

FOR OFFICE PURPOSES ONLY

CONTROL NUMBER: _____

DATE SUBMITTED: _____

Unit Informal Fund Fundraiser Request Form

This request must be submitted to DFMWR 30 days prior to the fundraising event. **If submitted less than 30 days prior, the event may not be approved.** Return form to: NAF Support Management, BLDG 5700 Novosel St, Room 390, Fort Rucker, Alabama 36362

1. **Unit Informal Fund:** _____
2. Type of Fundraiser: _____
3. Is the fundraiser a donation giveaway? Yes/No
 - a. Describe prize/giveaway item: _____
 - b. Estimated prize value: _____
 - c. How was giveaway prize obtained? Purchased or Gift? _____
 - d. Collection (of \$) date(s) and time(s): _____
4. Date(s) and Time(s) of Event: _____
5. Location(s): _____

Location Manager:

_____ Phone _____
Print Signature

Location Manager:

_____ Phone _____
Print Signature

6. Unit Commander:

_____ Phone _____
Print Signature

7. Donation/Fee Charged: _____

8. Will this event require any Military or Logistical support? Yes/No

9. The requestor hereby acknowledges the following will apply to the requested fundraising event:

_____ a. I understand fundraising in the Federal workplace is not authorized, except in support of CFC or AER.

_____ b. I understand that it is the requesting organization’s responsibility to obtain any necessary permission to have this event at a specified location from that location’s management.

_____ c. I understand “raffles” are not permitted. If the event is a “donation give-a-way”, a sign will be displayed stating, “Donation Not Required to Receive a Ticket”.

_____ d. I understand all participation must be on a voluntary basis, on personal time, without any coercion from a superior or subordinate. Prior to their participation in the event, all personnel will be briefed in regard to safety. I understand the event will not be conducted as a military unit, use of any Army uniform in conducting events is prohibited, and no official DA endorsement will be sought.

_____ e. If my fundraiser involves the sale of food items, I understand that a food handling certificate must be obtained and provided to your office with this form. I understand that I can obtain the certificate from preventative medicine, and they can be reached at 334-255-7930.

_____ f. I understand we will not solicit commercial sponsorship or offer commercial advertising and will not display *any* type of donor recognition for any donations (monetary or in-kind) we receive, since it then becomes commercial sponsorship/advertising. I understand we do not have the authority to agree contractually to provide commercial sponsorship *or* commercial advertising on Fort Rucker.

_____ g. I understand that if my fundraiser is a casino game-style event, all participants will adhere to the regulations outlined in AR 215-1, para 8-14.

Point of Contact: _____

Phone: _____

Email Address: _____

Signature of Requestor

Date