



**Hartford**  
**HealthCare**  
**Charlotte Hungerford**  
**Hospital**

Community Fundraiser Guidelines

**Thank you for your interest in supporting  
Charlotte Hungerford Hospital.**

Charlotte Hungerford Hospital is fortunate to benefit from the fundraising efforts and generosity of the community, enabling us to fulfill our vision to be the regional destination provider of innovative and complex care.

Community fundraising events play a special role in philanthropy at Charlotte Hungerford Hospital. Your special event helps raise funds that directly impact the services that we provide to the people we serve.

To help you make your fundraising efforts successful, the enclosed information packet outlines steps that we hope will assist you in managing your special event.

**We look forward to working with you!**

Charlotte Hungerford Hospital is a not-for-profit 501 (c) (3) charitable organization that relies on tax-deductible contributions to help support its vision to be the most trusted for personalized, coordinated care.

# Community Fundraising Guidelines

Charlotte Hungerford Hospital accepts community fundraising proposals from individuals, corporations, service clubs and organizations that want to raise money for Charlotte Hungerford Hospital and its vital programs.

Please contact the Philanthropy Special Events team at least six weeks prior to the event. The event organizer will be asked to complete and submit the Community Fundraising Proposal and Agreement Forms for approval. Once approved by Charlotte Hungerford, you may announce your event. All inquiries should be directed to:

Kristen Lapenta  
Special Events Coordinator  
860.972.1299

[kristen.lapenta@hhchealth.org](mailto:kristen.lapenta@hhchealth.org)

or

Meghan Bianco  
Associate Director, Special Events  
860.972.2116

[meghan.bianco@hhchealth.org](mailto:meghan.bianco@hhchealth.org)

Charlotte Hungerford Hospital  
Philanthropy Gift Processing  
80 Seymour Street, P.O. Box 5037  
Hartford, CT 06102-5037

## Financial Accounting

Charlotte Hungerford Hospital is unable to open or manage bank accounts for third-party events. We encourage you to protect the proceeds by practicing careful financial management, especially if you receive individual checks that are not made out to Charlotte Hungerford Hospital.

We cannot pay for any event expenses in anticipation of funds being raised from the event.

The American Institute of Philanthropy recommends that expenses should not exceed 30 percent of the income generated by the fundraiser. We ask you to budget wisely in order to follow this widely accepted standard.

Your event costs should be subtracted from the funds raised before sending the proceeds to Charlotte Hungerford Hospital. After all expenses have been paid, write one check payable to Charlotte Hungerford Hospital for the remaining amount and mail to the Associate Director, Special Events at the address indicated above.

## Tax Accounting

Community fundraising events must comply with all federal, state and local laws governing charitable fundraising, gift reporting and special events. Connecticut has regulations addressing raffles and gaming activities. For more information visit:

<https://portal.ct.gov/DCP/License-Services-Division/License-Division/Charitable-Games>.

## Liability

Hartford Healthcare Corp. is not financially or otherwise liable for the promotion and/or staging of fundraising events by any third-party organization or individual. The sponsoring organization or individual may not incur any financial or other obligations on behalf of Charlotte Hungerford Hospital. Event organizers must provide insurance certificates as required by Hartford Healthcare Corp. in an amount not less than \$1,000,000 and with an insurance carrier rated at least "B+" by A.M. Best or the equivalent. The liability policy shall include an endorsement that names Hartford Healthcare Corp. and its subsidiaries and

affiliates as Additional Insured as their interests may appear. Hartford Healthcare Corp. cannot be held responsible in any way for casualties and/or situation that occur at your fundraising event or promotion.

**Charlotte Hungerford Hospital reserves the right to refuse any community fundraiser affiliation.**

## **Frequently Asked Questions**

### **Can I use the Charlotte Hungerford Hospital name and logo to promote my event?**

Yes! If Charlotte Hungerford Hospital's name or logo is used on printed material, please present the proof to the Assistant Director, Special Events, for review and approval before going to print. All invitation copy, advertisements and printed materials must be reviewed by the Philanthropy Department before printing. All publicity and published material must indicate, "Proceeds will benefit Charlotte Hungerford Hospital." If there is more than one beneficiary you must clearly state the percentage of the proceeds that will benefit Charlotte Hungerford Hospital on all promotional materials.

### **What can Charlotte Hungerford Hospital do to help promote the event?**

We can help promote your event on our website and through Charlotte Hungerford Hospital publications. This may include:

- Event information listed on our website
- Employee newsletters
- Internal and external digital media channels

### **Can you give me lists of supporters or potential event sponsors?**

To protect privacy, the contact information for our donors, patients, physicians, staff and vendors is confidential. We cannot solicit these groups for your event.

### **Can Charlotte Hungerford Hospital pay for some of my expenses?**

Charlotte Hungerford Hospital is a not-for-profit charity, and can not assume any responsibility for event expenses. Your event costs should be deducted from the funds raised before sending the donation to Charlotte Hungerford Hospital.

### **Will you provide staff support in the planning of the event or for the day of the event?**

Philanthropy staff will be able to provide you with event planning guidance. Unfortunately, due to staff and time constraints, we cannot serve on planning committees or manage your event. We suggest that you reach out to family, friends, and committed supporters who are interested in your cause. They will serve as crucial support throughout the planning process!

### **Can you provide handouts for the event?**

We will do our best to provide you with educational materials with at least six weeks' advance notice. Submitting a request does not guarantee that we will be able to supply the type and quantity of materials you ask for. We are not able to incur printing costs for special requests.

### **Can Charlotte Hungerford Hospital provide me with a speaker for the day of the event?**

We will do our best to provide speakers for every event but this is an especially challenging request to meet given the schedules of our staff. You must provide at least six

weeks' notice for consideration. Submission of a request for a speaker does not guarantee that one will be provided.

**Will you provide me with staff for the event?**

Charlotte Hungerford cannot guarantee attendance of patients, physicians or staff at the promotion or the event.

**Will Charlotte Hungerford Hospital give us brochures or promotional items to hand out at the event?**

Charlotte Hungerford Hospital does not maintain a budget to provide events with gift items. We may be able to provide brochures given six weeks' notice.

**Can Charlotte Hungerford Hospital provide letters and receipts for my supporters?**

Per regulations of the Internal Revenue Service, we can only acknowledge direct contributions to Charlotte Hungerford Hospital.

**Can I use Charlotte Hungerford Hospital's tax-exempt number to buy supplies since you will be the beneficiary?**

We cannot provide our tax-exempt number so you can make purchases for your event. Nor can you use the hospital's tax identification number to set up a temporary/custodial bank account in Charlotte Hungerford Hospital's name. However, we will provide the tax identification number to any business that donates to the event and needs the number for tax purposes or to verify the tax status of Harford Hospital.

**What do I do with the money raised?**

Please send collected funds to the Charlotte Hungerford Hospital Philanthropy Department within 45 days following the event. Complete the Expense/Income Summary, submit with check(s) payable to Charlotte Hungerford Hospital, and mail to:

Associate Director, Special Events  
Philanthropy Department  
Charlotte Hungerford Hospital  
80 Seymour Street, PO Box 5037  
Hartford, CT 06102-5037

**Do I need to submit this Proposal Form each year?**

Yes, the sponsoring individual / organization must obtain approval from Charlotte Hungerford Hospital each year.

**What if I have more questions?**

Call or email us!

Kristen Lapenta, Special Events Coordinator  
860.972.1299  
kristen.lapenta@hhchealth.org

or

Meghan Bianco, Associate Director, Special Events  
860.972.2116  
meghan.bianco@hhchealth.org



## Community Fundraising Proposal Form

Date of Application: \_\_\_\_\_

Name of Person/Group Sponsoring Fundraiser: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date(s) & Time(s) of Event: \_\_\_\_\_

Rain date (if applicable): \_\_\_\_\_

Location: \_\_\_\_\_

Address of Event: \_\_\_\_\_

Description of the Event:  
\_\_\_\_\_  
\_\_\_\_\_

Has this event been done before? No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

Is this event open to the public? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Do you have a website or Facebook page that you are using to advertise your event?  
If so, please provide the web address:

\_\_\_\_\_

Which Charlotte Hungerford Hospital program will this event benefit?

\_\_\_\_\_

Are one or more other charitable organizations benefiting from this event?

Yes \_\_\_ No \_\_\_

If yes, please list names of organizations and describe to what extent they will benefit. Note percentage that will be given to Charlotte Hungerford Hospital

\_\_\_\_\_

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I have read and agree to abide by the Guidelines for Community Fundraising as set forth by Charlotte Hungerford Hospital's Philanthropy Department. I and/or my volunteers agree that we are responsible for the success of this fundraising event.

Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name:

\_\_\_\_\_

Title: \_\_\_\_\_ Sponsor/Organization: \_\_\_\_\_

Please make checks payable to: **Charlotte Hungerford Hospital** and send to:

**Charlotte Hungerford Hospital  
Philanthropy Gift Processing, Special Events  
80 Seymour Street, P.O. Box 5037  
Hartford, CT 06102-5037**

*Your support means so much to the people we serve. Thank you.*

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**For Office Use Only:**

Date Received \_\_\_\_\_ Approved \_\_\_\_\_ Declined \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**Expense / Income Summary**  
*for use by Community Fundraiser*

Date: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Event Income: \$\_\_\_\_\_

Event Expenses: \$\_\_\_\_\_

Net to Charlotte Hungerford Hospital: \$\_\_\_\_\_

Expense Ratio (Expenses divided by Income times 100): \_\_\_\_\_%