



## Third Party Fundraising Policy & Procedure

---

- Thank you for your interest in supporting the Dental Center of Northwest Ohio!
- Since 1910, the Mission of the Dental Center of Northwest Ohio has been to provide primary oral health services for underserved children, adults, and seniors in Northwest Ohio, to promote the value of good oral health through education and to serve as an advocate for those with limited access to dental care.
- The Dental Center provides low-income adults and children primary dental care. Services range from cleanings to emergency extractions. The Dental Center also provides oral health education to the school systems and a mobile service unit for those who cannot travel to our facility.
- Contact information for the Dental Center administration office is (419) 241-1644, Lindy Cree, President.

### **WHAT IS A THIRD PARTY ACTIVITY?**

A Third Party activity can be defined as any fundraising initiative brought forward by an individual(s), community group, service club, or business external to the Dental Center of Northwest Ohio who wish to raise money through a planned activity that is designed, managed and financially resourced by the external participants.

### **THIRD PARTY ACTIVITY –Straight Donations:**

**Third Party Straight Donation Activities** are essentially independent from the Dental Center, however all net proceeds or some portion of the activities funds are donated to the Dental Center. We welcome such donations. Should it be requested, the Dental Center is willing to provide the following support:

- Appropriate Dental Center of Northwest Ohio signage
- A Dental Center staff member or volunteer to attend the event or check presentation
- Tax receipting in compliance with Internal Revenue Code Section 501(c)(3)

### **THIRD PARTY ACTIVITY –Partnership:**

**Third Party Partnership Activities** require active involvement of the Dental Center staff and volunteers in the planning and execution of the event. In the case of such initiatives, the third party must complete a written, formal proposal for consideration. When applications have been approved, a formal agreement must be entered into so that the obligations and responsibilities of each party are clearly understood.

### **THIRD PARTY ACTIVITY GUIDELINES**

1. Both levels of activity require that Third Party activities be submitted through a written application to the Dental Center administration office. You may use Appendices A & A1 for this application or use your own form, being sure to cover all of the areas listed in the Appendix.

2. The Third Party must comply with the guidelines attached, completing all required appendices and including correct documentation.

### **THIRD PARTY EVENT IDEAS**

Volunteer creativity is the only limitation! Here are some examples of successfully produced and staged Third Party events:

- Corporate Challenges
- Donation Boxes
- Run/Walk Events
- Golf Tournaments
- Office Parties
- Wake-a-thon
- Dance-a-thon
- Wine-Tasting
- Raffles
- Live/Silent Auctions
- Bowl-a-thons
- Employee Casual Day
- Bake Sales
- Cook Books
- Fitness Challenges
- Galas
- Fashion Shows

### **THIRD PARTY FUNDING OPPORTUNITIES**

Here are some examples of areas that are in critical need of funding. If you would like more information on any of the programs or services listed below or would like to inquire about funding another area please contact us.

- Clinic Operations (Adult Clinic – Toledo, Tooth Towne – Toledo, Mobile Services, Lab Services, Blanchard Valley Clinic) and Education & Case Management (Dental Resource Center, Dental OPTIONS, Education Services).

**THANK YOU FOR PARTNERING WITH THE DENTAL CENTER OF NORTHWEST OHIO!**





## Third Party Fundraising Guidelines

---

**If you wish to hold a fundraiser with net proceeds or a portion thereof being donated to the Dental Center of Northwest Ohio, we ask you to follow these guidelines.**

**Please read the information and place your initials where indicated.**

**We want to know about your event and assist where we can, so please keep us posted.**

1. The Dental Center of Northwest Ohio encourages fundraising events that are consistent with our good image.
2. To conduct an event, you are required to complete an application, included as Appendices A & A1. You may use this format or your own, but please cover all the areas in the application. Once you submit your application, we will review it and respond within one week. If the application is approved, we will provide you with a Letter of Agreement. This may be shown to potential donors, sponsors and volunteers.
3. Any organization/group that is donating a portion of their net proceeds rather than the full amount, must state exactly how much, either in a percentage or a specific dollar amount on the application form.
4. Any organization/group wishing to use the Dental Center name or logo on any materials, including advertising, must receive the Dental Center's approval prior to production. Must provide a logo and press release proof.
5. The sponsoring organization/group agrees to underwrite all costs of the special event or promotion and to secure such underwriting. The Dental Center shall incur no costs unless otherwise agreed in writing prior to the special event or promotion.
6. The organization/group is responsible for obtaining appropriate licenses (i.e. raffles, alcohol etc). For information on how licensing may be obtained go to <http://liquorcontrol.ohio.gov/liquor12c05.htm>
7. The Dental Center agrees to provide the sponsoring organization/group with appropriate recognition commensurate with the size of their gift as per our Donor Recognition Policy.
8. The sponsoring organization/group agrees to handle all monetary transactions for the special event or promotion and to present the proceeds to the Dental Center within 30 days of the completion of the event or as agreed in writing to the Dental Center.

The preferred method of payment is a check or money order payable to the Dental Center of Northwest Ohio. Attached to the payment, should be a list of donors and donations of materials and supplies. Appendix B provides a format for the Donor List. This is included in the package.

Appendix C, also included in your package, a form to keep track of material donations (i.e. Food donations, door prizes, printing). This form requires a value for the items. If a material donor requires a tax receipt, documentation for the donation (e.g. invoice/bill) must be provided to the Dental Center.

9. Appendix D provides a format for evaluating both the organization/group's event and the tools that the Dental Center provided to the Third Party. The organization must complete "The Report to Dental Center of Northwest Ohio" and the "Third Party Activity Report" and submit it with their final donation.

10. Tax receipts can be provided for any cash donation of \$10 or more. We provide tax receipts in accordance with Internal Revenue Code Section 501 (c)(3). In Appendix E is a copy of the Dental Center tax exempt letter. Please direct any questions to the Dental Center Staff.
11. The sponsoring organization/group agrees to ensure that all materials borrowed are returned promptly and in the same condition they were received. The sponsoring organization/group agrees to accept responsibility for damage or loss of materials borrowed from the Dental Center.
12. The sponsoring organization/group agrees to provide a post event financial report.

**Acceptance of the above Guidelines by the Organization/Group**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Third Party Fundraising Application

### Contact Information

Name of Organization, Business or Individual	
Contact Person Name	
Street Address	
City/State/Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

### Activity Information

Type Of Activity You Wish To Do	
Date Of Activity	
Location	
Brief Description Of Activity (Describe how money will be raised)	
Event Timeline (Please provide as many details as possible)	
Cancellation Plan	

### Project Plan

Objective	
Target Group	

Publicity/Promotion (e.g. brochures, print ads, media)	
Sponsorships/Underwriters	

Requested from the Dental Center:	Education Materials <input type="checkbox"/> Foundation Representative(s) to attend event <input type="checkbox"/> Other:
What support do you expect from the Dental Center? (Volunteers, materials, staff etc.)	
Is the Dental Center the sole beneficiary from this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, name other organizations that will benefit:

Please include a copy of your budget, listing revenues and expenses. You may use your own format or the format attached.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	



## Third Party Fundraising Proposed Budget

---

Sources of Revenue:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(A) Total Revenue	\$ _____

Expected Donated Materials – Goods & Services

_____	\$ _____
_____	\$ _____
_____	\$ _____
(B) Total Donated Materials	\$ _____
(C) <b>Total Gross Revenue</b> (A+B)	\$ _____

---

---

Expenses Itemized:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

(D) Total Expenses \$ \_\_\_\_\_

(E) Total Net Revenue (C-D) \$ \_\_\_\_\_

**Total Donation to the Dental Center of Northwest Ohio:**

\$ \_\_\_\_\_ OR Percentage of Proceeds: % \_\_\_\_\_





dentalcenter  
of northwest ohio

---

## Third Party Fundraising Post Event Financial Report

---

### Sources of Revenue:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

(A) Total Revenue \$ \_\_\_\_\_

### Donated Materials – Goods & Services

_____	\$ _____
_____	\$ _____
_____	\$ _____

(B) Total Donated Materials \$ \_\_\_\_\_

(C) **Total Gross Revenue** (A+B) \$ \_\_\_\_\_

---

---

Expenses Itemized:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

(D) Total Expenses \$ \_\_\_\_\_

(E) Total Net Revenue (C-D) \$ \_\_\_\_\_

**Total Donation to the Dental Center of Northwest Ohio:**

\$ \_\_\_\_\_ OR Percentage of Proceeds: % \_\_\_\_\_



dentalcenter  
of northwest ohio



## Third Party Fundraising Gift In-Kind Donors

---

**Organization:** \_\_\_\_\_

**Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Donor Information:

Name:	
Email:	
Address	
City/State/Zip:	
Phone Number:	
Email:	
Fax:	
Donated Item:	
Purpose of Donation: (Auction/Door Prize)	
Date of Donation: (year/month/day)	
Value of Donation: (Retail)	\$

Tax Receipt Requested:  Yes  No

(These will be issued at the discretion of the Dental Center and in compliance with Internal Revenue Code Section 501 (c)(3). If a tax receipt is requested, documentation (i.e. invoice/bill) must be attached.

***Photocopy As Needed***

*To be submitted by the Third Party with payment of donation*

## Third Party Fundraising Evaluation Form

---

**Organization:** \_\_\_\_\_

**Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

---

### Fundraiser Success

Do you feel your fundraiser was a success?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much did your fundraiser raise?	\$
Where your expectations met by the Dental Center staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you consider hosting another Third Party fundraiser on behalf of the Dental Center?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have sponsors/donors that contributed to your fundraisers success?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list them:	
Other comments:	

### Third Party Fundraising Tool Kit

Did you think the Third Party Tool Kit provided to you by the Dental Center was helpful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any suggestions to enhance the tool kit for future fundraisers?	
Other comments:	