



ACCOUNTING POLICY AND PROCEDURES (APP) MANUAL

TOPIC: Section 10 – Special Expense 3.0	EFFECTIVE DATE: 10/14/1987
TITLE: Co-sponsored Workshops	REVISION DATE: 11/12/2014
AUTHORIZED BY: Deputy Director, Bureau of Fiscal Services	

BACKGROUND

Public or private organizations may sponsor workshops, training sessions, conferences or other types of meetings that benefit state-funded programs. Because there is a benefit to the state programs, these organizations may ask for financial support. One way that this support has been given has been through state mailing of promotional brochures and registration materials. Other ways include contributing an agreed-upon lump sum or printing brochures and conference materials.

POLICY

The Department of Health Services (DHS) may provide funds or printed materials for mailings related to events co-sponsored by organizations and DHS if the following conditions are met:

1. There is a formal written agreement signed by the division administrator, or designee, and a representative of the organization, which specifies the benefits to the state and purposes of the event. A copy of the agreement should be attached to the related invoice when it is to be paid. (See attachment.)
2. The agreement stipulates that brochures or other printed materials indicate that the Wisconsin Department of Health Services is a co-sponsor.
3. The agreement stipulates that the bulk rate permit be printed on brochures if the mailing is of sufficient size to justify bulk mailing.

ATTACHMENTS

Sample co-sponsorship agreement between DHS and vendor

CONTACTS

[Unit Supervisor, Expenditure Accounting Section](#)

ATTACHMENT

**CO-SPONSORSHIP AGREEMENT BETWEEN THE DEPARTMENT OF HEALTH SERVICES
AND
VENDOR (fill in name of vendor)**

This co-sponsorship agreement is entered into by and between the State of Wisconsin represented by its Department of Health Services, on behalf of the Division of _____ and VENDOR. The _____ contact is _____. The purpose of this co-sponsorship agreement is to transfer funds in the amount of \$ 2,000 to support the _____ workshop.

Under this co-sponsorship agreement, the _____ agrees as follows:

Upon receipt of an itemized invoice, the _____ will reimburse VENDOR for agreed-upon expenses as detailed on attached purchase order.

Under this co-sponsorship agreement, VENDOR agrees as follows:

1. To use these funds in the way which the division specifies on the attached purchase order and in the best interest of the State of Wisconsin.
2. Whenever possible, brochures and/or other printed materials will indicate that the Wisconsin Department of Health Services is a co-sponsor.
3. To print a bulk mailing permit on mailings of sufficient size if mailing is within time periods that will allow use of bulk mailing.
4. To use Department of Health Services guidelines for accessibility. The event must be held in a facility that is accessible to the physically disabled and vision, hearing and dietary needs are met. Availability of special accommodations must be stated on the brochure.

This co-sponsorship agreement is entered into by:

Division Administrator
Division _____
Department of Health Services

Date

Authorized Signature
Vendor (fill in name of vendor)

Date