PRIVATE ORG FUNDRAISER REQUEST FORM

OFFICIAL PO NAME FROM CONSTITUTION (it is not your unit or squadron name)**:**

TO: 52 FSS/FSR Spangdahlem, AB	FROM: (NAME OF RESPONSIBLE PERSON | PHONE NUMBERS | EMAIL)	HIGHLIGHT WHICH QUARTER & NUMBER PO FUNDRAISERS HELD WITHIN THE QUARTER
DATE of form submission:		Q1 Q2 Q3 Q4 — #1 #2 #3

NOTICE: I request authorization to hold fundraising event detailed below. If approved, I further 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 any way connected with this event, 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. I understand should an incident occur, the individual members of the requested organization, rather than the Air Force, would be liable.

DETAILS OF THE EVENT

WHEN (TIME(s) and DATE(s):

WHAT (event details with price(s), number of volunteers: civilian & military):

WHERE (location of fundraiser):

WHY (where the profits will be going to):

52 FSS/FSR PRIVATE ORG OFFICE HAS COMPLETED REVIEW OF COMPLIANCE FURNDRIASER REQUEST:
(must be digitally signed by PO OFFICE before routing)

COMPLIANCE QUESTIONS:	**YES**	**NO**
1. Will all service members be off-duty while performing activities for the Private Organization?	☐	☐
2. Is the location of this event confirmed to be away from the workplace?	☐	☐
3. Does this fundraiser include conducting games of chance, lotteries, raffles, or other gambling-type activities?	☐	☐
4. Does this fundraiser involve the handling or preparation of food or beverages? (Note: If "Yes," ensure Public Health is contacted)	☐	☐
5. Will this fundraiser engage in activities that duplicate or compete with AAFES or FSS NAF activities?	☐	☐
6. Will the fundraiser occur during the CFC or AFAF?	☐	☐
FOR PRIVATE ORGANIZATIONS ONLY:		
7. Are your organization's constitution and bylaws current and on file with the 52 FSS/FSR PO office?	☐	☐
8. Is your insurance coverage or liability waiver current and on file with the 52 FSS/FSR PO office?	☐	☐
9. Is your Private Organization or Unit Unofficial Activity located external to the installation?	☐	☐

COORDINATION: POC for each block will digitally sign OR print name, signature, phone, & date. Once completed, email to 52fss.events.org@us.af.mil for processing final decision from authorized approval authority. (Entire process may take up to 30-45 days for approval.)

Event Location (signature)	**Public Health (N/A if no food)**	**Fire Prevention (n/a if no BBQ)**	**52 FW/JA**

(FOR OFFICIAL USE ONLY) Once decision has been made the 52 FSS/FSR Private Org Office will send PO a copy of the completed form.

52 FSS/FSR PRIVATE ORG OFFICE

52 FSS/CC or 52 FSS/DD

☐ **APPROVED** ☐ **DENIED**