Extraordinary People. Extraordinary Care.

Community Vitality

Goodwill Policy

Office of Community Relations
Revised - 11/19/2015
Duke Medicine Mission

Duke Medicine is dedicated to advancing the health and well-being of the people we serve through integrated, innovative and compassionate care. As one of the world’s leading academic health systems, our team utilizes Duke’s strengths in education and biomedical research to deliver outstanding care to our local and global communities.

Duke Medicine fulfills this mission through our own services and programs, and by supporting the efforts of community-based organizations and global initiatives whose goals and activities are compatible with our own.

Hundreds of requests for philanthropic assistance are received each year throughout the entities within Duke Medicine. These include: Duke University Hospital, Duke Raleigh Hospital, Duke Regional Hospital, Private Diagnostic Clinic, and Duke School of Medicine. Requests are met through the Duke Medicine Charitable Grants Committee composed of representatives from each of the major entities within Duke Medicine, and created to coordinate the process of philanthropic support.

In addition to philanthropic support, through contributions and gifts Duke Medicine recognizes the opportunities to contribute to community events and activities and global initiatives that promote health globally and in our communities. All contribution requests under $2,500 will be considered by the Office of Community Relations Goodwill Program. Occasionally, the CEO of the Health System will receive funding requests. These requests are considered individually and on an ongoing basis.

Funding Policy

Community organizations are encouraged to apply for a grant if the activities are in at least one of the four focus areas:

- Health & Wellness
- Education services which relate to health and wellness
- Economic revitalization that impacts Duke Medicine
- Cultural vitality activities that promote the public health and wellness

The following are examples of proposals which will not be funded by the Office of Community Relations:

- Political campaigns or parties
- Solicitations from groups that discriminate on the basis of age, race, gender, religion or national origin
- Individuals

Procedure

Each request for funding support shall be submitted and processed according to the following procedures:

1) Application for grants shall be made to:

   Duke Medicine – Office of Community Relations
   Goodwill Committee
   Box 3701
   DUMC
   Durham, NC  27710

2) Grant applications will be reviewed on an ongoing basis. The requesting organization should hear from the Office of Community Relations within one month of the request.

3) Requests for monetary contributions may be submitted on the Duke Medicine Goodwill Request Form or on your company letterhead. You may send your request directly to us, print the form below, or call 919-668-3792 to have an application sent to you via mail. In addition to your request, please provide the following information:

   o Pertinent financial information
   o Evidence of fiscal responsibility
   o Purpose and mission of the requesting group
   o Expected or intended results for use of donated funds
   o Description of recognition and other benefits DUHS will receive
   o Target participants if an event is included

Thank you for your interest in inviting Duke Medicine to help support your community initiative or program. We can be reached on 919-668-3792 for additional information.
Duke Medicine Goodwill Committee
Request Form

Date: ___________________________

Name of organization: ________________________________________________

Address_____________________________________________________________
City__________________  Zip____________________

Phone Number________________________
Contact Name____________________________________

How many members are in your organization _____________
Is the organization tax exempt?  Yes   No

Tax ID Number_________________________________________________
(If yes, attach a copy of the organization’s tax exempt form to this request)

Name of Specific initiative/event (if applicable)_____________________________________

Date of Event________________________
By what date is a funding decision needed? __________

Brief description of initiative/event (purpose, target audience, how often held, recognition
Duke Medicine will receive, etc)_________________________________________________

What is the amount requested? _______________________

How is the amount payable? ______________

Have we funded your group before?  Y   N

If yes, at what level and in what year?
If Duke Medicine should support the organization/event, would it be the exclusive health care provider? Y  N

If not, what other health care entities have agreed to sponsor this organization/event?

____________________________________________________________________________________

How will funding this request help Duke Medicine further its mission of meeting the health care needs of the people we serve, improving community health, and fostering excellence in medical education and biomedical research?
______________________________________________________________________________________

______________________________________________________________________________________

Please photocopy this application for your files and return the completed original form to:

Duke Medicine – Office of Community Relations
Attn: Goodwill Committee
Box 3701
Durham, NC  27710