

## **Third Party Policies and Procedures**

Hospice of Central New York is pleased to be chosen as a beneficiary of your volunteer time and financial support through events, fundraising programs and projects. However; in order to protect you, your volunteers and the Hospice of Central New York, the Foundation requires:

- I.** Completion and return of this agreement and the [Third Party Event Registration](#) form before conducting any event or appealing to the public in any way. We prefer these to be submitted at least 30 days prior to the event date, and welcome your telephone calls to discuss this event.
- II.** No party may use the Hospice of Central New York or the Hospice Foundation of Central New York logos or otherwise indicate to the public that an event is being held to benefit the Hospice Foundation of Central New York without the prior express written consent of the Executive Director of the Hospice Foundation. In order to receive said consent, organizer(s) must submit [Third Party Event Registration](#) form to Hospice Foundation of Central New York, 990 Seventh North Street, Liverpool, New York 13088.
- III.** We respect our patients and their families, and require there be no inadvertent exploitation of individuals in connection with this event, including but not limited to photographs or video. Hospice of Central New York has a [Consent Form](#) to be signed by individuals featured in any photos or video used for solicitation before or during the event. This form must be signed by the individual and returned to the Hospice Foundation of Central New York. A copy of the photo or video must also be provided to the Hospice Foundation.
- IV.** If a professional fundraiser or promotion person is hired to coordinate the event, please notify the Hospice Foundation of Central New York immediately. I (we) agree to adhere to all federal, local and state laws, and assure that compensation to any professional shall NOT be based on commission or percentage of monies raised.
- V.** The Hospice Foundation of Central New York will not pay for or reimburse any individual for expenses incurred as a result of an event. This means that if you intend to pay for certain expenses prior to remitting the net proceeds to Hospice, donations will have to be made in cash or payable to yourself so that you have sufficient funds to pay these expenses.
- VI.** Only donations made directly to the Hospice Foundation of Central New York are tax deductible (to extent permitted by law).
- VII.** Please make checks payable to Hospice Foundation of Central New York and mail to Hospice of Central New York, 990 Seventh North Street, Liverpool, New York 13088. Please include details of your event or promotion along with the check.
- VIII.** Within 15 days of the event, the organizer(s) must submit to the Hospice Foundation of Central New York a detailed financial summary of the event which should include a list of all revenues received and a detailed breakdown of all expenses. Expenses should be documented by copies of written receipts.

**IX.** While we appreciate your efforts, please remember that Hospice Foundation of Central New York staff members have limited time to provide assistance to Third Party events. You will be responsible for recruiting your own volunteers to work on mailings, publicity, etc. and to actually work at the event. We will provide a staff member to attend the event to appear and/or receive funds. If [Third Party Event Registration](#) form has been submitted and approved by the Executive Director of Hospice Foundation, we may promote the event via the Hospice website and/or newsletter when appropriate and given sufficient time.

**X.** The organizer(s) are responsible for providing all insurance required by law, or established business practice.

I individually, or as a representative of the below named business or organization agree to indemnify, defend and hold Hospice of Central New York and Hospice Foundation of Central New York harmless against and in respect of any and all claims, demands, losses, costs, expenses, obligations, liabilities, damages, recoveries and deficiencies, including interest, penalties, reasonable attorney's fees that shall be incurred or suffered by Hospice of Central New York or Hospice Foundation of Central New York which arise, result or relate to organizer(s) fundraising event, applicants performance of its agreement as specified in these guidelines and the [Third Party Event Registration](#).

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature of Organizer or Other Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature of Organizer or Other Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Third Party Event Name

\_\_\_\_\_  
Third Party Event Date and Time

\_\_\_\_\_  
Third Party Event Location

\_\_\_\_\_  
Hospice Foundation Representative

Please complete a copy of this agreement for your records and return the **original** to the Hospice Foundation of Central New York. If you have any questions please contact Christine Corbett at the Hospice Foundation of Central New York, 990 Seventh North Street, Liverpool, New York 13088 [ccorbett@hospicecny.org](mailto:ccorbett@hospicecny.org)

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