



Hospital Team Fundraising

Framework for Self-Designation of Fundraising

Hospital Department Teams registered to fundraise in the 2023 Around the Bay Road Race, in support of St. Joe's, are eligible to designate their team's fundraising to a project within their department should they qualify.

Teams must meet the following requirements to have the applicable fundraising amounts designated:

1. Fundraising Benchmarks

Funds Raised	Amount Designated to Team's Department
\$0.00 to \$4,999.99	No funds raised are eligible
\$5,000.00 to \$9,999.99 <i>*Note, in previous years, \$10,000 had to be raised to qualify for designation</i>	50% of funds raised are eligible <i>The remaining 50% of funds raised will help support the initiatives all other ATB funds are being directed towards</i>
\$10,000+	100% of funds raised are eligible

2. Required Pre-Approval

For the funds to be designable, the department's Vice President is required to sign-off on the program or project that is identified for funding designation. This should ideally be done before fundraising begins to ensure the program or project has approvals.

Note: New for the 2023 year, the program or project of designation is no longer required to be research.

3. Fund Transfer Requirements

At the conclusion of the 2023 Around the Bay Road Race, the Foundation will reach out to Team Captains to confirm fundraising totals and eligibility. Funding will be held at the Foundation until fund transfer is requested.

For non-Capital projects, A Request for Foundation Funds form must be completed and submitted to finance@stjoesfoundation.ca. A copy of the form can be found on the following page; you can also request a fillable PDF form through your Foundation contact.

For Capital projects, please reach out to the Foundation to discuss the fund transfer process

Please direct any questions to Adam Tillich at atillich@stjoesfoundation.ca or 905-870-5417

THANK YOU FOR YOUR SUPPORT OF AROUND THE BAY AND ST. JOE'S!



in support of
St. Joseph's
 Healthcare  Hamilton
 FOUNDATION

St. Joseph's
 Healthcare  Hamilton
 FOUNDATION

FOUNDATION REQUEST FOR FUNDS FORM

HOPE HEALING **DISCOVERY**

FUNDS TO BE WITHDRAWN FROM:

NAME OF FOUNDATION FUND

FUND # (4 DIGITS)

DESCRIPTION OF USE OF FUNDS:

AMOUNT REQUESTED:

METHOD OF PAYMENT (SELECT ONE):

<input type="checkbox"/> TRANSFER TO HOSPITAL	Cost centre/account # <small>Note: for capital purchases >\$3,000 please contact the Foundation directly</small>
<input type="checkbox"/> TRANSFER TO RESEARCH INSTITUTE	Account #
<input type="checkbox"/> CHEQUE	Payee name
	Address
	City Prov Postal
	Phone #
	Email
	S.I.N.#*

* Note:
 - SIN # and mailing address are mandatory when an individual will receive a payment in excess of \$500/ year which is not an expense reimbursement (for example, a payment for services or a scholarship)
 - If including SIN #, please password protect this file before submitting electronically.

REQUESTOR NAME:

EMAIL:

EXT:

AUTHORIZING SIGNATURES (TWO SIGNATURES REQUIRED IF OVER \$5,000):

Fund Signing Authority

Print Name:

Date:

If over \$5,000 – Clinical Director, VP, or President

Print Name:

Date:

PLEASE RETURN THIS FORM TO:

Foundation Finance
 224 James St. South, Hamilton, ON L8P 3A9
 Phone: 905-521-6036
 finance@stjoesfoundation.ca