



# USAG Daegu Fundraising Request Form

DSN: 763-6075/0503-363-6075



**Note: Request will be denied if it is not complete and/or submitted to NSMD 30 BUSINESS DAYS PRIOR TO EVENT DATE**

Organization Name:	Request Date:
Point of Contact:	Contact Number: Email:
Date/Time/Location of Fundraiser:	This is our ____ fundraiser of the quarter.

## Details of Fundraiser

Description of fundraiser:
What do you plan to sell?
Purpose of fundraiser:
How will your organization fund the fundraiser?
Advertisement type and location (no advertising prior to approval)

Questions	POC Name:
We understand all participants will be volunteers and NOT in uniform. If the fundraiser occurs during duty hours, volunteers will be on leave status	POC initial:
We understand that government communication systems, including government email will NOT be used to advertise this fundraiser	POC initial:
We understand this event will NOT occur in the work place	POC initial:
If the event involves food you understand you will need copies of current food handlers cards on site and submitted with this request	POC initial:
Your Private Organization must be in approved current status	POC initial:
Your Insurance coverage must be up to date and on file at NSMD	POC initial:
We understand we must report expenses and profit of this fundraiser within 5 days of event	POC initial:
We understand this Approved form must be present at Fundraising event	POC initial:
We request authorization to hold a fundraising event on USAG Daegu area. If approved, we further 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 any way connected to this event, whether or not caused or contributed to by any negligence or alleged misconduct on the part of any employee of the organization, rather than the Army, would be liable.	POC initial:

## Required Signatures

<b>Location of Activity:</b> _____ <b>Manager Name:</b> _____ <b>Phone Number:</b> _____ <i>If the fundraising activity is to be conducted at a facility of commercial establishment, the permission of the manager has been obtained:</i> ____ <b>Approved</b> ____ <b>Denied</b> <b>Manager Signature:</b> _____ <b>Email:</b> _____ <b>Remarks:</b> _____
<b>Preventative Medicine Service Rep Name/Rank:</b> _____ <b>Phone Number:</b> _____ <i>If the fundraising activity involves food, approval by the Preventative Medicine Service (PMS) has been obtained:</i> ____ <b>Approved</b> ____ <b>Denied</b> <b>PMS Signature:</b> _____ <b>Remarks:</b> _____
<b>Director, Family and Morale, Welfare, and Recreation:</b> ____ <b>Concur</b> ____ <b>NON CONCUR</b> <b>Signature:</b> _____ <b>Date:</b> _____

Approved/Disapproved

**BRIAN P. SCHOELLHORN**  
COL, AR  
Commanding

**\*\* The Garrison Commander approved request form must also be posted to the public during the event. \*\***