

## GRAND FORKS AIR FORCE BASE REQUEST FOR FUNDRAISING EVENT

**INSTRUCTIONS:** This form requests approval of a fundraising event on Grand Forks Air Force Base. You may not advertise or begin your fundraising event until you have signed approval from 319 MSG/CC or 319 FSS/CC. Failure to accurately fill out all information may delay your request.

### I. REQUESTOR DATA:

ORGANIZATION NAME	NAME OF REQUESTING INDIVIDUAL	CONTACT PHONE NUMBER	DATE OF REQUEST	DATE OF EVENT
PRIVATE ORGANIZATION	IF PO, PROOF OF INSURANCE	IF NO, WAIVER OF FILE	# of fundraisers org has had this calendar quarter	
UNOFFICIAL ACTIVITY	YES      NO	YES      NO		

### II. EVENT DATA

1. State when, where, and at what time the event is planned for: \_\_\_\_\_
  
2. What type of event are you planning? Describe what the personnel working the event will be doing.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. How will the proceeds of this fundraiser be used? \_\_\_\_\_
4. Approximately how many volunteers will work the event? \_\_\_\_\_
5. How will you promote or advertise your proposed event? Be specific. \_\_\_\_\_
  
6. Are any other organizations other than yours, including any on-base or off-base entities, planning on conducting this event, or receiving any proceeds raised? \_\_\_\_\_ If yes, please provide the name(s) of th(os)e organization(s).  
 \_\_\_\_\_
  
7. Will prizes be awarded at the event? \_\_\_\_\_ If yes, describe in detail on a separate page, the source of the prize, the type of prizes, how winners will be selected, what customers must do to be eligible to receive a prize, and whether every customer will receive a prize.
8. Do you intend to sell food? \_\_\_\_\_ If yes, you MUST attach a Temporary Food Booth Form from Public Health to this application.
9. Will the event involve soliciting on base? \_\_\_\_\_ Off-base? \_\_\_\_\_

### III. CERTIFICATION

By initialing and signing below, I certify that I have read and understand the following guidelines, as provided by the relevant authorities that govern fundraising within the Air Force (AFI 36-3101, AFI 34-223, DoD 5500.7-R). Please note that depending upon the specific facts and circumstances of your event, additional guidelines, not listed below, may apply to your event.

INITIALS	
	I certify that I understand organizations may conduct a maximum of 2 fundraisers per quarter and 8 per calendar year.
	I certify that I understand that the Joint Ethics Regulation (JER) prohibits the wear of military uniform while conducting fundraisers.
	I certify that the personnel who volunteer to work fundraisers must not be on official duty time. Civilian employees and military personnel must be on leave, lunch, compensatory time off, or on a regularly scheduled break.
	I certify that I understand fundraising must not be conducted in the workplace. With installation commander approval, they may be conducted at public entrances and in community support facilities such as the lobby of the BX.
	I certify that I understand that use of official channels (flyer NOT email) to notify others of the event is authorized provided there is no appearance of endorsement by the federal government and no government resources are used to produce the flyer.
	I certify that I understand that fundraisers must be appropriately coordinated and that I may not begin to advertise or fundraise without appropriate approval from the commander. I certify that I understand that fundraisers must not consist of frequent/continuous resale activities or compete with AAFES, 319 FSS, or NAF activities.
	I certify that I understand that it must be made clear to the general public that the fundraising is being conducted through the Private Organization (PO) or Unofficial Activity (UA) and not by a military unit or a member in his or her official capacity. Must add disclaimer to all flyers (Disclaimer - This is a Private Organization. It is not part of the Department of the Defense or any of its components and it has no governmental status).

	I certify that I understand that off-base solicitations are permissible, but must clearly indicate that they are for a PO or UA, and not the USAF or the DoD. Members participating in the fundraiser may not solicit or coerce junior ranking members to participate. Soliciting at military family housing is strictly prohibited.				
	I certify that I understand donor/gift recognition may not be made publicly. However, recognition for contributions may be made to members of the PO or UA.				
	I certify that if the fundraising event involves the sale of food, personnel <u>must</u> coordinate with Public Health.				
	I certify that I understand that organizations may not sell or serve alcoholic beverages under any circumstances.				
	I certify that I understand that personnel who volunteer to work on fundraisers must be informed that they are acting in their individual, that is NOT an official capacity, and that they may be held personally liable for any or all damage to persons or property caused by their negligence during this fundraiser. The DoD, the USAF, and NAF assume no liability for personal injury, death, or property damage arising from this fundraiser.				
	I certify that I understand that fundraising (unless for CFC) is NOT an official government purpose. I understand government equipment is only authorized for official government purposes. I certify that I understand government email may NOT be used in furtherance of this fundraiser and if found to have violated this prohibition or any other requirement of the JER and AFI that the commander may withdraw authorization for my PO to operate on the base.				
SIGNATURE				DATE SIGNED	
Additional Comments					
<b>PRIVATE ORGANIZATION OFFICE</b>					
Compliant?		Exceeded 2/qtr?			
<b>JUDGE ADVOCATE REVIEW</b>					
	Legally Sufficient	REMARKS			
	Legally Insufficient				
DATE	NAME AND GRADE			SIGNATURE	
<b>COMMAND APPROVAL</b>					
	Approved	REMARKS			
	Denied				
DATE	NAME AND GRADE			SIGNATURE	