

FUNDRAISER REQUEST FORM

AFI 34-223, *Private Organizations Program*, 13 Dec 2018, and AFI 36-3101, *Fundraising*, 9 Oct 2018, govern fundraising activities in the Air Force.

Private Organizations (POs) are self-sustaining special interest groups set up by individuals acting exclusively outside the scope of any official Air Force duties, that have registered with 88 FSS and have been approved to operate on Wright-Patterson AFB. All PO fundraisers require 88 FSS approval.

Unofficial unit-affiliated activities (UAs) are groups composed of DoD/AF unit personnel and family members with assets that consistently fall below \$1,000.00 a month. UAs that wish to conduct "for us, by us" fundraisers among its personnel and family members do not require 88 FSS approval unless fundraising will extend beyond unit personnel and family members.

NAME OF REQUESTER:	REQUESTER'S PHONE NUMBER:
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EVENT DETAILS

WHO	WHAT
Group Name	<i>(Ex. wishes to hold a chicken sandwich sale)</i>
WHERE	
<i>(Be specific in location i.e., 1st floor lobby of bldg 10, 2nd floor hallway bldg 262)</i>	
	WHEN
	Date:
	Time:

FUNDRAISER POLICIES

Section A: To be completed by **ALL**. Please acknowledge you understand the following:

	Fundraisers involving food require an application for a Temporary Food Booth from 88 MDG Public Health.
	You may not fundraise during the CFC and AFAF, unless an exception is granted.
	Your event may not take place in an area considered the Federal workplace such as an office or hangar.
	You may not duplicate or compete with existing NAFI (88 FSS Services Activities) or AAFES operations.
	You may not sell or serve alcoholic beverages.
	Your organization may not conduct more than three fundraisers per calendar quarter.
	You may not advertise or conduct this event until approved by 88 FSS.
	You have read and agree to abide by the guidelines contained within the fundraising information sheet and AFIs listed above.

	YES	NO	Section B: To be completed by Unofficial Activities
			Does this fundraiser extend beyond the personnel/family members of your unit?
			Does your organization primarily consist of AF and/or DoD members/family members?
			Do your monthly assets average less than \$1,000 over a three month period?
			Do you understand "for us, by us" fundraisers should be of limited duration (e.g. the lunch hour), should be at a time/location with minimal mission impact, should include a two-person accountability system for cash transactions and not involve contractor employees?

	YES	NO	Section C: To be completed by registered Private Organizations
			Is this Private Organization in good standing with 88 FSS/FSR, IAW AFI34-223?
			Do you understand that direct solicitations for cash donations from non-members on WPAFB is prohibited?
			Do you understand that all participants (military & civilian) must be volunteers, not in uniform, and, if the fundraiser is conducted during duty hours, members must be on leave, lunch or a regularly scheduled break?
			Do you understand that official AF communication systems may not be used in furtherance of this fundraiser? (i.e. AF email)
			Do you understand that this disclaimer MUST be on all printed media AND posted at your fundraiser location: "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."

ACKNOWLEDGMENT: By signing this form, I attest that I am an authorized representative of the sponsoring organization, and request authorization to hold a fundraising event on Wright-Patterson AFB. If approved, I expressly agree to indemnify and hold the United States of America and the Department of Defense 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 federal employee. I understand should an incident occur, the sponsoring organization, rather than the Air Force, would be liable.

REQUESTER'S SIGNATURE:	DATE OF REQUEST:
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**THIS SECTION FOR STAFF USE ONLY
COORDINATION**

FACILITY MANAGER - The requester has coordinated the details of this fundraiser with me, and I have no objections to the fundraiser, if approved by 88 FSS.	PUBLIC HEALTH - The requester has coordinated the details of this fundraiser with me and received the required training to handle/serve food.
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Signature	Phone Number	Signature	Phone Number
	Date		Date

88 FSS/FSR: This is the _____ fundraiser this group has held this quarter and is a UA or registered PO in good standing.	Initial
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APPROVAL AUTHORITY DECISION: Your fundraiser request is Approved Conditionally Approved Denied

COMMENTS:

NAME, GRADE AND DUTY TITLE:	SIGNATURE:	DATE:
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