DEPARTMENT OF THE NAVY
U.S. NAVAL SUPPORT ACTIVITY
PSC 817 BOX 1
FPO AE 09622-0001

NAVSUPPACT NAPLES INST 1710.15
N01J

8 APR 2011

NAVSUPPACT NAPLES INSTRUCTION 1710.15

From: Commanding Officer, U.S. Naval Support Activity, Naples, Italy

Subj: GUIDELINES FOR FUNDRAISING ACTIVITIES

Ref: (a) DOD Instruction 1000.15 of 24 Oct 08
(b) NAVSUPPACT NAPLES INST 1710.11 (Series)
(c) DoDEA Regulation 7240.1 of 28 Oct 99
(d) BUPERSINST 1710.11 (Series)
(e) BUPERSINST 1710.21 (Series)
(f) NAVSUPPACT NAPLES INST 1710.10 (Series)
(g) DoD 5500.7-R of 30 Aug 93

Encl: (1) Food Sales and Other Fundraising Events Request Form
(2) Bagging Fundraiser Request Form

1. Purpose. To provide guidelines concerning the conduct of fundraising activities on board U.S. Naval Support Activity, (NAVSUPPACT), Naples, Italy by command-recognized private organizations, student activity funds, unit recreation committees, youth activity programs, other non-appropriated fund activities and non-federal entities.

2. Scope.

a. This instruction applies to:

(1) All private organizations seeking to fundraise on NAVSUPPACT Naples in accordance with references (a) and (b);

(2) Student Activity Funds (SAFs) seeking to fundraise on NAVSUPPACT Naples in accordance with reference (c);

(3) Tenant command unit recreation committees seeking to fundraise on NAVSUPPACT Naples to supplement Morale, Welfare and Recreation (MWR) unit recreation funds in accordance with reference (d);

(4) Youth activity programs organized by the Director of MWR seeking to fundraise on NAVSUPPACT Naples in accordance with references (e) and (f); and

(5) Other non-federal entities and activities seeking to fundraise on NAVSUPPACT Naples in accordance with appropriate authority.

b. This instruction does not apply to Department of Defense Dependents Schools-Europe (DoDDS-E), student body activities that are conducted during the academic day on school grounds as an adjunct of the academic program.

3. Definitions.

a. A non-federal entity is defined in reference (g) as a self-sustaining, non-federal person or organization, established, operated and controlled by any individual(s) acting outside the scope of any official capacity as officers, employees or agents of the Federal Government.

b. A private organization is defined in reference (a) as a self-sustaining and non-federal entity, incorporated or unincorporated, which operates on Department of Defense (DoD) installations with the written consent of the Installation Commander or higher authority, by individuals acting exclusively outside the scope of any official capacity as officers, employees, or agents of the Federal Government.

c. Student Activity Funds (SAFs) are those programs established and conducted under reference (b).

d. Unit recreation committees are those groups, governed by reference (c), which are established by Commanding Officers or Officers in Charge of Tenant Commands for the purpose of utilizing unit recreation funds (URFs) allocated to their commands by MWR, and for raising additional funds to supplement these URFs.

e. For the purpose of this instruction, youth activity programs are those programs established and conducted under references (d) and (e).

4. Policy.

a. Fundraisers and/or large events shall not be conducted on board NAVSUPPACT Naples without prior written approval from the Commanding Officer, NAVSUPPACT Naples via the NAVSUPPACT Naples Staff Judge Advocate (SJA). Additionally, major events having a significant impact on the routine operations of the installation will require approval from the NAVSUPPACT Naples Executive Officer.

b. NAVSUPPACT Naples may limit the number of fundraisers, meetings, and events or activities that an organization may conduct on the installation to ensure equitable treatment of various groups.

c. When conducting fundraisers or activities on the installation, organizations and their members shall comply with all applicable U.S. Naval Hospital, Naples, Italy Preventative Medicine Department requirements including food-handling rules.

d. All organizations and their members shall comply with all requirements of the NAVSUPPACT Naples Fire and Emergency Services, the NAVSUPPACT Naples Security Department and the NAVSUPPACT Naples Safety Office when conducting fundraisers or activities on the installation.

e. When specifically authorized in writing, organizations may offer programs, services, or products that complement either appropriated or non-appropriated fund activities on NAVSUPPACT Naples, but they shall not compete with such DoD programs.

f. A copy of the approved Fund Raiser Request Form must be available for presentation during all fundraiser events.

5. Procedures.

a. As noted above, regulatory guidance for fundraising varies depending on an organization's status. Organizations seeking to fundraise on NAVSUPPACT Naples shall complete the applicable activity request forms provided in enclosures (1) and (2). Activity request forms should be submitted to NAVSUPPACT

Naples SJA no fewer than seven working days prior to the requested event. Advance planning is encouraged, as NAVSUPPACT

b. Prior to approving a private organization's request, a check will be conducted to ensure all command recognition data is current (see reference (f), paragraph 8a).

c. Organizations will receive a written approval or denial of their requests. Organizations should bear in mind that the Commanding Officer, NAVSUPPACT Naples, Italy reserves the right to withdraw any approval or modify fundraisers at any time.

R. B. RABUSE

Distribution:
NAVSUPPACT NAPLES INST 5216.Y
Lists: I through VII
Electronic via NAVSUPPACT NAPLES web site:
https://www.cnic.navy.mil/Naples/Departments/ Administration/Instruction/index.htm

FOOD SALES AND OTHER FUNDRAISING EVENTS REQUEST FORM

Date: _____

From: Name: _____

Organization: _____

E-mail/Phone Number: _____

To: Staff Judge Advocate, NAVSUPPACT Naples, Italy

Via: (1) Navy Exchange, Naples, Italy
(2) Morale, Welfare, and Recreation Department, NAVSUPPACT Naples, Italy
(3) Fire and Emergency Services, NAVSUPPACT Naples, Italy
(4) Safety Office, NAVSUPPACT Naples, Italy
(5) Security Department, NAVSUPPACT Naples, Italy
(6) Preventive Medicine Department, U.S. Naval Hospital, Naples, Italy

Ref: (a) NAVSUPPACT NAPLES INST 1710.11 (Series)
(b) DoD Instruction 1000.15 (Series)

Subj: REQUEST TO CONDUCT A FUNDRAISER ONBOARD NAVSUPPACT NAPLES, ITALY

1. The above named organization requests to conduct the following activity onboard NAVSUPPACT Naples:

a. Description of activity: _____

b. Date(s): _____

c. Location: _____

2. By endorsing this form, I confirm on behalf of the requesting organization that:

a. We acknowledge that we are responsible for regular and continuous policing (clean-up) of the area during and

immediately following the scheduled event. We will ensure that nearby trash receptacles do not overflow and that they are emptied and replaced with liners. Within 24 hours after the event, we will remove all signs and posters advertising the event from the installation. We will ensure that constant adult supervision is provided to children participating in the event.

b. All personnel handling food items have attended the appropriate preventive medicine briefing and are fully aware of and in compliance with current food handling requirements.

c. We acknowledge that failure to adhere to the guidelines as set forth in references (a) and (b) may result in termination of our command recognition or the disapproval of future requests to hold organizational activities on base. We understand that all donations are entirely voluntary.

3. Additional comments and requests:

_____

_____ _____

PRINTED NAME SIGNATURE

FIRST ENDORSEMENT

From: Navy Exchange, NAVSUPPACT Naples, Italy

1. Forwarded, recommending: approval/disapproval.

2. Comments:

_____

_____
Printed Name, Signature, Phone

SECOND ENDORSEMENT

From: Morale, Welfare and Recreation, NAVSUPPACT Naples, Italy

1. Forwarded, recommending: approval/disapproval.

2. Comments:

_____

_____
Printed Name, Signature, Phone

THIRD ENDORSEMENT

From: Fire and Emergency Services, NAVSUPPACT Naples, Italy

1. Forwarded, recommending: approval/disapproval.

2. Comments:

_____

_____
Printed Name, Signature, Phone

FOURTH ENDORSEMENT

From: Safety Office, NAVSUPPACT Naples, Italy

1. Forwarded, recommending: approval/disapproval.

2. Comments:

_____

_____
Printed Name, Signature, Phone

FIFTH ENDORSEMENT

From: Security Department, NAVSUPPACT Naples, Italy

1. Forwarded, recommending: approval/disapproval.

2. Comments:

_____

_____
Printed Name, Signature, Phone

SIXTH ENDORSEMENT

From: Preventive Medicine Department, U.S. Naval Hospital, Naples, Italy

1. Forwarded, recommending: approval/disapproval.

2. Comments:

_____

_____
Printed Name, Signature, Phone

SEVENTH ENDORSEMENT

From: Staff Judge Advocate, NAVSUPPACT Naples, Italy

1. Your request is: approved/denied.

2. Comments:

_____

_____
Printed Name, Signature, Phone

BAGGING FUNDRAISER REQUEST FORM

Date: _____

From: Name: _____

Organization: _____

E-mail/Phone Number: _____

To: Staff Judge Advocate, NAVSUPPACT Naples, Italy

Via: (1) Navy Exchange, Naples, Italy
(2) Morale, Welfare, and Recreation Department, NAVSUPPACT Naples, Italy

Ref: (a) NAVSUPPACT NAPLES INST 1710.11 (Series)
(b) DoD Instruction 1000.15 (Series)

Subj: REQUEST TO CONDUCT A BAGGING FUNDRAISER ONBOARD NAVSUPPACT NAPLES, ITALY

1. The above named organization requests to conduct a bagging fundraiser at the Navy Exchange, Naples, Italy:

a. Date(s): _____

2. By endorsing this form, I confirm on behalf of the requesting organization that:

a. We will ensure that constant adult supervision is provided to children participating in the event.

b. We will ensure one checkout line is free from Fund Raiser personnel at all times

c. We acknowledge that failure to adhere to the guidelines as set forth in references (a) and (b) may result in termination of our command recognition or the disapproval of future requests to hold organizational activities on base. We understand that all donations are entirely voluntary.

3. Additional comments and requests:

_____

_____ _____
PRINTED NAME SIGNATURE

FIRST ENDORSEMENT

From: Navy Exchange, NAVSUPPACT Naples, Italy

1. Forwarded, recommending: approval/disapproval.

2. Comments:

_____

_____
Printed Name, Signature, Phone

SECOND ENDORSEMENT

From: Morale, Welfare and Recreation, NAVSUPPACT Naples, Italy

1. Forwarded, recommending: approval/disapproval.

2. Comments:

_____

_____
Printed Name, Signature, Phone

THIRD ENDORSEMENT

From: Staff Judge Advocate, NAVSUPPACT Naples, Italy

1. Your request is: approved/denied.

2. Comments:

_____

_____
Printed Name, Signature, Phone