

USAG-RP, Family and MWR Fundraiser Application

MEMORANDUM FOR USAG Rhineland-Pfalz, Family and MWR, Private Organizations Liaison, Unit 23152, APO AE 09067-3152

REQUESTING UNIT / PRIVATE ORGANIZATION	POINT OF CONTACT FOR REQUEST (NAME & EMAIL)	DATE REQUEST SUBMITTED
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EVENT DETAILS:

TYPE (AER 210-22): *What will this fundraiser consist of? What are you selling / how will you be selling these items? (Be as specific, use second page if needed)*

PURPOSE (AER 210-22): *What will the funds raised be used for?*

ADDITIONAL MEMBERS INVOLVED IN EVENT SUPERVISION

Main Supervisor:

Secondary Supervisor:

Funds Supervisor:

LOCATION, DATE & TIME (AER 210-22): *When & where will this event take place?*

STATEMENTS OF UNDERSTANDING:

Upon approval of the above mentioned fundraiser our Unit / Private Organization declares,

- All participants will be volunteers, not in military or civilian uniform or participating during duty hours. **(AER 210-22)**
- The location of this event is not considered a work place, and is located on a U.S. forces controlled installation. **(AER 210-22)**
- This Organization's liability insurance is valid and the Unit/ Organization is in good standing. **(AR 210-22 & SOP NSD #30-21)**
- This event will not occur during the Combined Federal Campaign drives. **(AR 600-29)**
- The Organization agrees to reimburse the Army for utility expenses unless use is incidental. **(AR 210-22)**
- This fundraiser will not consist of the distribution or sale of alcohol. **(AR 210-22)**
- Money will not be solicited or accepted from HN citizens or other individuals not authorized SOFA status. **(AER 210-22)**
- The Organization will ensure that this event does not appear to be sanctioned by the DoD, in advertisement or other related event details. Nor will anything or anyone at this event disparage the DoD. **(AR 210-22)**
- This Organization will comply with all fire and safety regulations, environmental laws, tax codes, and other Host Nation and US statues and regulations. **(AR 210-22)**
- If this event consist of the sale of food items, a valid food handlers card will be included in this request for at least one of the event supervisors. **(Tri-Service Food Code/TB MED 530th, 2-403.11)**
- The requesting Organization is primarily made up of Army/DoD personnel. **(AR 210-22)**

FACILITY / AREA USE COORDINATION

The above named Unit / Private Organization requests to participate at your event/ use your facility in order to raise funds for the purpose listed above. This Unit / Organization understands that coordination with the Event Coordinator/ Facility Manager does not constitute approval of the event. This coordination assures the Garrison Commander that the Event Coordinator/ Facility Manager can support this request. No advertising shall take place until this event is approved by the Director of Family and MWR.

By **signing below** you are **authorizing** this Unit / Private Organization to participate in your event / use your facility for the date(s) and time(s) listed above.

The Unit / Private Organization will also **sign below** to **assume responsibility for all equipment utilized during the event**. Any cause of damages or loss is attributable to an act of commission or omission by the Unit / Organization. This Unit / Organization agrees to assume the cost of repair and or replacement of damaged, lost, or stolen equipment.

TITLE	A. FACILITY MANAGER	B. UNIT / PRIVATE ORGANIZATION
NAME		
SIGNATURE & DATE		

USAG-RP, Family and MWR Fundraiser Application (Continued)

ADDITIONAL EVENT DETAILS: *This space can be used to list additional dates, event set-up requirements, and etc. (Attach additional documentation if needed)*