

PRIVATE ORGANIZATION (PO) CHECK LIST
2 Year Access

PO NAME: _____

TYPE: ☐ Validation ☐ Revalidation ☐ Reporting

For Private Organization: Complete and submit via email and hard copy (C- J)

☐ C- REQUEST LETTER

☐ D- CHARTER, ARTICLES OF AGREEMENT, CONSTITUTION, BYLAWS

☐ **Parent organization or NATIONAL** documentation (if applicable)

☐ Nature, function, objective of organization

☐ Planned use of funds

☐ Activities

☐ Membership eligibility

☐ Responsibilities of all management functions

☐ Accountability of assets

☐ Disposition of remaining assets upon breakup

☐ PO's liability if assets are not enough to cover all PO liabilities

Required Statements:

☐ Liability to include provision that all State and jurisdictional laws are met

☐ Extent of members' personal liability for debts of, or claims against the PO

☐ Agreement to reimburse the Army for utility expenses, unless use is incidental (would cost more to bill and collect than it costs to provide service)

☐ PO will neither propagate extremist activities nor advocate violence against others or the violent overthrow of the Government

☐ PO activities will not seek to deprive individuals of their civil rights

☐ Members do not personally profit from PO income, except through – salaries and wages as PO employee; award recognition for services rendered to PO or community; membership in an investment club

☐ Documentation of any changes to previously approved constitution, by-laws, charter, articles of agreement, etc.

☐ E- MEETING MINUTES OR SUMMARIES (checklist below)

☐ F- LIST OF CURRENT OFFICERS

Non- DoD Contact address: (Name/PO Position, email, and phone#)

☐ G- FINANCIAL STATEMENTS/AUDIT REPORT COPIES/ See Below

☐ H- STATE, LOCAL, & FEDERAL: (1-5)

☐ 1. FED: Determination Letter Date _____ CODE _____

☐ 2. Federal TAX Form 990 _____

☐ 3. HI State: GETax Number: _____

☐ 4. Business Registration: _____

☐ 5. Charity Registration: _____ (if applicable)

☐ I- INSURANCE LIABILITY/BOND: Expire _____ Policy# _____ Name: _____

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☐ J- MOU/MOA- Lease agreement # (if applicable): _____

Meetings: (strike Jan indicates submitted documents/ **Bold** not on file)

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

Financials:

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

Audits: 1st year _____ and 2nd Year _____

Requested: _____ Submitted: _____ PO Completed: _____

If incomplete and still outstanding documents/ statements

NOTES:

For Office: DFMWR

☐ A- DECISION LETTER/ from Garrison Commander: _____

☐ B- STAFF JUDGE ADVOCATE: _____

☐ K- INSTALLATION COORDINATION (If applicable): _____