

# USAG, HAWAII FUNDRAISER REQUEST

For use of this form, see AR 608-1 and AR215-1; proponent agency is DFMWR

**1. THE ORGANIZATION LISTED BELOW WOULD LIKE TO HOLD A FUNDRAISER ACTIVITY ON THE DATE INDICATED:**

a. Name of Organization <input style="width: 95%; height: 25px;" type="text"/>	b. Address <input style="width: 95%; height: 25px;" type="text"/>
c. Date of Fundraiser <input style="width: 95%; height: 25px;" type="text"/>	d. Time of Fundraiser <input style="width: 95%; height: 25px;" type="text"/>

**2. FUNDS ARE BEING RAISED FOR:** Click to select

Comments:

**3. REASON FOR FUNDRAISER:** Click to select

Comments:

**4. THE TYPE OF FUNDRAISER TO BE HELD IS:** Click to select

Comments:

*\*Approval must be coordinated through Preventive Medicine. Approval provided within 3 weeks. Allows for staffing with SJA and other agencies.*

**5. FUNDRAISER WILL BE HELD AT:** Click to select

Comments:

*DFMWR approval does not constitute coordination/approval to use any area or space. You are still required to coordinate the use of any activity's space with the manager of that activity.*

**7. PREVENTIVE MEDICINE:** All food sales requests must be approved by Preventive Medicine prior to DFMWR approval. This includes bake sales outside the unit area. A food handler's certificate will be required. For more information and approval call TAMC Preventive Medicine at (808) 433-9943.

**8. UNIT INFORMAL FUND:** Fundraisers must have the approval of the Unit's Commander prior to scheduling. All monies generated from fundraisers must be deposited to the unit informal fund within (1) working day following the event and the receipt will be made available upon request.

**9. OPPORTUNITY DRAWINGS:** Please include a copy of the ticket to be used, a list of prizes with dollar value, how the tickets will be distributed, by whom, where and how will the drawing be conducted. For all opportunity drawings, please remember, tickets must be free. A donation for a ticket maybe accepted: however, you cannot suggest or specify an amount for any donation in advertising, verbally, or on the tickets. Requests for donations may not take place in the workplace (this includes the unit areas and barracks) or in any residence in the housing area at any time. Participants must be 18 years of age or older. The drawing must not give the appearance of a lottery or violate the DoD Joint Ethics Regulation. **Illegal lotteries are punishable under State of Hawaii Law.**

**10. CAR WASHES:** The two authorized locations for car wash fundraisers are at Schofield Barracks on A Road and Fort Shafter off of Wisser Road in accordance with the State of Hawaii Storm Water Permit under the Clean Water Act (see maps on www.himwr.com). **Any other unauthorized car wash location is subject to a fine of \$25,000 per occurrence, per day by the EPA, Federal Government or the State of Hawaii.**

**11. POINT OF CONTACT:**

a. Name of POC <input style="width: 95%; height: 25px;" type="text"/>	b. Mailing address <input style="width: 95%; height: 25px;" type="text"/>	c. Telephone Number <input style="width: 95%; height: 25px;" type="text"/>
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**12. UNIT COMMANDER or PRESIDENT Statement:** I, certify that the following required documents are current and on file for inspection:

- |  |   |
|--|---|
| <input type="checkbox"/> Unit/FRG Informal Fund Memo       | <input type="checkbox"/> Liability Insurance (Private Organizations)        |
| <input type="checkbox"/> Assumption of Command Memo        | <input type="checkbox"/> Liability Waiver (Private Organizations)           |
| <input type="checkbox"/> FRG Standard Operating Procedures | <input type="checkbox"/> Annual Fundraising Threshold Has Not Been Exceeded |

a. Signature <input style="width: 95%; height: 25px;" type="text"/>	b. Printed Name <input style="width: 95%; height: 25px;" type="text"/>	c. Date <input style="width: 95%; height: 25px;" type="text"/>
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**13. APPROVAL:**

a. Unit Fund Manager/Treasurer's Signature <input style="width: 95%; height: 25px;" type="text"/>	b. Printed Name <input style="width: 95%; height: 25px;" type="text"/>	c. Date <input style="width: 95%; height: 25px;" type="text"/>
b. Preventive Medicine Signature (food sales) <input style="width: 95%; height: 25px;" type="text"/>	b. Printed Name <input style="width: 95%; height: 25px;" type="text"/>	c. Date <input style="width: 95%; height: 25px;" type="text"/>
c. Activity Manager Signature <input style="width: 95%; height: 25px;" type="text"/>	b. Printed Name <input style="width: 95%; height: 25px;" type="text"/>	c. Date <input style="width: 95%; height: 25px;" type="text"/>
d. Directorate of Family and Morale, Welfare and Recreation Signature <input style="width: 95%; height: 25px;" type="text"/>	b. Printed Name <input style="width: 95%; height: 25px;" type="text"/>	c. Date <input style="width: 95%; height: 25px;" type="text"/>

For more information call: (808) 656-0104      Submit form to: Fundraising Coordinator, DFMWR, 350 Eastman Rd., Bldg. 547, WAAF, Schofield Barracks, Hawaii 96857