

Children's Diagnostic & Treatment Center's Third Party Fundraising Guidelines

Thank you for your interest in hosting a fundraising event to benefit Children's Diagnostic & Treatment Center (CDTC). We appreciate your desire to support CDTC! CDTC is a not-for-profit that serves almost 12,000 children with special healthcare needs in Broward County annually. As a facility of Broward Health, CDTC's mission is to promote the optimal health and well-being of children with special healthcare needs by providing comprehensive prevention, intervention and treatment services within a medical home environment.

All third party fundraisers must:

- 1) Read the Third Party Fundraising Guidelines
- 2) Fill out and submit the Third Party Fundraising Application
- 3) Wait for written approval before using the CDTC name, logo or likeness
(CDTC will provide response within 14 business days of application submission)

Third Party Fundraising Guidelines

What Qualifies As Third Party Fundraising?

- Third Party fundraising is revenue generating events or activities that are implemented with limited or no assistance from CDTC.
- CDTC may be the full or partial beneficiary of any such event.
- By empowering individuals, community groups, companies or schools as Third Party fundraisers, CDTC is able to increase the number of donors supporting children with special needs in Broward County!

Please Remember...

Children's Diagnostic & Treatment Center name and logo are valuable and protected assets of our organization. There are specific requirements and guidelines to be able to use Children's Diagnostic & Treatment Center name and logo which require approval from CDTC. We ask that you refrain from using the CDTC name or logo until approved. You will work directly with our Development team on how and when they may be used to promote your event.

Children's Diagnostic & Treatment Center's Third Party Fundraising Guidelines

Application

1. Name Group Hosting Fundraiser:

2. Contact Name:

3. Address:

City

State

Zip

4. Phone:

5. Email:

6. How did you hear about CDTC?/ What is your affiliation with CDTC?

7. Please give a brief description of the proposed event:

8. Date(s) of the event ___/___/___

Annual: ___ Yes ___ No

9. Time of the event: Start time _____ AM/PM

End time _____ AM/PM

10. Location of Event: _____

**Children's Diagnostic & Treatment Center's
Third Party Fundraising Guidelines**

11. Describe how the event will be publicized:

12. What are your expectations for CDTC regarding promotion?

13. Estimated number of attendees/participants: _____

14. Please describe what day of assistance, if any, you are requesting from CDTC:

Total # of volunteers: _____

15. How will revenue be generated for CDTC?

16. What is the approximate projected income from this event? \$ _____

17. What percentage of your estimated net proceeds will be contributed to CDTC? _____%
If any, what other organization(s) will share in the net proceeds?

**Children's Diagnostic & Treatment Center's
Third Party Fundraising Guidelines**

18. How and when will the proceeds benefiting CDTC be distributed to our organization?

19. Would you like to conduct a check presentation? Yes No

Date/Time: _____ Location: _____

20. Is there any additional information you would like to provide to before submitting?

*Please note, all third-party events **MUST** be approved by the
CDTC Director of Development & Board of Directors.

Signature of Third-Party Representative

Date

Signature of Director of Development

Date

Signature of CDTC Board Chair

Date

Please mail completed proposal to Ashley York:
Ashley York
Children's Diagnostic & Treatment Center
1401 S Federal Highway
Fort Lauderdale, FL 33316
AYork@browardhealth.org
954-728-1019