



## Event Guidelines

**1. Review the event guidelines:** We appreciate your desire to support Piedmont Healthcare and want your event to be a success! Based on best practice ideas, we have prepared event guidelines to assist you in the planning, fundraising and promotion of your event. Your adherence to our guidelines is required and we encourage you to use them as a guide during your planning process.

**2. Register your event:** After reviewing the event guidelines, please complete the Special Event application form online or download the application and submit it by fax. You will be notified by someone from the Foundation Office within ten (10) business days of receipt of application. We cannot endorse fundraisers that do not support the Piedmont Mission, Vision and Promise and reserve the right to review and request additional information before acting on a proposal.

**Applications must be submitted no less than 120 days prior to the proposed event date.**

**3. Form a planning committee:** Gather enthusiastic family, friends and colleagues to start planning. They can provide the support you will need to organize and plan your event. Recruit enough committee members with a variety of skills to share the workload and maximize effective results.

**4. Identify a budget:** Establish a fundraising goal and identify potential sources of income and expenses. Try to secure in-kind donations from local businesses to keep your costs down. Remember that the lower your costs, the larger an impact your event will have. **A budget for the event must accompany application.**

**5. Funds Collected:** All donations must come directly to the Piedmont Healthcare Foundation office as soon as they are received. Additionally, be aware that in order for a sponsor's contribution to be tax deductible, their check must be made payable to **Piedmont Healthcare Foundation.**

**6. Sponsors:** Piedmont must pre-approve all corporate sponsorship requests to ensure that there are no conflicts with other key event sponsors or donors supporting the system in other areas. Please remember that many businesses already support Piedmont and may not wish to make additional donations – we can help you with those determinations. A list of the top 5-10 donor prospects must be submitted to the Foundation for approval before approaching them for support/participation.

**7. Raffles:** Georgia has strict regulations governing raffles and gaming events carried out for charitable purposes. An event organizer may not conduct a raffle drawing as part of an event without obtaining a raffle license. Sales of raffle tickets, admission tickets, green fees, auction items and other goods that provide a benefit to donors are not eligible for a tax receipt from the Foundation, except when an admission fee exceeds the Fair Market Value (FMV) of the benefits received. **Piedmont Healthcare Foundation will submit the application for the license.**



## Event Guidelines

**8. Company Sponsors:** The sponsors agree to indemnify and hold harmless the Foundation and all their officers, directors and employees from any and all claims and liabilities in any way related to the event.

**9. Tax Deductibles:** The I.R.S. requires that all tickets, invitations or entry forms state what portion of the contribution is tax deductible. If donors will receive a product or service in exchange for their donation, subtract the value (whether or not it is donated) of the product or service from the contribution. The remaining amount is tax-deductible.

**(For example, the written materials could state:** “The portion of the payment for each ticket that is deductible for federal income tax purposes is limited under the federal tax laws to the excess of the payment over the value of the goods or services provided to a person attending this event. We estimate that the value of goods and services provided to each person attending will be \$\_\_\_\_. Accordingly, the amount of your payment that is deductible for federal tax purposes is \$\_\_\_\_ per ticket.)

### To support your event, Piedmont can:

- Piedmont will receive payment for all raffle and auction items at the event
- Advise and provide guidance on organizing a fundraising event
- Send out tax acknowledge letter to donors
- Approve the use of name and/or logo (The event organizer must obtain permission from Piedmont to use the Piedmont name, and all materials with Piedmont’s name and/or logo also must be approved before they are distributed.)
- Send a Foundation staff member or other to attend the event (However, given the number of staff available to attend events and the high volume of events each year, we cannot always guarantee this.)
- Promote the event/organization, when appropriate through exposure at existing events, Piedmont’s newsletter, Facebook, Twitter.
- Serve as a registration source for events such as on-line registration or RSVP’s
- Receive and deposit all donations
- Process all checks from event expenses

### To support your event, Piedmont cannot:

- Release donor, volunteer, employee, physician or other mailing lists for the purpose of additional solicitation of funds by outside groups
- Guarantee promotion of an event through Piedmont’s publications and media outlets
- Be responsible for selling tickets for events
- Be responsible for providing staff or volunteer support leading up to the event
- Guarantee staff or volunteer participation at the event, or patient family attendance
- Provide facilities to hold the event
- Pay out of pocket expenses

- Sponsor or endorse fundraising events or products. Printed materials and other information should state “Proceeds will benefit the Piedmont Healthcare Foundation” or the fund where money will be designated.
- Provide contact information of its corporate sponsors, donors and supporters for solicitation purposes.

### **FINANCIAL GUIDELINES:**

- If event expenses are greater than the total collected, the group holding the event is responsible for payment of these additional expenses.
- Within **3 days** after the last day of the fundraising event, please send a final accounting of income and within **30 days** for all expenses to the Foundation. A check made payable to the **Piedmont Healthcare Foundation, 2001 Peachtree Road, NE, Atlanta, GA 30309**
- Until written permission is received, the name “**Piedmont Healthcare Foundation**” should not be used for any purpose, and contributions should not be solicited.



## Fundraising Event Application

(Applications Must Be Submitted 120 Days Prior to the Event)

**Your Information:**

Contact Name: \_\_\_\_\_

Are you a (an):

- Individual
- Community Group
- Business
- Foundation
- Other \_\_\_\_\_

Name of organization (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Event Information:**

Name of the proposed event: \_\_\_\_\_

Type of event: \_\_\_\_\_

Event date: \_\_\_\_\_ Event start time: \_\_\_\_\_

Event location: \_\_\_\_\_

Briefly describe the event:

\_\_\_\_\_  
\_\_\_\_\_

Projected attendance: \_\_\_\_\_

The event is:

- open to the public
- invitation only

Will the event include an auction or raffle?

- Yes
- No

How will the event be publicized? \_\_\_\_\_

\_\_\_\_\_

Estimated net income: \_\_\_\_\_ Estimated event expenses: \_\_\_\_\_

Are there any beneficiaries besides Piedmont Healthcare? **If yes, please list (at least 50% of the net proceeds must be donated to Piedmont in order for Piedmont's name to be used in promotion):** \_\_\_\_\_  
\_\_\_\_\_

Will the money from the event be used to support a specific area of the hospital?

If yes, which? \_\_\_\_\_  
\_\_\_\_\_

Will local businesses be contacted for donation, sponsorship or to assist in any way?

- Yes  No

If yes, please identify the businesses you wish to contact (use a separate sheet if necessary). You must request permission from Piedmont Healthcare prior to soliciting any business.

Will the event require insurance?

- Yes  No

If yes, will you provide the insurance?

- Yes  No

Is this going to be an annual event?

- Yes  No

If yes, do you plan for Piedmont to be the beneficiary in future years? If so, please plan to submit an application each year.

- Yes  No

**Required**  
**(Event should project a \$3:\$1 Return on Investment)**

**Event Budget:**

Projected Expenses:

Venue	\$_____
Non-Refundable Deposits	
Rentals	
Fees	
Security	
Insurance Coverage	
Food & Beverage	\$_____
Food	
Beverage	
Service Fees/Gratuities	
Corkage	
Gifts, Prizes, Awards	\$_____
Event items (t-shirts, favors)	
Winner Prizes/Awards	
Sponsor Gifts	
Entertainment	\$_____
Contracts	
Venue setup (stage, sound, etc)	
Decorations	\$_____
Materials, etc	
Promotion	\$_____
Printing & Production	
Banners, Signs, Markers	
Photography and Media	

**Event Revenue:**

Sponsorships	\$_____
Various levels	
Donations/Contributions	\$_____

Please provide the top 10 sponsors/donors and amount committed by each

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

I have read, understand and agree to abide by the Piedmont Healthcare Special Event Guidelines. I understand the information I provide in this in this application is kept on file. **This application must be submitted no less than 120 days prior to the proposed event date.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this entire application to:

Piedmont Healthcare Foundation  
ATTN: Special Events Registration  
2001 Peachtree Road, NW  
Suite 400  
Atlanta, Georgia 30309  
Fax: (404) 609-6758  
Main Line (404) 605-2130