ECHN Community HealthCare Foundation
Fund-Raising Activity Rules & Guidelines

Eastern Connecticut Health Network (ECHN) is happy to be named as the beneficiary of fundraising events by individuals, companies and organizations seeking to raise funds for, and awareness of, ECHN's mission, services and programs.

Individuals and organizations interested in hosting a fundraising activity to benefit ECHN are asked to complete a simple registration form. Forms can be retrieved from the ECHN website or can be mailed or faxed to you by calling the ECHN Foundation offices.

Individuals, companies and organizations intending to host fundraising activities to benefit ECHN are asked to comply with the following guidelines:

1. Approval of the activity, by way of the ECHN fundraising form, must be received from ECHN to conduct an event whose proceeds will benefit ECHN, an ECHN affiliate or any program developed and managed by ECHN. As near as possible, a good faith estimate must be provided to the ECHN Foundation in advance of the scheduled fundraising activity.

2. **The individual, organization or corporation hosting the fundraising activity is solely responsible for any state or local licensing, event permits & costs associated therein**. Notice of the intended fundraising activity must be filed with the Office of the Attorney General for the State of Connecticut, as per the Attorney Generals charity guidelines.

3. **Games of Chance:**
ECHN recommends registration of raffles and is not responsible for any State actions. Permits are required. Inquiries should be directed to Division of Special Revenue, 555 Russell Road, Newington, CT 06111.

Agency: Division of Special Revenue
Phone: 860-594-5480
Mailing Address: Division of Special Revenue, Charitable Games, P.O. Box 310424, Newington, CT 06131-0424
Email Address: charitable.games@po.state.ct.us
Website: www.ct.gov/dosr/site

4. All checks and cash from activity participants must be collected and managed by the fundraising activities organizer and should not be made out to nor submitted to the ECHN Foundation.

5. At the conclusion of the fundraising activity, the event organizer will submit their donation from the net proceeds to the ECHN Foundation on behalf of the fundraising activity. ECHN will not be responsible for any event expenses incurred in the development of the activity.

Activity Marketing
All print and publicity material, audio or visual displays used for the fundraising activity will clearly indicate proceeds to benefit the ECHN system or a program or affiliate thereof.

All print, audio or visual advertising materials, press and media releases for the event must be coordinated for distribution in collaboration with the ECHN Marketing and Communications department. The ECHN Marketing and Communications Department is responsible for the accurate and appropriate use of all ECHN brand images and has right of refusal in the use of such materials they deem inappropriate.

ECHN reserves the right to refused to be named the beneficiary of any fundraising activity deemed inappropriate or detrimental to the mission and vision of Eastern Connecticut Health Network, its affiliates or programs.

If you have any additional questions, please contact us at (860) 872-5305 or (860) 647-4753.

Fund-Raising Activity Registration Form
Eastern Connecticut Health Network
71 Haynes Street, Manchester, Connecticut 06040
Main: (860) 872-5305 or (860) 647-4753
Fax: (860) 533-6596

We gratefully acknowledge your interest in hosting a fundraising activity to benefit ECHN. Please take the time to complete this form in its entirety and return to us by fax or email. The completion and filing of this form with the CT Attorney Generals office is required before any activity can be sanctioned by our office as a benefit to support ECHN.

Have you hosted fundraising activities to benefit ECHN in the past? Yes No
If yes, please provide details (date, name of event, type of donation, etc):

_____

_____

Are you doing this fundraiser as part of your employment or business? Yes No
Company or Organization's Name (If applicable):

_____

Primary Contact for the event: _____

Phone: _____

Fax: _____

Email _____

Event Name: _____

Brief Description of Event (feel free to attach activity description documentation if appropriate):

_____

_____

_____

Event Date(s): _____

Scheduled Rain Date(s) (if appropriate): _____

Event Hours: _____

Location(s): _____

_____

Projected Attendance: _____

Is the event open to the public? Yes No

Sponsors, if any:

_____

_____

_____

_____

_____

_____

Additional Information:

Admission Fee: _____

Estimated Donation: _____

Donation estimate represents:
___ % of activity revenue after expenses
___ Flat donation
___ Net profits
___ Fee per product/person
___ Other

Are other charitable organizations benefiting from this event? Yes No
If you answered "yes", list the names of these organizations and describe to what extent they will benefit:

_____

_____

_____

_____

_____

Please make check or money order payable to:
Eastern Connecticut Health Network Foundation or "ECHN Foundation" and indicate the name of the event on the check in the memo section. For planning and acknowledgment purposes, please provide the best estimate as to the date of distribution of activity funds to be submitted to ECHN:

_____

(All funds are required to be submitted to ECHN within 90 days of the activity)

I have read and agree to abide by the Special Events Policies and Procedures as set forth herein by Eastern Connecticut Health Network Foundation.

Host Representative Signature:

Title:

Date:

ECHN Representative Signature:

Title:

Date

****

For office use only Approved Declined

Faxed to DCP: Yes No Date:

If No, reason?

Staff Signature:

Date