

Department Fundraising Guidelines

Please note: Fundraisers benefiting UVM Medical Center or Golisano Children's Hospital that are organized by UVM Medical Center employees during off-work hours will be considered a Third-Party Fundraiser and should follow the Third-Party Fundraising Guidelines.

1. UVM Medical Center Employees wishing to organize a fundraising event or activity to benefit UVM Medical Center or Golisano Children's Hospital shall provide a detailed description of the proposed fundraiser by completing the Department Fundraising Proposal Form on Page 2 and providing any other pertinent information.
2. Employees who wish to fundraise on behalf of their department must contact the Foundation prior to planning any events or activities.
3. Fundraisers can only benefit an existing fund or program within UVM Medical Center or Golisano Children's Hospital.
4. Fundraisers must obtain a Leader (Chair or Department Head) signature on the Department Fundraising Proposal Form prior to submitting to the Foundation.
5. All promotional materials created using UVM Medical Center or Golisano Children's Hospital name and/or its entities must be reviewed and approved by the Foundation.
6. The Foundation is committed to protecting the confidentiality of donor and volunteer contact information, including addresses and phone numbers, and is therefore unable to share such information with employee organizers.
7. Employee organizers/organizing departments are responsible for obtaining permits and licenses for the fundraiser as needed.
8. Checks written as donations to the fundraiser should be payable to UVM Medical Center with the fundraising event/activity name written in the memo line.

Department Fundraising not permitted:

- Fundraising events or activities involving the promotion of a political party, candidate or appearing to endorse a political activity.
- Fundraising events or activities of any kind to benefit a specific person, such as raising money for a specific child's health treatment.
- Programs that involve a professional fundraiser or other agreement to raise funds on a commission, bonus or percentage basis.
- Fundraising events or activities which require the hospital to endorse a product or service or hospital participation in the direct sale of a product or service.
- Fundraising events or activities that include the use of telephone solicitation to obtain contributions.
- Fundraising events or activities which compete or conflict with a planned or established, scheduled fundraiser run by UVM Medical Center or its affiliates.
- Fundraising events or activities benefiting outside organizations. Employees should not engage in fundraising activities for outside organizations during work hours, whether on site or remote.

QUESTIONS? CONTACT:

Events@UVMHealth.org



**University of
Vermont Health**

Department Fundraising Proposal Form

FUNDRAISER DETAILS

Event/Activity Name: _____ Date(s): _____ Time(s): _____

Location: _____

Fundraising Department Name: _____

Designation/Department or Program to benefit from the proceeds: _____

Financial Goal: \$ _____ Number of Participants/Guests expected: _____

Briefly describe the event/activity and how funds will be raised: _____

Please provide a brief outline for how you plan to promote your event/activity: _____

ORGANIZER CONTACT INFORMATION

Main Contact: _____ Email: _____

Phone: _____ Address: _____ State: _____ Zip: _____

FUNDRAISING RESOURCES

We want to do what we can to ensure your fundraising efforts are a success. Below are the resources we can provide.

Each department fundraiser will receive:

- “Proudly Supporting” version of UVM Medical Center or Golisano Children’s Hospital logo
- Scheduled Consultation with a Community Fundraising Team member

We can also provide the following upon request (check the boxes of items needed for your fundraiser):

- Online Giving Page
- Third-Party Fundraising Kit (includes balloons and disposable banner)
- Printing of promotional materials

NOTE: Upon approval of your event, a Community Fundraising Team member will work with you to fulfill and deliver your requested materials listed above.



Please use the space below to provide any further information about your fundraiser that you would like to share:

QUESTIONS?

Please direct any special requests or questions to Events@UVMHealth.org. We will do our best to accommodate your needs within Department Fundraising Guidelines.

After completing this form, please sign and acknowledge the following:

I have read and agree to UVM Medical Center Department Fundraising Guidelines.

Print Name _____

Primary Employee Contact Name/Title

Signature _____ Date _____

This form has been reviewed by Department Leader (Chair or Department Head)

Print Name _____

Department Leader Name/Title

Signature _____ Date _____

PLEASE RETURN TO:

Events@UVMHealth.org

OR

UVM Medical Center Foundation Development
40 IDX Dr Building 100
South Burlington, VT 05403



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