fundraising activity not coordinated by the St. Augustine Health Ministries paid staff and that requires little or no staff involvement.

Thank you for your interest in supporting St. Augustine Health Ministries or one of its affiliates. St. Augustine Health Ministries welcomes your initiative to help further promote awareness and funding for our programs and services. We are grateful to have you support our Mission of providing quality care and services to those in need, many of whom are un/underinsured.

St. Augustine Health Ministries, under the direction of Catholic Charities, has put together a few guidelines for third parties (individuals or organization other than paid SAHM staff) intending to sponsor a fundraising event to benefit St. Augustine Health Ministries or one of its affiliates. With limited staff time and resources and the many internal fundraising events already being offered to sustain services, St. Augustine Health Ministries may only be able to provide a limited level of assistance. We will look at each proposed event individually and provide as much assistance as possible to help ensure the success of your event.

We are grateful for outside support. It is important to remember that violation of these guidelines can jeopardize our Internal Revenue Service 501 (C) (3) status. Adherence is also important for donor relations and branding of the organization and its Mission.

1. Prospective third party organizers must be compatible with our mission and be in good standing within the greater Cleveland Community.

2. St. Augustine can not guarantee staff or volunteer support at/for your event, and reserves the right not to solicit participation from our constituents beyond notifying them of the event details, such as time, date & place. We will do what we can to ensure its success.

3. Dependent on fund availability, St. Augustine cannot promise to incur expenses to assist in third party events.

4. St. Augustine cannot be responsible for insurance coverage liability or liquor licensing for any third party event. Event organizers shall indemnify and hold harmless St. Augustine Health Ministries from liabilities, losses and expenses arising from the event or promotion.

5. The business/organization/individual will not open any bank accounts using St. Augustine’s name or taxpayer Identification Number. Any check donations listing St. Augustine as “Payee” will be forwarded to SAHM immediately for deposit.

6. Third party fundraising efforts are not permitted to use the St. Augustine’s sales Tax Exempt or Federal Employer Identification numbers when directly purchasing materials or supplies for their fundraisers. Ohio and Federal Tax Laws specify that groups raising funds independently to later provide financial support to St. Augustine are prohibited from claiming exemption from the State and any other applicable taxes on such purchases.

7. A written proposal must be submitted to the Director of Development outlining each event, including date, location, target audience, a budget for the event, corporate and individual sponsorships you intend to
seek, volunteer needs, and all expectations of support from St. Augustine. No action will be taken on any event until approval is received from the Development Officer or CEO.

8. Use of logo, name and mission along with all publicity materials (print, internet or broadcasts) for the event that mention the St. Augustine or affiliates name must be approved by the St. Augustine Health Ministries PR Department prior to printing or distribution.

9. All prospective businesses and individuals to be solicited must be submitted to St. Augustine’s Development Department prior to solicitation.

10. A donation solicited on our behalf, whether the donation is an item or cash is tax deductible (under the law) when it is made directly and entirely to St. Augustine Health Ministries. This information must be made explicitly clear in promotion of the event.

11. A minimum of 25% of the gross proceeds of the event must be donated to St. Augustine Health Ministries. A financial statement must be presented to the Development Office.

12. All promotional material must clearly state the percentage of proceeds or portion of ticket price that will be donated to St. Augustine (Example: all proceeds, a % of the proceeds, a specific dollar amount). Legal considerations prevent us from having you represented as “agents” or “representatives” or “co-sponsors” of St. Augustine Health Ministries.

13. Proceeds must be forwarded to St. Augustine with a final accounting of income and expenses within 4 weeks of the event.

Each request will be considered individually. Generally the following events or campaigns will not be approved:

- Benefits involving the sale of tickets or merchandise on the “remit or return” plan, or one that employs salespeople on a commission basis.
- Ongoing campaigns which promise the public that a percentage of profits will go to St. Augustine, unless documented and verifiable.
- Events involving the promotion or support of a political party or candidate, or those which appear to endorse a political activity
- Events that encourage/involve behavior that is counter to the St. Augustine Mission and/or programmatic activities.

St. Augustine Health Ministries reserves the right to withdraw the use of its name at any time.

**Third Party Fundraiser Agreement & Proposal Form**

I have read and understand the St. Augustine Health Ministries guidelines for third-party fundraising events and agree to abide by them.

Signature ___________________________ Date ___________________________

Printed Name ___________________________________________________________
St. Augustine Health Ministries
Fundraising Proposal Form

Date Submitted:__________

Event Name:_________________________ Event Date:______________

Event location:________________________ Event Time:______________

Name of individual or organization planning event:________________________________________

Contact person & title:________________________________________________________________

Mailing Address:_______________________________________________________________________

Phone:______________________  Fax:____________________  e-mail:___________________________

1. Please provide a description of your event and outline how funds and awareness will be raised (for example, ticket sales, auction, raffle, product sales)

2. Estimated number of participants_______

3. Target Audience____________________________________________________________

4. What is your estimated revenue?____________

5. What percentage of revenue will be used for expenses?____________

6. What dollar amount/percentage will be designated to St. Augustine Health Campus?_______

7. What types of promotion do you plan to use? (fliers, media, paid advertising, signs/banner etc) Samples and Approval are needed prior to print and distribution.
8. Do you plan on seeking corporate and/or in-kind support? If yes, please provide a list of whom you plan to approach.

9. Please describe what involvement or roles you would like from the staff of St. Augustine Health Ministries at your event.

10. Additional Comments:

Please return this form to St. Augustine Health Ministries for approval:
St. Augustine Health Ministries
Development Office
7801 Detroit Ave.
Cleveland, OH 44102
Fax: 216-939-7697
Email: info@st-aug.org

Thank you for supporting St. Augustine Health Ministries!!