

REQUEST FOR FUNDRAISING EVENT

I. REQUESTOR DATA:

ORGANIZATION NAME	NAME OF REQUESTING INDIVIDUAL	CONTACT PHONE NUMBER	DATE OF REQUEST	DATE OF EVENT
PRIVATE ORGANIZATION <input type="checkbox"/>	IF PO, PROOF OF INSURANCE <input type="checkbox"/>	IF NO, WAIVER OF FILE <input type="checkbox"/>	Request # for this quarter	
UNOFFICIAL ACTIVITY <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input checked="" type="radio"/> 1st	<input type="radio"/> 2nd <input type="radio"/> 3rd

II. EVENT DATA

1. State what type of event, when and where it will be happening, and what personnel working the event will be doing:

2. How will the proceeds of this fundraiser be used? _____

3. Approximately how many volunteers will work the event? _____

4. How will you promote or advertise your proposed event? Be specific. _____

5. Are any other organizations besides yours, including any on-base or off-base entities, planning on conducting this event, or receiving any proceeds raised? No If yes, please provide the name(s) of th(os)e organization(s). _____

6. Will prizes be awarded at the event? No If yes, describe in detail on a separate page, the source of the prize, the type of prizes, how winners will be selected, what customers must do to be eligible to receive a prize, and whether every customer will receive a prize.

7. Do you intend to serve or sell food? No If yes, you must attach a Temporary Food Booth Form from 90 MDG Public Health to this application.

8. Will the event involve soliciting on base? No Off-base? No

III. CERTIFICATION

By initialing and signing below, I certify that I have read and understand the following guidelines, as provided by the relevant authorities that govern fundraising within the Air Force (AFI 36-3101, AFI 34-223, DoD 5500.7-R). *Please note that depending upon the specific facts and circumstances of your event, additional guidelines, not listed below, may apply to your event.*

INITIALS	
	I certify that I understand organizations may conduct a maximum of 3 fundraisers per quarter and 12 per calendar year.
	I certify that I understand that the Joint Ethics Regulation (JER) prohibits the wear of military uniform while conducting fundraisers.
	I certify that the personnel who volunteer to work fundraisers must not be on official duty time. Civilian employees and military personnel must be on leave, lunch, compensatory time off, or on a regularly scheduled break.
	I certify that I understand fundraising must be conducted away from the workplace. Away from the workplace is defined by the installation CC and may include lobbies, the base housing area, in front of the base exchange, or the Commissary.
	I certify that I understand that use of official channels (flyer NOT email) to notify others of the event is authorized provided there is no appearance of endorsement by the federal government and no government resources are used to produce the flyer.
	I certify that I understand that fundraisers must be appropriately coordinated and that I may not begin to advertise or fundraise without appropriate approval from the commander. I certify that I understand that fundraisers must not consist of frequent/continuous resale activities or compete with AAFES, 90 FSS, or NAFI activities.
	I certify that I understand that it must be made clear to the general public that the fundraising is being conducted through the Private Organization (PO) or Unofficial Activity (UA) and not by a military unit or a member in his or her official capacity. An individual may use his/her rank and branch of service when signing PO correspondence, but may not use his/her military title or position.

		I certify that I understand that off-base solicitations are permissible, but must clearly indicate that they are for a PO or UA and not F.E. Warren AFB, any F.E. Warren AFB agency/unit, the USAF, or the DoD and that donor/gift recognition may not be made publicly. However, recognition for contributions may be made to members of the PO or UA.		
		I certify that I understand members participating in the fundraiser may not solicit or coerce junior ranking members to participate. Soliciting at military family housing is strictly prohibited.		
		I certify that if the fundraising event involves the sale of food, personnel must coordinate with 90 MDG Public Health.		
		I certify that I understand that organizations may not sell or serve alcoholic beverages under any circumstances.		
		I certify that I understand that personnel who volunteer to work on fundraisers must be informed that they are acting in their individual, that is NOT an official capacity, and that they may be held personally liable for any or all damage to persons or property caused by their negligence during this fundraiser. The DoD, the USAF, and RAFL assume no liability for personal injury, death, or property damage arising from this fundraiser.		
		I certify that I understand that fundraising (unless for CFC or AFAF) is NOT an official government purpose. I understand government equipment is only authorized for official government purposes. I certify that I understand government email may NOT be used in furtherance of this fundraiser and if found to have violated this prohibition or any other requirement of the JER and AFI that the commander may withdraw authorization for my PO to operate on the base.		
SIGNATURE		DATE SIGNED		
COORDINATION (please have the appropriate facility sign off on your request)				
FACILITY	APPROVED TO USE?	NAME	SIGNATURE	DATE
AAFES (BX, shopette)				
Aquatic Center				
Commissary				
Fall Hall Community Center				
Freedom Hall Fitness Center				
Trail's End and Wrangler Lounge				
Warren Lanes Bowling Center				
Warren Adventure Park				
Your Facility (is your fundraiser in your bldg)				
Other				
PRIVATE ORGANIZATION OFFICE				
Compliant?	Yes	Exceeded 3/qtr?	No	
JUDGE ADVOCATE REVIEW				
<input type="checkbox"/>	Legally Sufficient	REMARKS		
<input type="checkbox"/>	Legally Insufficient			
DATE	NAME AND GRADE		SIGNATURE	
COMMAND APPROVAL				
<input type="checkbox"/>	Approved	REMARKS		
<input type="checkbox"/>	Denied			
DATE	NAME AND GRADE		SIGNATURE	

Once you have filled out the form and coordinated with all facilities you may be using during your event, please forward the form to the Private Org Monitor for routing to the 90 FW/JA and 90 FSS.

"The information herein is For Official Use Only (FOUO) which must be protected under the Freedom of Information Act of 1966 and Privacy Act of 1974, as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in criminal and/or civil penalties"