

FOR OFFICE PURPOSES ONLY:

CONTROL #: _____

DATE SUBMITTED: _____

This request must be submitted to DFMWR **30 DAYS PRIOR** to the fundraising event.

Return form to: NAF Support Services Division, Bldg 5700 Room 310, Fort Rucker, Alabama 36362

1. **FRGs 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 this giveaway prize obtained? Purchase or Gift?: _____

d. Collection (of \$) dates 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 Phone

7. Donation/Fee Charged: _____

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

9. **Attach the signed unit informal fund SOP with this package. The SOP must be current (I. E. reviewed within the last two years and approved by the Office of the Staff Judge Advocate).**

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 255-7013.

_____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 soliciting must be limited to DA civilians and service members and be for the benefit of those same personnel (i.e., "for us, by us"), ensuring **NO** contractor personnel will be solicited.

_____h. I understand that service members are not allowed to solicit in uniform, but instead in their personal capacity while in leave/pass status and be in civilian clothing.

Point of Contact: _____

Phone: _____

Email Address: _____

(Signature of Requestor)

(Date)

ATZQ-SJA-AL
SUBJECT: Informal Funds and Local Fundraising

APPENDIX B

SAMPLE INFORMAL FUND SOP AND BYLAWS

OFFICE SYMBOL

DATE

MEMORANDUM FOR RECORD

SUBJECT (NAME OF UNIT OR FRG) Informal Fund Standing Operating Procedure (SOP) and Bylaws

1. References:

- a. DOD 5500.7-R, Joint Ethics Regulations, 30 August 1993.
- b. AR 600-20, Command Policy, 6 November 2014.
- c. AR 600-29, Fundraising within the Department of the Army, 7 June 2010.
- d. AR 608-1, Army Community Service, 13 March 2013.

2. Purpose: Provide procedures and bylaws for managing the (NAME OF UNIT OR FRG) Informal Fund (IF).

3. Summary: The IF is established exclusively for charitable purposes and to provide financial support for (NAME OF UNIT OR FRG) social activities. The (NAME OF UNIT OR FRG) IF is intended to benefit Soldiers and family members. It is not a business and is not being run to generate profits. It is not an instrumentality of the U.S. Government. The IF will utilize EIN # _____ to establish a bank account at the (Name of Financial Institution).

4. This SOP applies to the IF and the IF will be governed by the following provisions:

- a. The IF will be comprised of donations from members, and raised through authorized fundraising activities for the (NAME OF UNIT OR FRG) IF.
- b. The IF can be used as a depository for other donations, but it will comport with the provisions of AR 600-20, AR 600-29, and DOD 5500.7-R (Joint Ethics Regulation).
- c. The IF will be managed by the Treasurer of the (NAME OF UNIT OR FRG) IF.

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SUBJECT: Informal Funds and Local Fundraising

d. The Treasurer will be the named individual on the bank account (at the time of this memorandum) with access to the fund for FY 2016.

e. Post FY 16 and beyond, the IF bank account will be enduring, and will be managed by the succeeding Treasurer. The enclosed bank form will be utilized to transfer management authority of the IF bank account for succeeding years.

f. In the event the IF is disbanded, any remaining proceeds, after paying IF debts, will be donated to _____ [NOTE: proceeds may be donated to another informal fund or charity, such as the Army Emergency Relief (AER),

g. This SOP and Bylaws serves as the first minutes of the IF, and establishment of the IF (Name of Financial Institution) bank account. Subsequent minutes or memoranda with the signature of the below Treasurer and Unit Commander (or succeeding Treasurer and Unit Commander) are the only required signatures to change the document.

5. The signatures below are in agreement with the above SOP and Bylaws.

XXXXXX XX XXXXX
XXXX, XX
Treasurer

YYYYYYYY Y, YYYYYY
YYY, YY
Unit Commander

Encl
as