

<p>Title:</p> <p><b>Restricted Gifts Policy</b></p>	<p>Effective Date:</p> <p>Last Reviewed &amp; Approved:</p> <p>Scheduled Review Date:</p> <p>Supersedes:</p> <p>Approved by:</p>	<p>November 23<sup>rd</sup>, 2018</p> <p>December 12<sup>th</sup>, 2018</p> <p>October, 2021</p> <p>All Previous Restricted Gifts Policies</p> <p>Executive Committee</p>
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Mission Statement: To partner with the community to support our Hospital in the delivery of an excellent patient care experience

Vision Statement: To inspire a lifetime of philanthropic support for our Hospital

Values: Integrity, Leadership, Community, Results

## 1. Introduction

This policy will govern the acceptance of “Restricted Gifts,” non-endowed gifts directed by donors to be used for specific purposes at the various sites and in the various programs of the St. Thomas Elgin General Hospital (STEGH), and the establishment and maintenance of “Restricted Funds” to account for the accumulation of such gifts.

## 2. Definitions

### a) “Restricted Gift” has the following characteristics:

- i) It is a donation made with a stipulation that it must be used for a particular area of care or type of service provided at STEGH; and
- ii) The restriction on the use of the gift has been accepted by the Foundation as compatible with the fundraising goals of the Foundation and the needs and priorities of STEGH.

### b) “Restricted Fund” has the following characteristics:

- i) It represents the accumulation of Restricted Gifts from donors which have had similar restrictions placed upon their use, and;
- ii) It is a fund established and managed by the Foundation, with the intention that the monies in it will be disbursed on a timely basis as may be required to best meet the needs of STEGH within the parameters of donor restrictions.

### **3. Acceptance of Restricted Gifts**

When a donor is making a Restricted Gift to the Foundation, the following criteria shall be followed:

#### **3.1 Restricted Gifts**

- i) The Foundation, through its President, Executive Director, or designate, and in consultation with Hospital leadership if deemed necessary by the Foundation, will determine if a gift with a restriction as proposed is compatible with both the fundraising goals of the Foundation and the needs and priorities of STEGH.
- ii) If deemed compatible, the gift will be accepted by the Foundation and added to the appropriate Restricted Fund. These restricted funds will remain with the Foundation until such time as a suitable initiative is identified by STEGH and approved by the Foundation.
- iii) If the proposed restricted gift is deemed not to be compatible with the fundraising goals of the Foundation and/or the needs and priorities of STEGH, the donor will be encouraged to consider an alternate gift. In the absence of an appropriate amendment to the gift, the gift will not be accepted.

#### **3.2 Gifts for Use by Individual Clinicians or Staff Members of the Hospital**

The Foundation's mandate is to support patient care needs of STEGH as determined by Hospital leadership through their priority-setting processes.

Gifts are given to programs, equipment, services, and training and not to individuals. Gifts directed for use by an individual clinician or staff member of STEGH shall not be accepted.

In a case when a donor wishes to extend gratitude to an individual clinician or staff member, the donor will be encouraged to support a restricted or endowed fund related to that individual's work, and to make the gift in honour of that clinician or staff member. In such cases, the Foundation will accept this commemorative gift for the restricted use, and notify the clinician or staff member of the donor's honour.

### **4. Disbursement Policy**

The Foundation is responsible for making disbursements from Restricted Funds in accordance with the Disbursement Policy. The Foundation will also ensure that disbursements made from a restricted fund are made for purposes consistent with the donor's intent and the purpose of the fund.

It is the Foundation's policy to disburse funds designated for a specific purpose on a timely basis, not to accumulate funds for earning income.

When a donor makes a restricted gift, the gift should be recorded in writing to ensure the donor receives an acknowledgement that it is a restricted gift.

## **5. Dissolution of Restricted Funds**

In the event that the terms of reference of a Restricted Fund no longer align with the needs of STEGH, or the fundraising goal of a Restricted Fund (a capital project for example) has been exceeded, the Foundation may dissolve the Restricted Fund in question.

Donor agreements require the Foundation to amend the Restricted Fund in consultation with donors or their heirs where practicable if, during the term of the disbursement, the designated Restricted Fund or need no longer exists within STEGH. Donations, including excess donations, can then be reallocated to another Restricted Fund with terms of reference as similar as possible to those of the fund being dissolved or, if no such fund exists, to the Foundation's unrestricted funds for the benefit of STEGH.

The following Power to Vary clause is a component of Gift Agreements made between the Foundation and our donors:

“The Foundation is committed to ensuring this Gift is used for its intended purpose. If, in the sole opinion of the Foundation, it becomes impossible, inadvisable or impracticable for all or part of this Gift to be usefully or practically applied to the purposes described within the agreement, or if the purpose cannot be achieved because of a future change in law, change in Foundation/Hospital practices, policies or priorities, or other unforeseeable circumstances, the Gift may be used for any related purpose which in the reasonable opinion of the Foundation (in consultation with the Donor(s) where possible) will most nearly accomplish the Donor's wishes or in consonant with the spirit and intent of the Donor's gift, including amendments to the mechanism or method used to attain the original or amended purpose of the Gift.”

## **6. Review**

- 6.1 The Restricted Gifts Policy will be reviewed every three years.
- 6.2 In the interim, this Policy may be revised or rescinded if the Board of Directors deems necessary.
- 6.3 If this Policy is revised or rescinded, all secondary documents will be reviewed as soon as reasonably possible in order to ensure they comply with the revised Policy or, in turn, are rescinded.