

	Manual: System Policy	Policy Number: 1031
	Section: General Administration	Effective Date: 01/04/2012
	Title: Special Events/Fundraising	Page Number: 1 of 3

PHILOSOPHY/INTRODUCTION:

Throughout the history of Blue Ridge HealthCare (BRHC) and its affiliates, philanthropy has been integral to maintaining and enhancing quality of care and to upholding and advancing the mission and vision of the organization. In order to schedule appropriate activities that will continue to establish Blue Ridge HealthCare’s Foundation’s presence in the community and raise funds, needed special events will be systematically planned.

POLICY:

Blue Ridge HealthCare shall provide the elements that will be needed for approval process and documentation of an event.

PURPOSE:

- To ensure the event maintains the image and integrity of Blue Ridge HealthCare Foundation.
- The ensure event is promoted and operated in an ethical and professional manner.
- To ensure that events are scheduled in a suitable way that will be in harmony with other activities of the Foundation and will not be a burden on its donor base.

DEFINITIONS:

N/A

PROCESS:

- A. The Executive Director of the BRHC Foundation must initially approve all special events. An application for Special Event form will be filled out by the sponsoring organization and submitted to the BRHC Foundation. After the Executive Director’s approval, the event expenses shall be approved in accordance with the approval levels used in BRHC Purchasing.
- B. The Executive Director of BRHC Foundation shall approve the date and location of the event.
- C. In accordance with the BRHC Administrative Policy #1003, the CEO or his designee shall take responsibility for signing any contracts or agreements which may be required.
- D. Once the event is approved, a memo of understanding shall be signed by the chairperson of the steering committee, who will act as liaison with Foundation staffing coordinating the event from start to finish.
- E. The Foundation Executive Committee and/or Foundation Board of Directors shall receive status reports during the planning and promotional period, which may be presented by the chairperson of the event or the Foundation liaison.
- F. The Executive Director of the BRHC Foundation or designee shall approve all promotional material, brochures and ticket copy to maintain the proper image for the event.

- G. All revenue shall be turned in to the Foundation prior to the event, or within 30 days of the event and the Foundation will pay expenses. Upon close of event, the event shall be reviewed to make sure all bills are paid and monies collected. A decision shall be made as to whether BRHC has met its obligations and the monies can be moved to unrestricted account.
- H. The accounting records pertaining to the event shall be kept by the Foundation and BRHC Accounting Services.
- I. The Foundation shall take responsibility for obtaining all licenses and insurance as needed and as warranted by the type of event being held. The committee shall agree to abide by the rules set by governing organizations controlling such matters as gaming rules and liquor licenses, etc.
- J. Administrative Approvals/ Signature Authority for Special Event expenses

Description of Transaction	President/CEO	Senior Leaders	System / Department Director	Department Manager
1. Up to \$2,000				X
2. Up to \$5,000			X	
3. Up to \$10,000		X		
4. Per the limits set forth in the management services agreement	X			

EXHIBITS:

Blue Ridge HealthCare Foundation, Inc. Application for Special Event

Approved:



Kenneth W. Wood
 President and
 Chief Executive Officer

Origination Date: 01/04/12
 Originating Department: na
 Review by Medical Staff Executive Committee (if applicable): na
 Review by Board (if applicable): na
 Review/Revision Dates: 01/04/2012
 Next Revision Date: 01/04/2015
 Replaces Grace Hospital policy (if applicable): na
 Replaces Valdese General Hospital policy (if applicable): na

Blue Ridge HealthCare Foundation, Inc.
Application for Special Event

SPONSORING ORGANIZATION _____

501(C)(3): YES _____ NO _____ TAX ID NUMBER _____

EVENT CONTACT _____

PHONE NUMBER _____ EMAIL ADDRESS _____

EVENT TITLE _____

EVENT DATE _____ TIME _____

EVENT LOCATION _____

PURPOSE/DESCRIPTION OF EVENT _____

EVENT COMPONENTS (check all that apply): TICKET SALES _____ RAFFLE _____ AUCTION _____ FOOD _____

ENTERTAINMENT _____ OTHER (please describe) _____

PROMOTION/MARKETING PLANS _____

NUMBER OF PARTICIPANTS _____

SERVICE AREA (check all that apply): BURKE COUNTY _____ CALDWELL COUNTY _____ McDOWELL COUNTY _____

CATAWBA COUNTY _____ OTHER (please list) _____

WILL THIS EVENT BE CONDUCTED WITHIN BLUE RIDGE HEALTHCARE? YES _____ NO _____

PROPOSED BUDGET _____ ESTIMATED EXPENSES _____

PROJECTED REVENUE _____ IN KIND DONATIONS _____

FUNDING FOR THIS EVENT WILL BE RAISED THROUGH (check all that apply): TICKET SALES _____

SPONSORSHIPS _____ IN KIND DONATIONS _____ OTHER (please describe) _____

WILL THIS EVENT REQUIRE ASSISTANCE FROM BLUE RIDGE HEALTHCARE FOUNDATION STAFF? YES _____

NO _____ IF YES, PLEASE EXPLAIN: _____

YOU MAY ATTACH ANY ADDITIONAL INFORMATION YOU HAVE REGARDING THIS EVENT.

As the official representative of, _____ I have read and understand the Special Events Policy of the Blue Ridge HealthCare Foundation. I have obtained any necessary approval from my group's membership and/or officers. If the event is approved by the Foundation, we agree to comply with all the stipulations of the policy statement.

Signature

Title

FOR BLUE RIDGE HEALTHCARE FOUNDATION USE ONLY

Approved _____ Disapproved _____ Date _____

Signature _____ Title _____

One copy of this form will be returned to the sponsoring group and one copy will remain on file in the Blue Ridge HealthCare Foundation office