

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. **AER Unit:** \_\_\_\_\_

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

Phone \_\_\_\_\_

Location Manager \_\_\_\_\_  
Print Signature

Phone \_\_\_\_\_

6. Unit Commander: \_\_\_\_\_  
Print

Phone \_\_\_\_\_

\_\_\_\_\_  
Signature

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 only authorized 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, without any coercion from a superior or subordinate. Prior to their participation in the event, all personnel will be briefed in regard to safety.

\_\_\_\_\_ 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 255-7930.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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 all funds raised (minus expenses) will be donated to Army Emergency Relief.

Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Requestor)

\_\_\_\_\_  
(Date)