

**Washington County Gives
Memorandum of Understanding**

WHEREAS, the Community Foundation of Washington County MD, Inc. (CFWC) has agreed to conduct Washington County Gives on Tuesday, May 7, 2019, on behalf of eligible nonprofits in Washington County, MD, and

WHEREAS, _____, a nonprofit organization, desires to participate and collaborate as a benefiting partner in Washington County Gives; and WHEREAS, CFWC herein desires to enter into a Memorandum of Understanding with the nonprofit organization setting forth the services and/or duties to be provided by each partner;

NOW, THEREFORE, it is hereby agreed by and between the partners that the
Roles and Responsibilities are as follows:

*****Please initial by each statement as confirmation of your acceptance*****

_____ I confirm my organization is a 501(c)(3) nonprofit and must provide a copy of our IRS determination letter as proof.

_____ I confirm my organization serves and/or has its headquarters in Washington County, MD.

_____ I confirm I am willing to share organizational details that establish transparency.

_____ I understand the charge for my organization to participate in Washington County Gives is **\$250 for an organization with paid staff and \$50 for an all-volunteer organization and must be paid by March 1, 2019.**

_____ I understand my organization is encouraged to focus the majority of its overall marketing efforts in the two weeks immediately leading up to the campaign to create a sense of county-wide excitement among donors, media partners and fellow nonprofits.

_____ I understand the CFWC is not responsible for the amount of money that may or may not be contributed to my organization during the 24 hour event. I understand that donors must choose the nonprofit they want to give to when making the online gift and that CFWC has no control over this process.

_____ I confirm if my organization has a website, we will add a washingtoncountygives.org link to our site as well as the Presenting Sponsors' logos by April 1, 2019.

_____ I understand my organization, its staff, board of directors and volunteers will promote Washington County Gives on our social media sites in the days leading up to and during the 24 hour event using the Marketing Tool Kit provided by CFWC.

_____ I understand my organization can recruit our own sponsors to provide "matching funds" during the 24 hour event to help encourage current and prospective donors to give to my organization. I understand that I must notify CFWC if I have matching fund sponsors to ensure all funds are reported at the conclusion of the event.

_____ I understand "matching funds," unsolicited by my organization, are possible, **but not guaranteed** and that my organization will receive a percentage of any matching funds given based on a pro-rated formula and up to a certain dollar amount pre-determined by the incentive matching fund sponsor(s).

_____ I understand donors and prospective donors should be driven to the washingtoncountygives.org website during the 24 hour event to contribute, so an accurate total number of dollars raised can be reported at the conclusion of the event.

_____ I understand my organization will receive all monies donor-designated to my organization, less a transaction/credit card fee of 5.2% + \$.30 per transaction.

_____ I understand if I am asked to participate in an interview with any media outlet (such as a newspaper, TV or radio station), I am to serve as a spokesperson on behalf of all nonprofits in my community participating in Washington County Gives.

_____ I understand CFWC will provide washingtoncountygives.org through Give Gab as an online platform that will safely process all contributions made during the event.

_____ I acknowledge that washingtoncountygives.org is an independent website and that technical difficulties, while not expected, may occur. In the event of technical difficulties or a lapse in service, prizes will be awarded at the sole discretion of the CFWC.

_____ I understand I must complete and return all information requested by CFWC by the deadline, or I cannot participate in future Washington County Gives' days.

_____ I understand my organization must adhere to any agreements to which I am a party of with the United Way or other funding partners, if applicable. (Do not initial if not applicable.)

_____ I understand I am responsible to retrieve any donation and/or donor information from the event by using the link provided to me.

_____ I understand if I'm an organization participating in Washington County Gives for the first time, I am required to attend a training session at the Community Foundation on a date to be determined. For organizations who have previously participated in this event attendance to a Marketing/Training Session may be optional.

_____ I understand that CFWC will coordinate with local media in the Washington County area to help promote this event.

_____ I understand that at least one representative from my organization is required to attend the kick-off event on April 30, 2019.

_____ I understand all donations will get disbursed no later than June 28, 2019, via a check, minus any applicable fees.

_____ I understand my organization is responsible for sending thank you letters after the event to the presenting and supporting sponsors who provided matching funds as well as sponsors of any of the prizes my organization received.

Please print and sign name in applicable space:

Date: _____

Executive Director/CEO/President **PRINT NAME**

Executive Director/CEO/President **SIGNATURE**

Organization Name

Office Phone

Federal Tax ID #

Primary Contact & E-mail Address

Please return to the Community Foundation of Washington County MD, Inc. by March 1, 2019.

**Mail: 37 S. Potomac St.
Hagerstown, MD 21740**

Fax: 301-791-5752

E-mail: allys@cfwcmd.org

Rev'd 12/1/18