

USAG Wiesbaden Fundraiser Application

MEMORANDUM FOR Commander, USAG Wiesbaden, OPC 467 Box 50, 09005-9997

Requesting Private Organization, Unit, or SFRG

Point of Contact for Request

Date Request Submitted

EVENT DETAILS:

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

RISK ASSESSMENT:

Describe in detail the risks associated with the fundraiser and the steps the PO/group/unit will take to address them. Risks to be considered are as follows: food borne illnesses, traffic, personal injury, security due to large crowds, property damage, etc.

PURPOSE (AEA Reg 210-22): What will any funds raised be used for?

LOCATION, DATE & TIME (AEA Reg 210-22): When & where will this event take

Building Name and #:

Date(s):

Time(s):

ADDITIONAL MEMBERS INVOLVED IN EVENT SUPERVISION:

Main Supervisor:

Name: Phone Number: Email:

Secondary Supervisor:

Name: Phone Number: Email:

Funds Supervisor:

Name: Phone Number: Email:

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STATEMENTS OF UNDERSTANDING:

Upon approval of the above-mentioned fundraiser, our organization declares,

Initials

1. All participants will be volunteers, not in military or civilian uniform or participating during duty hours. *(AEA Reg 210-22)* _____
2. The location of this event is not considered a work place, and is located on a U.S. forces controlled installation. *(AEA Reg 210-22)* _____
3. This Organization's liability insurance is valid and the Unit/ Organization is in good standing. *(AR 210-22)* _____
4. The Organization agrees to reimburse the Army for utility expenses unless use is incidental. *(AR 210-22)* _____
5. This fundraiser will not consist of the distribution or sale of alcohol. *(AR 210-22)* _____
6. Money will not be solicited or accepted from HN citizens or other individuals not authorized SOFA status. *(AEA Reg 210-22)* _____
7. If this event consists of the sale of food items, the organization is required to submit their menu ~30 days prior to FMWR. _____
8. 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)* _____
9. 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)* _____
10. If this event consists of the sale of food items, a valid ServSafe certificate will be included in this request for at least one of the event supervisors. *(Tri-Service Food Code/TB MED 530th, 2-403.11)* _____
11. The requesting Organization is primarily made up of Army/DoD personnel. *(AR 210-22)* _____

FACILITY / AREA USE COORDINATION

The above-named Organization requests to participate at your event/ use your facility in order to raise funds for the purpose listed above. This 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 delegated authority.**

By signing below you are authorizing this Private Organization to participate in your event / use your facility for the date(s) and time(s) listed above. The Private Organization will also sign below to assume responsibility for all equipment utilized during the event. Any cause of damages or 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. ORGANIZATION
NAME		
SIGNATURE & DATE		

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