

## REQUEST FOR FUNDRAISING EVENT

**INSTRUCTIONS:** This form requests approval of a fundraising event on RAF Alconbury/Molesworth by the 423d Air Base Group Commander (423 ABG/CC) or the 423d Force Support Squadron Commander (423 FSS/CC). You may not advertise or begin your fundraising event until you have written approval from 423 ABG/CC or 423 FSS/CC. Failure to accurately fill out all information will delay your request and may result in administrative action. Submit the fundraiser request at least four weeks prior to the date you want to start advertising for the event.

### I. REQUESTOR DATA

a. ORGANIZATION NAME		b. NAME OF REQUESTING INDIVIDUAL		c. CONTACT PHONE NUMBER
PRIVATE ORGANIZATION (PO)		d. IF PO, PROOF OF INSURANCE	e. IF NO INSURANCE, WAIVER ON FILE	f. NUMBER OF FUNDRAISERS ORGANIZATION HAS HAD THIS CALENDAR QUARTER
UNOFFICIAL ACTIVITY (UA)		YES            NO	YES            NO	

### II. EVENT DATA

a. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

b. What type of event are you planning? Describe what the personnel working the event will be doing. Be specific and use the entire space. If necessary, attach a written description of the event.  
 \_\_\_\_\_  
 \_\_\_\_\_

c. How will the proceeds of this fundraiser be used? \_\_\_\_\_

d. How will you promote or advertise your proposed event? Be specific. \_\_\_\_\_

e. 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?  
 \_\_\_\_\_

f. If yes, please provide the name(s) of the organization(s). \_\_\_\_\_

g. Will prizes be awarded at the event? Yes \_\_\_\_\_ No \_\_\_\_\_ 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.

h. Does the fundraising involve games of chance or gambling? Yes \_\_\_\_\_ No \_\_\_\_\_

i. Do you intend to sell food? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, you must get approval from the 423 MS, Public Health.

j. Will all food/drink items come from the Commissary? Yes \_\_\_\_\_ No \_\_\_\_\_

k. Describe how the food will be kept hot/cold and out of the danger zone (40-140 degrees): (e.g., pulled pork: ovens, crockpots; coleslaw: refrigeration; etc.)  
 \_\_\_\_\_

l. Will the following items be available for the use of food handlers: Disposable paper towels, gloves cooking utensils, hats or hairnets, hand washing device or hand sanitizing solution, thermometers, disposable eating utensils, and chlorine water solution 50ppm? Yes \_\_\_\_\_ No \_\_\_\_\_

m. Will the event involve soliciting off-base? Yes \_\_\_\_\_ No \_\_\_\_\_

### III. CERTIFICATION (PO/UA representation must initial next to each certification. FSS and JA representatives initial after conducting their review.)

PO/UA Rep	FSS Rep	JA Rep	
			a. I certify that this fundraiser does not exceed the maximum of two (2) fundraisers per quarter and 8 per calendar year. (AFI 34-223, para 10.9.1)
			b. I certify that the individuals participating in the fundraiser will not wear military uniform while conducting fundraisers. (JER, para 3-210)
			c. I certify that the personnel who volunteer to work fundraisers will not be on official duty time. Civilian employees and military personnel will be on leave, lunch, compensatory time off, or on a regularly scheduled break. (AFI 34-223, para 10.16.5)
			d. I certify that this fundraiser will be conducted away from the workplace. Away from the workplace is defined by the Installation Commander and may include lobbies, break rooms, and the base housing area. (AFI 34-223, para 10.16.4)
			e. I certify that the fundraiser will not use official channels such as official e-mail, mail, computers, copiers, BITS, etc., to notify others of the event. (AFI 34-223, para 11.1.3; JER 2-301 (a)(2)(d), and 2-301 (b)(1)(d))
			f. I certify that this fundraiser will be appropriately coordinated and that I may not begin to advertise or fundraise without appropriate approval from the commander. I certify that fundraisers must not consist of frequent/continuous resale activities or compete with AAFES, 423 FSS, or NAFI activities.
			g. I certify that the PO/UA will prominently display the following disclaimer on all print and electronic media: "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." (AFI 34-223, para 10.1.2.3)

			h. I certify that I understand that off-base solicitations are permissible, but must clearly indicate that they are for a PO/UA and not for RAFA/M, any RAFA/M agency/unit, the USAF, or the DoD. Members participating in the fundraiser may not solicit or coerce junior ranking members to participate. PO/UA will not solicit funds for their organization on-base. (AFI 34-223, para 10.15.1.3, 10.15.1)
			i. I certify that FSS may not co-sponsor events with POs/UAs for the purpose of obtaining commercial sponsorship, contributions, donations, gifts, advertising, or generating revenue for them and are not authorized to use the DoD MWR Commercial Sponsorship policy. (AFI 34-223, para 10.15.1.1)
			j. I certify that the PO/UA event will not give appearance that the installation is endorsing or giving special treatment to the donors involved. (AFI 34-223, para 10.15.1.3, 10.15.1.3.1)
			k. I certify that donor/gift recognition will not be made publicly. However, recognition for contributions may be made to members of the PO/UA. (AFI 34-223, para 10.15.1.3)
			l. I certify that if the fundraising event involves the sale of food, the PO/UA will coordinate with 423 MS Public Health.
			m. I certify that the PO/UA organization will not sell or serve alcoholic beverages under any circumstances. (AFI 34-223, para 10.10)
			n. I certify that personnel who volunteer to work on this fundraiser are 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 RAFA/M assume no liability for personal injury, death, or property damage arising from this fundraiser. (AFI 34-223 paras 10.16.5, 10.11)
			o. I certify that the PO/UA will not operate amusement machines, slot machines, or any other games of chance. (AFI 34-223, para 10.9)
			p. I certify that the PO has liability insurance or that the Installation Commander waived the requirement. PO members were made aware that they are jointly and severally liable for the obligations of the PO and the absence of liability insurance places their personal assets immediately at risk in the event of PO liability. (AFI 34-223, para 10.11)
			q. I certify that the PO/UA will not engage in any conduct which has the effect of advertising for, making referrals to, or encouraging use of any commercial business concerns. (AFI 34-223, para 10.9.3)
			r. I certify that the PO/UA will comply with all applicable federal, state, local, and foreign laws governing like civilian activities. PO officer, member, and UA actions will not prejudice or discredit the U.S. Government or conflict with governmental activities. (AFI 34-223, paras 10.13 and 10.15)
			s. I certify that I understand gambling has specific restrictions and only allowed in accordance with AFI 34-223, para 10.16; local law; the JER; and when authorized in advance by the commander/designee. If requesting to conduct an activity involving gambling, I further certify I have researched compliance with local laws/regulations. (AFI 34-223, para 10.16)
			t. I certify that the PO/UA will furnish its own equipment, supplies, and other materials for the event. (AFI 34-223, para 11)
			u. I certify that the PO/UA will reimburse services (to include utilities) when it uses a facility or space on an other-than-occasional basis unless a separate directive or instruction authorizes non-reimbursable support. (AFI 34-223, para 11.1.1)
			v. I certify that the PO/UA will ensure local nationals do not purchase or receive excess, non-taxed goods that can be taken off-base so as to avoid their local tax laws. (SOFA, Art. XI 8(b))
			w. If fundraising during the CFC or AFAF, I certify that the fundraiser is taking place away from the workplace and does not detract from the CFC or AFAF. (AFI 36-3101, Table 1, Rule 4)

PO/UA REPRESENTATIVE SIGNATURE	DATE
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**IV. FACILITY COORDINATION** (please have the appropriate facility representative sign off on your request)

FACILITY	Is the facility approved for use?    Yes    No
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NAME	SIGNATURE	DATE
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**V. PUBLIC HEALTH APPROVAL** (if applicable)

NAME	SIGNATURE	DATE
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**VI. PRIVATE ORGANIZATION OFFICE REVIEW**

Does the event comply with PO/UA regulations?    Yes    No	Has the PO/UA exceeded two events this quarter?    Yes    No
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**VII. JUDGE ADVOCATE REVIEW**

	Legally sufficient	REMARKS
	Non-compliant	

NAME	SIGNATURE	DATE
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	Concur	A local INTERNAL program AWAY FROM the Workplace	A local INTERNAL program AT the workplace
	Nonconcur	(AFI 36-3101, Table 1, Rule 4)	(AFI 36-3101, Table 1, Rule 3)

NAME	SIGNATURE	DATE
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**VIII. COMMAND APPROVAL**

	Approved	REMARKS
	Denied	

NAME	SIGNATURE	DATE
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