

NON-FEDERAL ENTITY REQUEST
FOR SUPPORT FROM FORT SILL

This form is designed for non-federal entities (NFEs) and private organizations to use in requesting support from Fort Sill. The information provided is needed to process this request. **Please complete all sections.**

Send this form to the MWR Programs Office (address on back page) no later than 90 days before the event and/or period of requested support. Please remember all Armed Forces units have specific military duties and training requirements which must take priority over previously scheduled support for a non-federal entity. Participation in public events and programs will only be authorized when it is in the best interests of the Department of Defense and the Army, will not interfere with mission or training requirements, and is not legally objectionable.

Department of Defense policies require that Armed Forces participation in public events may be provided at no additional cost to the Government.

In accordance with the Joint Ethics Regulation (JER) and Army Regulation 201-22 (Private Organizations on Army Installations), official support to private organizations is limited.

SECTION A: GENERAL

1. Event:

2. Name of Non-Federal Organization:

3. Town/City: State:

4. Site or Location:

5. Date: Starting Time: Ending Time:

6. What are you requesting from Fort Sill (specifically)?

7. What part do you want the above units or equipment to play in this event?

8. Why do you desire Fort Sill's participation in this event?

*Use additional sheets if necessary.

SECTION B: PURPOSE

1. What is the purpose of this event?

2. Is this event used to raise money for any purpose?
If yes, how will the profits, if any, be used?

3. Is this the type of event that could attract attention
from, or coverage by, any local, regional or national news media?

Would this be considered a national or international.....
program?

4. Has Fort Sill participated in this event before?.....
If Yes, when?

In what way did Fort Sill participate?

5. Have any of the other military services participated in this
event before? If Yes, when?

In what way?

SECTION C: SITE

1. Will the event be held indoors or outdoors?
2. Will the event be held on government property (federal, state or local), or will it be held on private or business property?

3. What is the exact location of the site of the event (include address)?

SECTION D: SUPPORT

1. Where should participants report (exact address)?

What time?

2. To whom should participants report (name, phone number, *email address*)?

3. (If parade) Where is the parade starting point and route (exact address)?

SECTION E: NON-FEDERAL ENTITY

1. Does your Non-Federal entity specifically exclude.....
any person from its membership or practice any form
of discrimination in its function based on race, creed,
color, sex, age or national origin?

2. Will your Non-Federal entity be making a donation to a Fort Sill unit,
Family Readiness Group, or other Fort Sill activity such as MWR,
Soldier & Family Assistance Center, Warrior Transition Unit, etc?
If yes, is the donation monetary or in the form of goods and services?
(Specify below)

3. Is your Non-Federal entity currently a sponsor through the Army Commercial
Sponsorship Program at Fort Sill? If yes, please explain below.

4. Does the Non-Federal entity receive donations through the annual Fort Sill-Lawton
Combined Federal Campaign? If so, please provide your assigned 5-digit charity code.

5. Please check the appropriate space to define your Non-Federal entity:

- | | | |
|--------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Professional, Trade or Labor | <input type="checkbox"/> Civic | <input type="checkbox"/> Public Education or Youth |
| <input type="checkbox"/> Federal, State or Local Government | <input type="checkbox"/> Charitable | <input type="checkbox"/> Commercial or Business |
| <input type="checkbox"/> Veterans, Military Service related,
or auxiliary thereof | <input type="checkbox"/> Religious | <input type="checkbox"/> Political |

Other (Specify)

6. Non-Federal entity's Representative (Authorized to complete arrangements for Armed Forces participation in the event, and responsible for reimbursing the Treasurer of the United States for the necessary accrued expenses, if applicable):

Name:

Position with Non-Federal entity:

Address:

City: State

ZipCode: Phone: Office Other:

Email Address:

Name and title/position of any Armed Forces representative or government official with whom you have discussed possible participation:

CERTIFICATION:

I certify that the information provided herein is complete and correct to the best of my knowledge and belief.

Date: _____ Signature: _____



RETURN THIS FORM TO: MWR Programs Office
ATTN: IMSI-MW
Post Office Box 33307
Fort Sill, OK 73503

FAX – (580) 442-7827
Phone – (580) 442-3113/6180