

FUNDRAISER REQUEST WORKSHEET

Name of Private Organization/Unofficial Activity	Date of last PO Annual Review:	List other fundraisers this quarter:
POC Name:	POC Phone:	POC Email:
Date(s) of Event:	During CFC or AFAF?	Hours of event:
Who will conduct the event? (e.g. volunteer PO members. Include # of volunteers and # under 12 yo)	Who is the target audience? (e.g. PO members only, base community, general public, etc.)	Method of Advertising/Promotion: (in person, direct mail, <u>flyers (must attach a copy)</u> , etc.)
Type of Activity/Event: (e.g. sale of goods; contract for pay; solicitation of donation; golf tournament AFI 34-116, Air Force Golf Course Program Management)	Location of event: (Building; area of a building; in or out of workplace)	Purpose of event: (e.g. raise money for X; collect canned goods for X)
Will event involve prizes/gifts/awards?	How are prizes/gifts/awards paid for?	Who receives prize/gift/award?

Additional Event Details:

I hereby certify I have reviewed AFI 34-223 and AFI 36-3101, I will obey the following rules:

1. **Advance Approval Required:** fundraising request must be approved in advance. An event may not be advertised until it is approved.
2. **Disclaimer:** POs may not use official DoD or Air Force letterhead and must prominently display **“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”** on all print and electronic media containing the PO’s name. “Prominently displayed” means black bolded font no smaller than 14 pt Times New Roman on a plain solid contrasting light color background.
3. **Government Resources and Email:** Government resources generally may not be used to support PO/UA fundraising events. [5 C.F.R. §2635.704 (a); 5 C.F.R. §2635.808 (c) (Example 2)]. **Use of government email to publicize this fundraiser is prohibited.**
4. **Official Capacity:** Fundraisers may not be conducted by military members in their official capacity. PO members will not wear uniforms while participating in the fundraiser. All participants must be volunteers and on leave or special pass while conducting fundraising activities. Civilian employees, are subject to of AFI 36-3101 and the Joint Ethics Regulation (JER).
5. **Location:** Fundraisers must be conducted away from the workplace in accordance with AFI 36-3101, paragraph 13.3.
6. **Inspections:** All fundraising events are subject to no-notice inspections to ensure health, safety, and compliance with the applicable regulations. The Installation Commander or designees may withdraw a PO’s authorization to operate if the PO prejudices or discredits the United States Government, conflicts with Government activities, or for any other just reason. POs must have approval on-hand at the event. (AFI 34-223 para. 6.1).
7. **Resale Activities:** Fundraisers may not be frequent/continuous resale or compete with AAFES, Services, or NAFI activities.
8. **Frequency:** A PO may conduct no more than two fundraisers per calendar quarter.
9. **Solicitation:**
 - a. DoD personnel may not solicit other personnel or family members of personnel junior in rank, grade or position, on or off duty.
 - b. POs will not solicit gifts or donations on base. Off-base solicitations must contain the disclaimer described above. Donor/gift recognition may not be made publicly; only to members of the PO or those present at an event benefiting from the donation/gift.
10. Golf tournament fundraisers held on the installation must comply with AFI 34-116, *Air Force Golf Course Program Management*.

I request authorization to hold a fundraiser, described above, for the above named Unofficial Activity (UA) or Private Organization (PO). I understand as a PO/UA my organization is responsible for all claims, loss, and liability connected with this event, whether or not contributed to by any negligence or alleged misconduct by any employee(s) of the United States or member(s) of the United States Armed Forces. Should any such incident occur, the individual members of the requesting organization, rather than the Air Force, will be liable.

SIGNATURE OF FUNDRAISER COORDINATOR _____ **DATE:** _____

SIGNATURE OF PO/UA ELECTED OFFICER _____ **DATE:** _____

ADDITIONAL COORDINATION (to be completed by PO as applicable)		
If location is in Government Facility Building custodian approval is required	Name	Signature
If location is in Base Housing Housing approval is required	Name	Signature
If Location is BX, Shoppette or Commissary AAFES or DECA approval required in advance.	Name of approving AAFES/DECA official	Signature AAFES/DECA official
If event requires base access for non-base affiliated civilians	Name of approving 375 SFS/S5 POC	Copy of approval attached?
If event includes physical activity on base (i.e. fun-run, 5K, softball, etc.)	Name of approving 375 AMW/SE POC	Copy of approval/risk assessment attached?
	SFS/S5	Copy of approval attached?
	Liability insurance obtained for event?	Proof of insurance attached?
19. If event includes food preparation (chili sale, bake sale; anything requiring handling and processing of food)	Name of approving 375 MDG Food Safety POC	Copy of approval attached?
20. If event involves a raffle/game of chance Additional Rules for Raffle Proceeds: <ul style="list-style-type: none"> • Must be for the benefit of DoD personnel or their family members • Must serve a charitable, civic, or community welfare purpose, e.g. scholarship programs for DoD personnel/families, new equipment at the Child Development Center, donate to base scouting organizations, etc. • Requests to raise funds for purely social, recreational, or entertainment purposes benefitting only individual PO members and/or family members will not be approved See para. AFI 34-223, para. 10.16	20a. St. Clair County raffle license obtained pursuant to Bus. Reg. 8-6-8 and ILCS 15/2-15/3?	20b. Copy of license attached?
	20c. What will proceeds from the raffle be used for?	
	20d. Who are the intended beneficiaries of the proceeds?	
	20e. How will the PO ensure the proceeds are used only for that purpose and those beneficiaries?	

375 AMW/JA Recommendation	REMARKS:
Name	Signature and Date

Your request to conduct a fundraising event is:	
REMARKS:	
NAME, RANK, POSITION	Signature and Date