

FUNDRAISING QUESTIONNAIRE

Prior to submitting your fundraising request to 20 FSS, please print out this questionnaire and answer the following questions. This questionnaire is required in order to process your request.

1. What Unit/Unofficial Activity/Private Organization (PO) is making the fundraising request?

2. Are you an approved private organization? If so, what is your name?

(Private Organization (PO) fundraising is governed by *AFI 34-223*. You must comply with all requirements in that regulation prior to submitting a fundraising request. If you do not have a written constitution, bylaws, or other similar documents, then you are likely not a PO. Additionally, POs operate on the base with the authorization (written) of the installation commander or designee)

3. Will your fundraiser involve risk of injury to individuals or property?

(If so, you may need liability insurance. An example of a fundraiser that would require liability insurance is valet parking cars for money; burrito sales, donut sales, and carwashes would not require liability insurance)

4. What type of fundraiser do you want to hold?

(Examples are: Car Washes, Burrito Sales, and Donut Sales. Raffles are illegal under South Carolina law, *S.C. Code Ann. § 16-19-10*)

5. Has your Unit/Unofficial Activity/Private Organization (PO) held any fundraisers this quarter?

(*AFI34-223 10.9.1* --- may authorize occasional events for fundraising....occasional is defined as not more than two per calendar quarter)

6. When do you want to hold your fundraiser?

(Date and Time – including when it will end)

7. Where do you plan to hold your fundraiser?

(Keep in mind that fundraisers are not to be held during the CFC and AFAF drives without written authorization of the Installation Commander)

8. What are the proceeds going to be used for?

9. For unit organizations holding fundraising requests: have you processed your request through your commander?

(Please notify your commander that you intend to hold a fundraising event prior to submitting this questionnaire)

10. Who is your point of contact?

(Please provide a name, unit and phone number)

Please sign below certifying that all information provided is true to the best of your knowledge and belief.

X _____