

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 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 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 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.

_____ 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)