

ALTUS AFB FUNDRAISER REQUEST FORM

Rev. 0006

FROM: NAME OF REQUESTING INDIVIDUAL/GROUP REPRESENTATIVE	PHONE NUMBER:	DATE OF REQUEST:
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NOTICE: I request authorization to hold a fundraising event on Altus AFB, OK. If approved, I further expressly agree to indemnify and hold the United States of America harmless from and against any and all claims, loss, and liability, however caused, arising out of, or in any way connected with this event, whether or not caused or contributed to by any negligence or alleged misconduct on the part of any employee of the United States or member of the United States Armed Forces. I understand should an accident occur the individual members of the requesting organization, rather than the Air Force, would be liable.

ORGANIZATION REPRESENTED (Name and Address)	TIME(S) and DATE(S) OF THIS FUNDRAISER
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* Coordination/approval required 7 days prior to any advertisement *

Use of Government E-mail to advertise your fundraiser is strictly prohibited.

I have read and understand the instructions on page 2 of this form. All information is true and accurate to the best of my knowledge.

Signature --> --> --> _____

DATE OF LAST FUNDRAISER		
NO. OF EXPECTED PARTICIPANTS		
ADULTS	CHILDREN	
Yes	No	Check Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	1. The requesting org is made up primarily of AF/DoD members.
<input type="checkbox"/>	<input type="checkbox"/>	2. All participants will be volunteers, not in uniform, and, if the fundraiser is conducted during duty hours, will be on leave or special pass.
<input type="checkbox"/>	<input type="checkbox"/>	3. This event will involve food preparation. (If so, see reverse)
<input type="checkbox"/>	<input type="checkbox"/>	4. The location of this event is considered the workplace.
<input type="checkbox"/>	<input type="checkbox"/>	5. This event will involve solicitation in base housing.
<input type="checkbox"/>	<input type="checkbox"/>	6. This fundraiser will involve events/solicitation taking place off the installation.
<input type="checkbox"/>	<input type="checkbox"/>	7. If event is sponsored by an unofficial activity, its assets are below \$1000 average for the last 3-month period
<input type="checkbox"/>	<input type="checkbox"/>	8. We intend to solicit off-base organizations for donations.
<input type="checkbox"/>	<input type="checkbox"/>	9. This event will occur during the CFC or AFA drives.

Details of your event e.g.: **WHO:** OG, **WHAT:** wishes to hold a bake sale, **WHERE:** in front of the BX, **WHY:** funds to be used to offset cost of a unity party. (Be complete; if necessary, attach more information on a separate page.)

Who:

What: (Be SPECIFIC)

Where: (Be SPECIFIC)

Why:

Advertising: The Joint Ethics Regulation prohibits the use of DoD communication resources (telephones, E-mail, fax machines, the internet) or any other Government resource in any manner that would reflect adversely on the DoD, which specifically includes soliciting and selling (JER sec. 2-301.a. and b). All print and electronic media that contains the organization's name must also state the following: THIS IS A PRIVATE ORGANIZATION. IT IS NOT A PART OF THE DEPARTMENT OF DEFENSE OR ANY OF ITS COMPONENTS AND IT HAS NO GOVERNMENTAL STATUS.

COORDINATION

OFFICE	Facility Manager	97 FSS/FSR	For Car Washes - 97 MSG/CCS
Initials/Date			

97 AMW/JA RECOMMENDATION: Approval Denial

Signature: _____ Review Date: _____

Printed Name/Rank _____

Remarks/Limitations

Qualifies as:

- A local INTERNAL program AWAY FROM the workplace (AFI 36-3101, Table 1, Rule 4)
- A local INTERNAL program AT the workplace (AFI 36-3101, Table 1, Rule 3)
- A local EXTERNAL program away from the workplace (AFI 36-3101, Table 1, Rule 5)

DECISION OF APPROVAL AUTHORITY: YOUR REQUEST TO CONDUCT A FUNDRAISER AT THE TIMES AND DATES INDICATED IS:	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
REMARKS/LIMITATIONS	
97 FSS/CC/CD	SIGNATURE

ALTUS AFB FUNDRAISER REQUEST FORM

INSTRUCTIONS

Appropriate coordination and approval are required on all fundraising requests. Proper coordination procedures are listed below; please follow each to ensure the proper agencies have reviewed your request. All fundraising activities must be coordinated through 97 FSS/FSR and 97 AMW/JA and approved by 97 FSS/CC/CD. Generally, fundraising is governed by DoD 5500.7-R, the Joint Ethics Regulation (JER), AFI 34-223, and AFI 36-3101.

By initialing below, you indicate that you understand that the following rules are **legal requirements** regarding your fundraiser.

1. Air Force members **must not** do anything that implies Federal endorsement of a fundraising event, such as:
 - _____ Appointing Squadron POCs for fundraisers (when the POCs are NOT members of the PO)
 - _____ Fundraising while on duty/in uniform
 - _____ Soliciting funds OR volunteers in the workplace (ex: going door-to-door and asking coworkers to volunteer/donate)
 - _____ Using government email to advertise the fundraiser (allowed to advertise through daily announcements)
2. _____ Fundraisers **must not** be conducted in the workplace. Areas that are *not* considered the workplace include: base quarters, entrances, lobbies, and break rooms.
3. _____ Fundraisers **may not** consist of frequent/resale activities or compete with AAFES, Services, or NAFI activities. Private Organizations may conduct two fundraisers per quarter.
4. _____ Door-to-door solicitation is prohibited in base housing.
5. _____ Solicitation of DoD personnel junior in rank, grade, or position is not allowed.
6. _____ The JER prohibits the use of government communication resources for soliciting and selling! This includes the use of government email, telephones, fax machines, and the internet.

FOOD SERVICE

If your fundraiser involves serving food, **you must** coordinate with the Public Health Office in BLDG 46, SUITE 1328. Temporary food service facilities must comply with local, state, and AF guidelines. Food facilities are subject to Public Health evaluations.

Where PO will purchase food: _____ NOTE: Brand Name foods are not permitted for sale regardless of source. (Ex: Krispy Kreme Doughnut sales). **Food source must be approved by Public Health.**

Military Public Health Signature and Date

I understand my responsibility to comply with Public Health Guidelines. I have received the Public Health Checklist, which will be reviewed by all and posted during this event.

Requester/Event Coordinator Signature and Date