

**FOR OFFICE PURPOSES ONLY**

CONTROL NUMBER: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

**Veteran Service Organization 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. **Veteran Service Organization:** \_\_\_\_\_
2. Type of Fundraiser: \_\_\_\_\_
3. Date(s) and Time(s) of Event: \_\_\_\_\_
4. Location(s): \_\_\_\_\_

Location Manager:

\_\_\_\_\_ Phone \_\_\_\_\_  
Print Signature

Location Manager:

\_\_\_\_\_ Phone \_\_\_\_\_  
Print Signature

5. Donation/Fee Charged: \_\_\_\_\_
6. Will this event require any Military or Logistical support? Yes/No  
\_\_\_\_\_

**7. 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