



Outside Special Events and Fundraising Projects Application

1. Any outside special event or fundraising project that benefits Driscoll Children's Hospital ("DCH") must be pre-approved by the Driscoll Children's Hospital Development Foundation ("DCHDF") through the submission of a fully completed Outside Special Events and Fundraising Projects Application ("Application").
2. Outside special events and fundraising projects that are inconsistent with DCH's mission, vision, and core values will not be approved.
3. Outside special events and fundraising projects that are sales driven or imply endorsement of products/services provided by the sponsoring organization or individual will not be approved.
4. Use of the logo or name "Driscoll Children's Hospital" or any variation thereof that in any way creates or implies liability for the outside special event or fundraising project by the hospital, its officers, agents, or other representatives is strictly prohibited. The logo and name "Driscoll Children's Hospital" or any variation thereof may not be used in the title or name of an outside special event or fundraising project. The wording "Proceeds to benefit Driscoll Children's Hospital", or any prior approved variation thereof, may be used in promotional materials, invitations, or advertising copy for approved outside special events and fundraising projects.
5. All advertising copy and promotional materials, such as, but not limited to, invitations, news releases, public service announcements, posters, banners, flyers, as well as specialty items such as mugs, t-shirts, caps, etc. that will carry the name or logo of "Driscoll Children's Hospital," or any variation thereof must be submitted for approval to the DCDHF prior to production and/or publication.
6. Solicitation of businesses, corporations, or individuals involving the direct or implied use of the logo or name "Driscoll Children's Hospital" or any variation thereof must be approved by the DCDHF prior to solicitation.
7. The sponsoring organization or individual coordinating the outside special event or fundraising project is responsible for obtaining any required permits, licenses, certificates, and/or insurance, and complying with all applicable IRS, state, and local regulations governing its occurrence.
8. Driscoll Health System will be named additional insured and a Certificate of Insurance provided to the DCHDF at least 10 days prior to the outside special event or fundraising project.
9. Upon submission of this application, please retain a copy of this first page for your reference.

If you have any questions concerning this application, feel free to call the DCHDF 361-694-6419.

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SPONSORING ORGANIZATION OR INDIVIDUAL _____

CONTACT/AGENT _____

ADDRESS _____

CITY/STATE/ZIP _____

DAYTIME PHONE _____ E-MAIL _____

GENERAL INFORMATION

Please check below the category that best describes you or your organization

Corporation _____ Retail/Wholesale _____ Non-profit _____ Other _____

Number of members in organization _____ Years established _____

Please briefly describe the proposed outside special event or fundraising project _____

Date(s) event or project begin _____ Date(s) end _____

Location of event or project _____

PUBLIC RELATIONS/MARKETING INFORMATION

Please describe the proposed publicity plan for the special event or project _____

Will the publicity be handled by a professional advertising agent? Yes _____ No _____

If yes, please list the agency _____

Will printed materials (flyers, posters, etc.) be developed for event/project promotion? Yes ___ No ___

If yes, please list the promotional materials and indicate the extent of distribution and release dates

Does you or your organization prefer to use the name or logo of "Driscoll Children's Hospital" or a variation thereof in your developed printed materials and/or publicity? Yes _____ No _____

What will you or your organization be providing for the event/project?

Will you or your organization underwrite the event/project costs? Yes _____ No _____

If yes, please list the amount \$ _____

Will you or your organization profit from this event/project? Yes _____ No _____

If yes, please estimate your profit \$ _____

PROPOSED BUDGET

Identify all source(s) of income (i.e., ticket sales, entry fees, item sales, etc.). If necessary, attach additional sheets.

Source	Quantity	Price	Total Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Estimated Income	\$	_____	_____

Identify all expenses (i.e., printing, postage, food, facilities, etc.). If necessary, attach additional sheets.

Source	Quantity	Price	Total Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Estimated Expense	\$	_____	_____

Will businesses in your area be contacted for event/project donations or assistance? Yes _____ No _____

If yes, identify all businesses you wish to contact. If necessary, DCH and/or DCHDF may contact these businesses. If necessary, attach additional sheets.

Business

Contact Name

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

How will proceeds be transmitted to DCH? Check _____ Cash _____

Anticipated date of funds being transferred? _____

Will other charitable organizations also benefit from this special event/campaign? Yes _____ No _____

If yes, please list all other beneficiaries and your anticipated contribution to each. Attach additional sheets as necessary.

REQUEST FOR SUPPORT

What support or assistance do you request from DCH or from Children’s Miracle Network volunteers and staff?

_____ Printed materials relating to DCH

_____ Promotional packets (please list number of packets needed) _____

_____ Camera-ready copy (text) or logos

_____ Guest speaker (topic preferred) _____

_____ Representative from DCH on day of event/project

_____ Use of DCH promotional video tape (date needed) _____

_____ Tour of DCH (Note: prior approval required through DCHDF)

- Number of guests anticipated on tour _____

_____ Public relations support (please list all specifics) _____

By signing and submitting this Application, I agree to abide by all guidelines as stated herein. I certify that all information provided in this Application is true and correct. Further, I understand and agree to promptly notify DCHDF of any changes to this Application prior to the dates of outside special event or fundraising project.

Signature _____ Date _____

Print Name _____

Title _____

Please return this Outside Special Events and Fundraising Projects Applications to the following:

Amy McCoy
Driscoll Children's Hospital Development Foundation
3533 South Alameda Street
Corpus Christi, Texas 78411-1785

Phone: 361-694-6419
Fax: 361-808-2106
Email: Amy.McCoy@dchstx.org

FOR INTERNAL USE ONLY:

Date received _____

Received by _____

Date approved _____

Approved by _____