FUNDRAISER REQUEST FORM 1 Current as of Jan 2020. Previous Editions Obsolete NAME OF FUNDRAISER COORDINATOR DAYTIME PHONE NUMBER Private Org/Unofficial Activity Title of Event I request authorization to hold a fundraising event. If approved, I 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 anyway connected with the fundraising event for which approval was granted pursuant to this agreement, 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. THIS FUNDRAISER REQUEST FORM SHOULD BE SUBMITTED AT LEAST 5 WEEKS PRIOR TO THE START OF THE FUNDRAISER. SIGNATURE OF ELECTED MEMBER: **LOCATION OF EVENT** NUMBER OF VOLUNTEERS **START END** DATE: DATE: **ADULTS (12+) CHILDREN UNDER 12** TIME: TIME: Please mark "yes" or "no" for the following questions: YES NO YES NO YES NO Is the PO/UA authorized to conduct Does this PO have a current Will this event take place during business on FAIRCHILD AFR? the CFC or AFAF drives? (If yes, this Insurance Policy or Insurance Waiver? fundraiser is subject to 92 ARW/CC Is this event/fundraiser sponsored approval) by a Private Organization (PO)? Will this event be advertised with a flyer? (If yes, please attach flyer) COORDINATION Instructions: 1. After completing all the blocks shaded in grey, it is the Fundraiser POC's responsibility to ensure that the fundraiser request is routed through the following offices as needed: A. Building Custodian: You are required to gain permission to hold your fundraiser at any given location. If it is taking place on base, the facility manager will sign, if it will take place off base, an email will need to be attached stating that the private org has permission from the owner of that location (City of Spokane, Walmart, etc.) B. Housing Office: If your fundraiser is taking place in base housing, a signature or email from Balfour Beatty is required in lieu of a building custodian. C. Security Forces: Any fundraiser which requires civilians who do not have access to the base to obtain base access, must be coordinated with security forces in order to ensure that civilians can get base access. D. Public Health: Any fundraisers which include food preparation must be coordinated through Public Health. E. AAFES: Any fundraiser of sale items which may potentially compete with AAFES must be routed through AAFES and permission must be gained by the private org to sell similar items. 2. Once you have routed this fundraiser request through the above offices (as needed), this request should be routed to 92 FSS/FSR. 92 FSS/FSR will route the form to 92 ARW/JA and the Approving Official, and will notify you when the fundraiser has been approved. They will also contact you if there are any questions or concerns. A. Bldg Custodian B. Housing Office Office C. Security Forces (If needed) F. AAFES (If needed) E. Public Health (If Needed) Initials/Date 92 ARW/JA Recommendation: Approve Remarks: Disapprove Signature: Name, Grade: Review Date: From: Approving Offical To: Requester Your request to conduct a fundraiser and/or use the above facility at the times and dates indicated is: Approved Disapproved Remarks:

Sianature:

2 FUNDRAISER REQUEST FORM (REVERSE SIDE)				
NAME OF FUNDRAISER COORDINATOR	DAYTIME PHONE NUMBER	Private Org/Unofficial Activity	Title of Event	
EVENT DESCRIPTION: - Give a detailed description of the event:				
- Will any government or facilities be used	? If yes explain.			
- Will any gifts/prizes be used? If yes pleas	e explain.			
- How will you determine the winner of gifts	s/prizes?			
- How will the event be advertised?				
- Who is paying for gifts/prizes? -				
- Will any safety measures will be in place?	?			

3 FUNDRAISER REQUEST FORM (CONTINUED)				
NAME OF FUNDRAISER COORDINATOR	DAYTIME PHONE NUMBER	Private Org/Unofficial Activity	Title of Event	
Thereby certify that I have reviewed AFI 34-223 ar	nd AFI 36-3101, and I will obey	the following rules:		
1. Appearance and Disclaimer: I understand the support by the DOD. This includes not using any prominently displayed on all print and electronic organization is not a part of the DoD: 'THIS IS A PROMPONENTS AND IT HAS NO GOVERNMENTAL SINITIALS:	official DoD or Air Force letterher media mentioning the private RIVATE ORGANIZATION. IT IS NO	ead. Furthermore, the following organization's name, confirmin OT A PART OF THE DEPARTMENT (g disclaimer must be ng that the private	
2. Use of Government E-mail: I understand that 3.9.2.1 states, "In accordance with the DOD 5500 limited basis, the use of Air Force E-mail to non-Fe except for fundraising and membership drive eve government e-mail to publicize this fundraiser is plnitials:	D.7-R, Joint Ethics Regulation (JE ederal employees as logistical s ents , when the Commander de	R), August 30, 1993, Command upport of an event sponsored I	lers may authorize, on a by a non-Federal entity,	
Advertisement: I understand that I cannot ad designee. Initials:	dvertise this fundraiser until the f	undraiser request is approved b	by the 92 ARW/CC or	
4. Inspections: I understand that all fundraising ewith the applicable regulations. Initials:	events are subject to no-notice	inspection to ensure health, sc	afety, and compliance	
5. Alcohol: I understand that fundraisers will not Initials:	involve the sale of alcoholic be	everages. (ref. AFI 34-223, parc	ngraph 10.14)	
6. Raffles: I understand that fundraising raffles w and Federal, State, and Local Laws, including Wolnitials:		accordance with AFI 34-223, po	aragraph 10.20-10.20.7	
7. Fundraising: I understand that a Private Orga Initials:	ınization may conduct up to thı	ree fundraisers per calendar qu	varter.	
8. Uniform: I understand that fundraisers may no organization members will not be on duty, nor in or designee's advanced approval. (ref. AFI 34-22 Initials:	uniform while participating in a			
SIGNATURE OF COORDINATOR:	Date			