

Fundraising and Event Request

Fundraising/Event Name: _____

Name of Organization:

Detailed Description:

Date/Time of Event:

List Planned Activities:

Necessary Supplies (include procurement location):

Location (attach location approval, when applicable):

Guidelines

1. Fundraisers will not be conducted in the workplace.
2. Members of the NFE who are on official government duty time will not participate in fundraising activities.
3. DoD personnel may not endorse a private organization fundraiser, personally solicit subordinates or prohibit sources or require subordinates to participate in fundraising activities.
4. Fundraisers are limited to individuals with NATO SOFA status. Funds may not be solicited or accepted from host nation citizens or other individuals without NATO SOFA status or individual logistical support under AE Regulation 600-700.
5. Alcohol may not be sold or distributed.
6. Fundraising events involving prepared food sales require personnel participating to be trained in Food Handling Procedures.
7. NFE must have facility manager approval to conduct fundraiser in or on the facility grounds.
8. This policy does not cover NFEs participation in DFMWR events such as bazaars and Volksfests, these are covered by either formal agreement or contractual relationship.
9. All fundraising requests will be reviewed by the Office of the Staff Judge Advocate.
10. NFE must have copy of approval at location during fund raising event.
11. After action reports need to be submitted not later than 14 business days after the event.
12. After Action Report is due not later than 14 days after the event.
13. Send request to **usarmy.bavaria.id-europe.list.dfmwr-nfe@army.mil** no later than 30 days before scheduled event, Tel: 09641-70526-9036, Bldg 539, Rm 122.
14. Add a second page for more details.

Understand guidelines and confirm compliance.

POC:

Phone/Email:

Signature:

Date:

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Legal Review.

I have reviewed the fundraising request for: _____

I have no legal objections

I object for the following reasons:

Name:

Date:

Signature:

Garrison Commander/Authorized Representative Decision

Event is:

Approved

Disapproved

Name/Position:

Date:

Signature:

After Action Report due no later than: _____