**St. Patricks Mental Health Services**

St. Patrick's University Hospital

St. Edmundsbury Hospital

Willow Grove Adolescent Unit

Regional Dean Clinics – Cork, Galway & Dublin

**An Independent Not-for-Profit Charitable Trust Registered in Ireland – CHY209**

**Third-Party Host Fundraising Event Agreement**

**St Patricks Mental Health Services** (SPMHS) thanks you for your interest in hosting an independent third-party fundraising event to benefit St Patricks Mental Health Services. Events such as yours are important in the organisation’s efforts in raising funds and mental health awareness.

As Ireland’s largest independent mental health service provider, we are committed to the provision of the highest quality mental health care, the development of new mental health treatment and prevention services as well as enhancing our current range of specialised programmes.

Over 90% of the service users utilising St. Patrick’s Mental Health Services pay for their care through private health insurance. SPMHS supports a number of philanthropic projects and runs a free to access support and information service as well as an extensive mental health advocacy, public awareness and anti-stigma campaign.

Detailed information regarding St. Patrick’s Mental Health Services is available on its website and in its annual report.

**Third-Party Event Guidelines**

* ***St Patricks Mental Health Services***has no fiduciary responsibility for your event(s) and assumes no liability for its planning or execution, including all promotion, set-up, staffing (including volunteers), or the collection and management of funds/donations.
* ***St Patricks Mental Health Services*** does not endorse products, firms, organizations, individuals, or services. Accordingly, your event(s) must be promoted and conducted in a manner that avoids any statement or appearance of an endorsement by ***St Patricks Mental Health Services***.
* All promotional materials must clearly state that your **event is raising funds that will benefit St Patricks Mental Health Services rather than an event hosted by St Patricks Mental Health Services**, and include the percentage or amount that will be donated to SPMHS.
* **St Patricks Mental Health Services** staff role is to support approval of third-party events. Staff can also provide logos, materials, and other supporting documents as appropriate. **Staff typically do not attend third-party events due to multiple existing events run by SPMHS annually. St Patricks Mental Health Services** will not solicit sponsors or auction items for your fundraising event—and does not provide any donor, volunteer, or celebrity contact information, mailing lists, press contacts, press releases, or formal advertising.

**Finance and Tax Rules**

**St Patricks Mental Health Services** will process only the final net proceeds of event(s). Under no circumstances will third-party event revenues and expenses flow through **St Patricks Mental Health Services**.

**St Patricks Mental Health Services** must receive all net proceeds within (30) business days of the conclusion of each event and/or promotion. The event host will also provide **St Patricks Mental Health Services** a completed *Host Report Form* recording the net donation and individual contributions.

**Only your individual donors who have written cheques to St. Patrick’s Mental Health Services will receive an official acknowledgement from SPMHS.**

25% of gross revenue from the event may be spent on event expenses. At least 75% of gross revenue must go to **St Patricks Mental Health Services**, and all material publicizing the event must list the percentage that **SPMHS** will receive. For example, promotional/marketing materials should state, “**St Patricks Mental Health Services** will receive at least 75% of the proceeds collected from this event.”

**Collateral and Communications**

Invites, press releases, brochures and all other written communication must be approved by **St Patricks Mental Health Services** before printing or going live via the internet.

If there is an error in print material(s), not approved by **St Patricks Mental Health Services** we have the full authority to request reprints and/or revisions, at the financial expense of the event host.

**Fundraised Income**

I would like the funds I raise utilised for; (please tick the relevant box),

* Capital Development Programme
* Public Education Programme
* Mental Health Partnership Initiatives
* Any of the above

**Please Sign below.**

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| **Date of Event**: |
| **Event Organiser**: |
| **Signature:** |
| **Email:** |
| **Phone:** |
| **Date:** |