

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 Management, Bldg. 5700 S Novosel St. Room 310, Fort Novosel, Alabama 36362

- 1. **Private 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. 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 Novosel.

Point of Contact: _____

Phone: _____

Email Address: _____

(Signature of Requestor)

(Date)