

FUNDRAISER REQUEST FORM

Current as of April 2026. Previous Editions Obsolete

NAME OF FUNDRAISER COORDINATOR	DAYTIME PHONE NUMBER	Private Org / Unofficial Activity	Title of Event
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I request authorization to hold a fundraising event. If approved, I 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 anyway connected with the fundraising event for which approval was granted pursuant to this agreement, 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.

THIS FUNDRAISER REQUEST FORM SHOULD BE SUBMITTED AT LEAST 5 WEEKS PRIOR TO THE START OF THE FUNDRAISER.

SIGNATURE OF ELECTED MEMBER: _____ **DATE:** _____

START		END	LOCATION OF EVENT	NUMBER OF VOLUNTEERS	
DATE		DATE		ADULTS (12+)	
TIME		TIME		CHILDREN UNDER 12	

Instructions:

- After completing all the blocks shaded in grey, it is the Fundraiser POC's responsibility to ensure that the fundraiser request is routed through the following offices if required:
 - A. Building Custodian:** You are required to gain permission to hold your fundraiser at any given location. If it is taking place on base, the facility manager will sign, if it will take place off base, an email will need to be attached stating that the private org has permission from the owner of that location (City of Spokane, Walmart, etc.)
 - B. Housing Office:** If your fundraiser is taking place in base housing, a signature or email from Balfour Beatty is required in lieu of a building custodian.
 - C. Public Health:** Any fundraisers which include food must be coordinated through the Public Health Office and requires an additional 14 days to process the request.
 - D. Security Forces:** Any fundraiser which requires civilians who do not have access to the base to obtain base access, must be coordinated with security forces in order to ensure that civilians can get base access.
 - E. AAFES:** Any fundraiser of sale items which may potentially compete with AAFES must be routed through AAFES and permission must be gained by the private org to sell similar items.
- Once you have routed this fundraiser request through the above offices if required, this request should be routed to 92 FSS/FSR 92 FSS/FSR will route the form to 92 ARW/JA and the Approving Official, and will notify you when the fundraiser has been approved. They will also contact you if there are any questions or concerns.

Please mark "yes" or "no" for the following questions:

YES NO <input type="checkbox"/> <input type="checkbox"/> Is the PO/UA authorized to conduct business on FAIRCHILD AFB? <input type="checkbox"/> <input type="checkbox"/> Is the event/fundraiser sponsored by a Private Organization (PO)?	YES NO <input type="checkbox"/> <input type="checkbox"/> Does this PO have a current Insurance Policy or Insurance Waiver? <input type="checkbox"/> <input type="checkbox"/> Will this event be advertised with a flyer? (If yes, please attach flyer)	Yes No <input type="checkbox"/> <input type="checkbox"/> Will this event take place during the CFC or AFAF drives? (If yes, this fundraiser is subject to 92 ARW/CC approval) <input type="checkbox"/> <input type="checkbox"/> Did the Fundraiser POC coordinate with all require office and obtain signatures?
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Office	A. Bldg Custodian	B. Housing Office	C. Public Health	E. Security Forces (If needed)	F. AAFES (If needed)
Initials/Date					

92 ARW/JA Recommendation: Approve Disapprove **Remarks:**

Signature: _____
 Name, Grade: _____
 Review Date: _____

From: Approving Official **To:** Requester

Your request to conduct a fundraiser and/or use the above facility at the times and dates indicated is:

Approved Disapproved

Remarks:

Benjamin N Furqueron Signature: _____
 92 FSS /CD

FUNDRAISER REQUEST FORM (REVERSE SIDE)

NAME OF FUNDRAISER COORDINATOR	DAYTIME PHONE NUMBER	Private Org/ Unofficial Activity	Title of Event
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EVENT DESCRIPTION:

- Give a detailed description of the event:

[Redacted area for event description]

- Will any government or facilities be used? If yes explain.

[Redacted area for government or facilities used]

- Will any gifts/prizes be used? If yes please explain.

[Redacted area for gifts/prizes used]

- How will you determine the winner of gifts/prizes?

[Redacted area for determining winner]

- How will the event be advertised?

[Redacted area for event advertisement]

- Who is paying for gifts/prizes? -

[Redacted area for payment source]

- Will any safety measures will be in place?

[Redacted area for safety measures]

FUNDRAISER REQUEST FORM (CONTINUED)

NAME OF FUNDRAISER COORDINATOR	DAYTIME PHONE NUMBER	Private Org/Unofficial Activity	Title of Event
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I hereby certify that I have reviewed DAFI 34-106 and AFI 36-3101, and I will obey the following rules:

1. **Appearance and Disclaimer:** I understand that actions must be taken in order to prevent the appearance of an official sanction or support by the DOD. This includes not using any official DOW or Air Force letterhead. Furthermore, the following disclaimer must be prominently displayed on all print and electronic media mentioning the private organization's name, confirming that the private organization is not a part of the DoD: **"THIS IS A PRIVATE ORGANIZATION. IT IS NOT A PART OF THE DEPARTMENT OF DEFENSE OR ANY OF ITS COMPONENTS AND IT HAS NO GOVERNMENTAL STATUS."** (ref. DAFI 34-106, paragraphs 5.2.2.3)

Initials: [REDACTED]

2. **Use of Government E-mail:** I understand that Private Organization Guide (2019), governs the use of government email. Page 13 states, "The use of government equipment and systems for other than official purposes is extremely limited, Government communications systems (e.g., weekly upcoming events email from the installation Public Affairs Office) may be used to inform Airmen of PO events of possible interest to the unit and its families " therefore, the use of government e-mail to publicize this fundraiser is prohibited.

Initials: [REDACTED]

3. **Advertisement:** I understand that I cannot advertise this fundraiser until the fundraiser request is approved by the 92 ARW/CC or designee.

Initials: [REDACTED]

4. **Inspections:** I understand that all fundraising events are subject to no-notice inspection to ensure health, safety, and compliance with the applicable regulations.

Initials: [REDACTED]

5. **Alcohol:** I understand that fundraisers will not involve the sale of alcoholic beverages. (ref. DAFI 34-106, paragraph 5.15)

Initials: [REDACTED]

6. **Raffles:** I understand that fundraising raffles will not be conducted. This is in accordance with DAFI 34-106, paragraph 5.21.3 and Federal, State, and Local Laws, including Washington State Law.

Initials: [REDACTED]

7. **Fundraising:** I understand that a Private Organization may conduct up to three fundraisers per calendar quarter.

Initials: [REDACTED]

8. **Uniform:** I understand that fundraisers may not be conducted by military members in their official capacity. Therefore, **private organization members will not be on duty, nor in uniform while participating in any fundraising activities** without the 92 ARW/CC or designee's advanced approval. (ref. DAFI 34-106, paragraph 1.1)

Initials: [REDACTED]

SIGNATURE OF COORDINATOR: [REDACTED]

Date: [REDACTED]