DEPARTMENT OF THE AIR FORCE

HEADQUARTERS 2D BOMB WING (AFGSC)
BARKSDALE AIR FORCE BASE LOUISIANA

Date: _____

MEMORANDUM FOR 2 FSS/FSR
2 BW/JA
2 FSS/CC

FROM: _____ (PRIVATE ORG/ACTIVITY NAME)

SUBJECT: Request to Hold Fundraising Event on Barksdale Air Force Base

To Be Completed by Fundraiser POC:

1. We have read "Fundraising Instructions and Frequently Asked Questions." Yes ☐ No ☐

2. We request permission to hold the following event:

_____ (event title/name)

3. Funds Raised will be used for the following purpose(s): (*be **specific***)

_____

4. The event will be held. . .

   a. at the following location: _____

   b. on the following date: _____

   c. at the following time (start to finish): _____

5. We understand that a PO/UA cannot hold fundraising events more than three times per calendar quarter. Yes ☐ No ☐

6. Will the event occur during the Combined Federal Campaign (CFC) or Air Force Assistance Fund (AFA)? Yes ☐ No ☐

   a. If yes, provide charity code: _____

7. We will ***prominently*** display the following disclaimer on **ALL** communications, advertisements, and other media: THIS IS A PRIVATE ORGANIZATION. IT IS NOT PART OF THE DEPARTMENT OF DEFENSE OR ANY OF ITS COMPONENTS AND IT HAS NO GOVERNMENTAL STATUS." Yes ☐ No ☐

   a. Attached are copies of all advertisements, flyers, or media (***required***). Yes ☐ No ☐

8. We understand that we cannot use government email, equipment, systems, or logistical support to advertise for, arrange, support, or facilitate this event. Yes ☐ No ☐

9. Solicitations:

a. We understand that we cannot solicit for funds, gifts, or donations for our organization on base. Yes ☐ No ☐

b. Attached are copies of all letters, e-mails, or other communications we plan to use for any off base solicitations (***required if soliciting***). Yes ☐ No ☐

10. We understand that we cannot sell or serve alcohol. Yes ☐ No ☐

11. We understand we cannot duplicate or compete with activities of the Exchange or FSS. Yes ☐ No ☐

12. We understand that there is no official endorsement of this event, meaning we cannot take actions that make it appear the Air Force endorses this event. Yes ☐ No ☐

13. We understand that POs and UAs are self-sustaining groups, with members acting exclusively outside the scope of official capacities. Therefore, members will not participate while in uniform, will be off-duty or on approved break/pass, and will not use rank/position to influence others. Yes ☐ No ☐

14. Raffles and Games of Chance:

a. This event contains a raffle, door prize, lottery, game of chance, or other gambling activity. (if No, skip to #15.) Yes ☐ No ☐

b. The specific type of event is a:

☐ Raffle ☐ Door Prize ☐ Lottery ☐ Other Game of Chance

c. The proceeds must serve a charitable, civic, or community welfare purpose within the DoD community and directly benefit only DoD personnel or their families. Below ***specifically*** describes that purpose ***and*** how we will ensure the proceeds are used only for that purpose:

d. We qualify as an IRS tax exempt organization. Yes ☐ No ☐

e. The value of the prize played for is less than $250. Yes ☐ No ☐

f. We plan to hold only one raffle/game of chance per calendar day. Yes ☐ No ☐

g. The prize played for will not be cash and will be nonrefundable for cash. Yes ☐ No ☐

h. We will file the Raffle Accountability Form with the Office of Charitable Gaming no later than 14 days prior to the event: http://www.ocg.louisiana.gov (Forms→ Exempt Organization → Raffle Accountability/OCG305) (***required***) Yes ☐ No ☐

15. Liability Statement: If this fundraiser is approved, I 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 members of the requesting organization, rather than the Air Force, would be liable.

Yes ☐ No ☐

16. Location Approval: Signature (wet or digital): _____

17. Public Heath Coordination: Signature (wet or digital): _____ N/A ☐
(required if serving food)

18. Should you have any questions or concerns, please contact me by phone at _____
or by e-mail at _____.

_____
PRIVATE ORG PRESIDENT/EVENT POC
Printed Name:

To Be Completed by 2 FSS/FSR:

1. This organization qualifies as a: PO ☐ UA ☐

2. This organization held fundraiser events within the current calendar quarter on the following dates:

_____

3. 2 FSS/FSR Coordination: _____

RECOMMENDATION and ACTION

2 BW/JA Legal Review: Approve: ☐ Disapprove: ☐

Signature: _____ Comments: _____

2 FSS/CC Action: I Approve: ☐ I Disapprove: ☐

Signature: _____ Comments: _____