

# Third Party Event Approval Policy Guidelines

Thank you for your interest in raising funds for Health Care for the Homeless (HCH). We are grateful to have you support the work and mission of HCH to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes. It is our pleasure to be the beneficiary of financial support as a result of special fundraising events or projects by generous individuals, groups, and organizations.

After reading through these guidelines, please complete the **Third Party Event Proposal Form** and return to HCH.

#### Guidelines:

- All fundraising events for HCH require written permission from the organization in advance.
- A <u>Third Party Event Proposal Form</u> must be completed and submitted to the Events Manager. This form should be submitted a minimum of 30 days prior to the date of the event. All requests will be answered no later than 15 days after receipt.
- HCH reserves the right to deny any application for an Third Party Event that does not appropriately reflect the mission of the organization.
- Use of the HCH name or logo is prohibited unless prior written permission is granted. HCH reserves the right to withdraw the use of its name at any time and will not assume any costs or liabilities that may be involved.
- All events must comply with any and all city, county, state and federal law.
- Contracts and permits must be issued in the name of the organizer and signed by an
  authorized representative of the organizer. Contracts or permits must not commit HCH to
  any contractual obligations and no representation of the organizer may sign anything on
  behalf of HCH.

### What we can help with:

- Offer advice and expertise related to event planning
- If requested, provide a letter of support to validate the authenticity of the event and its organizers
- Acknowledge any direct contributions to Health Care for the Homeless
- Provide pre-addressed envelopes to make it easier for people to send donations
- Promote the event on HCH's Events page on our website and on social media pages. (we are unable to promote your event to other external audiences.)
- Provide printable PDF files of existing marketing materials, program collateral, etc. for you to share at your event



### What we cannot help with:

- Provide on-site staff or volunteer support at your event (except as mutually agreed upon during event approval)
- Provide insurance coverage
- Provide funding or reimbursement for expenses (except as mutually agreed upon during event approval)
- Solicit sponsorship revenue for your fundraising activities (except as mutually agreed upon during event approval)
- Provide mailing lists of contributors, employees, volunteers or vendors

#### Liability, Cancellation & Changes to Your Events:

- Event Organizer agrees to indemnify and hold HCH, its Board and employees harmless from, and against any and all losses, damages, costs, attorney's fees, expenses, and liabilities incurred in connection with or with the defense of, any claim or action or proceeding arising out of or incurred in connection with the event.
- You must provide adequate proof of insurance; either from the venue holding the event or by purchasing event-day insurance.
- You must advise HCH of any and all changes made to your event after you complete the proposal form.
- HCH will be advised if the event is to benefit other charitable organizations, who they are, and what percentage of the final net revenue they will receive.

Please understand the volume of requests exceed the number of staff able to attend or assist with events. Please call 443-703-1336 as early as possible to discuss your plans with our Events Manager. Thank you in advance for selecting Health Care for the Homeless to be part of your event.



## **Third Party Event Proposal Form**

Thank you for considering Health Care for the Homeless as the beneficiary of your event. We look forward to working with you to create a successful event.

**Please note:** If you wish to host an event on behalf of Health Care for the Homeless, you must submit this application for review a minimum of 30 days before your event. Completion of this form does not guarantee approval.

Name of group/organization:	
Contact person:	
Address:	
Phone:	E-mail:
Event name:	
Brief description:	
Event date:	Start/end time:
Event location:	
Event website:	
Admission Charge Y/N, Amount \$	Expected number of guests:
How will the money be raised (don	ations, sponsorships, ticket sales, percentage of sales, etc.?):
Why did you choose Health Care for the Homeless as the beneficiary of your fundraiser?	
logo. Please check and promotional Press releases will be Flyers will be distribu Public Service Annou	res review and approval of all materials that include our name and/or activity you will be involved in: e sent to: uted to: uncements will be sent to:





Projected Expen	ses & Income:
Costs pro	rjected:
Income p	rojected:
Estimate	d donation:
Expected	date of delivery of proceeds:
Bi   Ri   Di   Ev	port/services would you ask of Health Care for the Homeless: rochures and/or program collateral eturn envelopes for donations onation web page vent posting and link on HCH website vent promotion on HCH social media (twitter, facebook) ther:
Required Additional Documentations:  Information regarding ticket prices, sponsorship levels & benefits, etc.  List of all individuals & organizations being solicited for sponsorship and In-kind donations  Proposed Budget: Income & Expense	
Signed:	Application Date:

# Please return this application to:

Attn: Events Manager
Health Care for the Homeless
421 Fallsway
Baltimore, MD 21202

410-837-8020 (Fax) or cbauer@hchmd.org