

AMIM-PMW-N

SUBJECT: Policy Memorandum USAG-POM, Non-Federal Entity (NFE) on USAG-POM.

Enclosure 1, Page 1 of 2

Non-Federal Entity (NFE) CHECK LIST
2 Year Access

NFE NAME: _____

TYPE: Validation Revalidation Reporting

For NFE: Complete and submit via email and hard copy (C- J)

C- REQUEST LETTER

D- CHARTER, ARTICLES OF AGREEMENT, CONSTITUTION, BYLAWS

Parent organization or NATIONAL documentation (if applicable)

Nature, function, objective of organization

Planned use of funds

Activities

Membership eligibility

Responsibilities of all management functions

Accountability of assets

Disposition of remaining assets upon breakup

PO's liability if assets are not enough to cover all PO liabilities

Required Statements:

Indicates that neither the installation, nor the government, will have any liability for the NFE's actions or debts.

NFE acknowledges the GC may revoke permission to operate at any time.

NFE acknowledges an approval to operate expires in 2 years and may be renewed biannually upon a NFE's request, subject to the GC's approval.

A statement that confirms current and future NFE personnel and volunteers who have regular contact with children under 18 years of age on the installation have undergone appropriate background checks.

A statement of the NFE's liabilities, if assets are not enough to cover all NFE liabilities. The statement of liability will include a provision that all State and jurisdictional laws are met. Include, the extent of members' personal liability for debts of, or claims against the NFE.

Agreement to reimburse the Army for utility expenses, unless use is incidental (would cost more to bill and collect than it costs to provide service).

NFE will neither propagate extremist activities nor advocate violence against others or the violent overthrow of the Government.

NFE activities will not seek to deprive individuals of their civil rights.

NFE must provide a statement that they will not engage in any form of partisan political activity as defined by DoDD 1344.10.

AMIM-PMW-N

SUBJECT: Policy Memorandum USAG-POM, Non-Federal Entity (NFE) on USAG-POM.

Enclosure 1, Continued, 2 of 2

E- MEETING MINUTES OR SUMMARIES (checklist below)

F- LIST OF CURRENT OFFICERS

Non- DoD Contact address: (Name/NFE Position, email, and phone#)

G- FINANCIAL STATEMENTS/AUDIT REPORT COPIES/ See Below

H- STATE, LOCAL, & FEDERAL: (1-5)

1. FED: Determination Letter Date _____ CODE _____

2. Federal TAX Form 990 _____

3. HI State: GETax Number: _____

4. Business Registration: _____

5. Charity Registration: _____ (if applicable)

I- INSURANCE LIABILITY/BOND: Expire _____ Policy# _____ Name: _____

J- MOU/MOA- Lease agreement # (if applicable): _____

Meetings: (strike Jan indicates submitted documents/ **Bold** not on file)

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

Financials:

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

_____ Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

Audits: 1st year _____ and 2nd Year _____

Requested: _____ Submitted: _____ NFE Completed: _____

If incomplete and still outstanding documents/ statements

NOTES:

AMIM-PMW-N

SUBJECT: Policy Memorandum USAG-POM, Non-Federal Entity (NFE) on USAG-POM Installations.

Enclosure 2

NON-FEDERAL ENTITY (NFE) CHECK LIST
1 Year Access

NAME OF NFE: _____

INITIAL APPROVAL (IA) REVALIDATION (RE)

NFE Requirements: Complete D- G

- D. REQUEST LETTER (name, date, & signature from President)
MUST INCLUDE: (a. Date(s), b. Time(s), c. Event(s), d. Locations(s), & e. Purpose)
- E. OPERATING DOCUMENTS: CHARTER, ARTICLES OF AGREEMENT, CONSTITUTION, BYLAWS
 - Parent/ NATIONAL organization documentation (if applicable)
 - Nature, function, objective of organization
 - Planned use of funds
 - Activities
 - Membership eligibility
 - Responsibilities of all management functions
 - Accountability of assets
 - Disposition of remaining assets upon breakup
- F. LIST OF CURRENT OFFICERS:
Names, addresses, phone numbers, and emails (*non-military email*)
- G. FEDERAL AND CALIFORNIA STATE TAX REQUIREMENTS:
 - IRS Determination Letter: Nonprofit tax exempt status, Employment Identification Number # (EIN): _____
 - IRS Tax Form 990, 990-N, 990-EZ: _____
 - California State Charity Registration: Applicable/ not applicable
provide exemption letter: _____
 - California State Business Registration BREG (DCCA) at: <https://bizfileonline.sos.ca.gov/>: _____
 - California State Tax License # _____ (Applicable/ Not Applicable-
Provide Exemption Letter) at: <https://www.cdtfa.ca.gov/>

AMIM-PMW-N

SUBJECT: Policy Memorandum USAG-POM, Non-Federal Entity (NFE) on
USAG-POM.

Enclosure 3

**SAMPLE FORMAT FOR A REQUEST LETTER
(LETTERHEAD)**

(Or Name of Non-Federal Entity (NFE))

Address/ P.O Box

Email/ Phone #

To Whom It May Concern,

This letter is to request the Garrison Commander's permission for ABC Mission to operate on United States Army Garrison, Presidio of Monterey. ABC Mission is a 501c(3) nonprofit organization whose mission is to support the Soldiers and Families by providing resiliency resources and support.

Our organization understands that neither the installation nor Government will have any liability for ABC Mission's actions or debts and that the Garrison Commander may revoke any privileges at any time. In addition, ABC Mission agrees not to propagate extremist activities; advocate violence against others; seek to overthrow the Government of the United States; or deprive individuals of their Civil Rights. ABC Mission agrees to reimburse the U.S. Army for utility expenses, unless use is incidental.

Your consideration is greatly appreciated and we look forward to hearing from you soon.

Sincerely,

Mr. Robert Smith
President

AMIM-PMW-N

SUBJECT: Policy Memorandum USAG-POM, Non-Federal Entity (NFE) on USAG-POM

Enclosure 4

SAMPLE FORMAT FOR A CONSTITUTION

(Name of Non Federal Entity (NFE))

Address/ P.O Box

Email/ Phone #

ARTICLE I – Organization Name and Purpose *(Please see cautions in para 1-8 about use of USAG Presidio of Monterey name or symbol) (purpose: Explain why your NFE should have a relationship with USAG Presidio of Monterey, what your goals are and why these may only attained through your status as a USAG Presidio of Monterey NFE)*

ARTICLE II – General Provisions *(Include all statements required by AR 210-22 such as non-discrimination clauses and non-extremist's clauses, adhere to all government (Federal, State, and local) laws and regulations, government hold harmless clauses, etc.)*

ARTICLE III – Functions/Activities and Operating Procedures *(Clearly state your NFE nature, functions, objectives, and activities to include planned use of funds. Please also note that government personnel will not be assigned to work for NFE in their official capacity)*

ARTICLE IV – Membership *(An explanation of your NFE membership eligibility requirements – please note para 5-5 of this guide)*

ARTICLE V – Officers and Governing Body *(Attach names, with emails, addresses and phone numbers, and indicate if your NFE is sponsored by or sponsors any other NFE – if so describe the relationship) (Also indicate if your NFE requires any special status of officers, such as active duty, retired or otherwise)*

ARTICLE VI – Duties of Officers

ARTICLE VII – Elections and Voting *(Frequency, method, eligibility, etc)*

ARTICLE VIII – Standing Committees *(Identify committee roles, how those committees perform their roles within ethical boundaries practiced by USAG Presidio and DoD)*

ARTICLE IX – Funding Sources *(Prove that your NFE is self-sustaining through dues, contributions, charges, fees or other sources. Include a statement of your NFE liability and whether assets are or are not sufficient to cover all liabilities; that all laws are followed; and a statement that addresses the extent to which NFE members' are personally liable for debts of or claims against the NFE. See para 5-3 on audits required)*

ARTICLE X – Taxes *(A statement that the NFE complies with all local, state, and federal taxes, including employee withholding; include certification of section 501 tax exemption status if applicable, signed or attested by an officer of the NFE)*

ARTICLE XI – Insurance Coverage *(The NFE must secure adequate insurance as protection against public liability, claims, property damage or other legal actions brought against the NFE, or its members or property. The NFE must provide fidelity bonding for employees who handle cash in excess of \$500)*

ARTICLE XII – Meetings and Quorums *(Identify frequency and intended locations of meetings, and what constitutes a quorum)*

ARTICLE XIII – Amendments *(Include procedures for amending the constitution to include number of voting members required to approval)*

ARTICLE XIV – Dissolution *(Describe in detail the disposition of assets and equipment or supplies should the NFE be dissolved. Include the following or similar statement: "If the organization is dissolved, all funds in the treasury at the time will be used to meet outstanding debts, liabilities, or obligations. The balance of these assets will be determined by the membership as approved by a majority vote. If assets are not sufficient to cover all liabilities, the members of the organization will be personally responsible for these liabilities.")*

Signature of President
Name of President
Position Title (President)
Date Signed

Signature of Secretary
Name of Secretary
Position Title (Secretary)
Date Signed

AMIM-PMW-N
SUBJECT: Policy Memorandum USAG-POM, Non-Federal Entity (NFE) on
USAG-POM.

Enclosure 5

SAMPLE FORMAT FOR A FINANCIAL REPORT

(Name of Non Federal Entity (NFE))
P.O. Box 1234
Monterey, CA 93955

FINANCIAL REPORT
For the Month of January 2022

Operating Funds Available as of 1 January 2022 \$ 2,514.33

OPERATING FUNDS:

| | | |
|----------------------------|---------------------|------------|
| Change Fund | \$ 146.00 | |
| Decorations | \$ 72.00 | |
| 1st VP (Luncheons) | \$ 380.38 | |
| 1st VP (Programs) | \$ 2.51 | |
| Membership | \$ 72.50 | |
| Ways & Means (Consignment) | \$ 183.20 | |
| <u>Ways & Means</u> | <u>\$...558.85</u> | |
| Total Operating Income | | \$1,415.44 |

OPERATING EXPENSES:

| | | |
|---------------------------------------|------------------|--------------------|
| Child Care | \$ 28.00 | |
| Entertainment | \$ 146.00 | |
| Decorations | \$ 57.23 | |
| 1st VP (Luncheons) | \$ 409.47 | |
| Historian | \$ 55.94 | |
| Membership | \$ 288.32 | |
| Newsletter | \$ 61.42 | |
| Recording Secretary | \$ 25.26 | |
| <u>Ways & Means (Consignment)</u> | <u>\$ 309.88</u> | |
| Total Operating Expense | | <u>\$ 1,381.59</u> |

Operating Funds Available as of 1 January 2022 \$ 2,548.18

Submitted by: Verified by:

Signature of Treasurer
Name of Treasurer
Position Title (Treasurer)
Date Signed

Signature of Person Verifying Report (Normally the President)
Name of Person Verifying Report
Position Title (Title of Person Verifying Report)
Date Signed

AMIM-PMW-N
 SUBJECT: Policy Memorandum USAG-POM, Non-Federal Entity (NFE) on
 USAG-POM.

Enclosure 6

SAMPLE FORMAT FOR AN AUDIT REPORT

(Name of Non Federal Entity (NFE))
 Address/ P.O. Box 1234
 Email/Phone

AUDIT REPORT
 For the Period (*Beginning Month & Year*) thru (*Ending Month & Year*)

FUND BALANCES

| | <u>Beginning Balance</u> | <u>Ending Balance</u> |
|------------------------------------------------|--------------------------|-----------------------|
| Balance in Checking Account | \$ 525.31 | \$ 498.76 |
| Balance in Saving Account | \$ 125.00 | \$ 125.00 |
| Cash on Hand (change & petty cash funds, etc.) | <u>\$ 100.00</u> | <u>\$ 100.00</u> |
| Total | \$ 750.31 | \$ 723.76 |

(NOTE: Beginning balances should equal ending balances on last audit)

FUND REVIEW

BEGINNING BALANCE \$ 750.32

INCOME (*List income by major categories*)

| | |
|------------------|------------------|
| Dues | \$ 250.00 |
| Contributions | \$ 50.00 |
| <u>Meal Fees</u> | <u>\$ 350.00</u> |
| Total Income | \$ 650.00 |

EXPENDITURES (*List expenditures by major categories*)

| | |
|--------------------|------------------|
| Supplies | \$ 126.56 |
| Donations | \$ 200.00 |
| <u>Meals</u> | <u>\$ 350.00</u> |
| Total Expenditures | \$ 676.56 |

ENDING BALANCE \$ 723.76

AUDITOR COMMENTS:

(*Make any comments or exceptions in regards to the audit of these funds and their internal controls.*)

This audit was made in accordance with current regulations and includes tests of the accounting records and internal controls. In my (our) opinion, subject to the above comments and exceptions cited in this report, the fund examined reflects the results of operations in accordance with applicable directives.

| | | |
|----------------------------------------------|-----------------------------------------|-----------------------|
| _____ Signature of Audit Committee Member | _____ Name of Audit Committee Member | _____ Dated Signed |
| _____ Signature of Audit Committee Member | _____ Name of Audit Committee Member | _____ Dated Signed |
| _____ Signature of Audit Committee Member | _____ Name of Audit Committee Member | _____ Dated Signed |

AMIM-PMW-N

SUBJECT: Policy Memorandum USAG-POM, Non-Federal Entity (NFE) on
USAG-POM.

Enclosure 7

SAMPLE FORMAT FOR MEETING MINUTES

Name of Non-Federal Entity (NFE)

Address/ P.O. Box 1234

Email/Phone#

1. The meeting of the (Name of NFE was called to order on (date and time).
2. The following personnel and members were present:
 - a. Members Present:
3. OLD BUSINESS:
 - a. The minutes of the last meeting were read and approved (or approved with the following changes).
 - b. The financial report was presented and approved (or approved with the following changes).
4. NEW BUSINESS:
5. DISCUSSION
6. The meeting was adjourned at (date and time). The next meeting will be held (date and time) at (location).

Signature of Secretary

Name of Secretary

Position Title (Secretary)

(President) Date Signed

Attachment

Financial

Report

AMIM-PMW-N

SUBJECT: Policy Memorandum USAG-POM, Non-Federal Entity (NFE) on USAG-POM.

Enclosure 8

Please research California Department of Public Health for Food Handlers Course. DFMWR is not the manager for the course.

Directions to register for Food Handlers Course and to receive a certificate

Food safety training is paramount to safe food handling practices within retail food establishments. Courses that satisfy the requirements of the California Retail Food Code must be from an American National Standards Institute (ANSI) accredited training provider. There are two types of courses: one that provides training for food handlers, and one that provides training for food managers. ANSI maintains a website that provides links to the individual companies that offer certified training. The individual company pages list pricing for the trainings they provide.

The California Health and Safety Code (HSC) section 113948 requires food handlers to obtain a food handlers card and maintain a valid card for their entire employment in a retail food establishment. The food handler card is valid for three years, after which an additional training would be required.

The California Department of Public Health does not provide Food Handlers or Certified Food Manager courses.

AMIM-PMW-N
 SUBJECT: Policy Memorandum USAG-POM, Non-Federal Entity (NFE) on
 USAG-POM.

Enclosure 9, Page 1 of 2



**U.S. ARMY GARRISON-PRESIDIO OF MONTEREY
 REQUEST TO ENGAGE IN FUNDRAISING ACTIVITY**

Name of Organization: _____ Date of Event: _____

Location of Event: _____ Time From: _____ To: _____

Briefly describe what is planned:

| <Items or Services Offered> | <Price Range or Donation> |
|-----------------------------|---------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Proceeds will go to: _____

| • Point of Contact: | | | |
|----------------------------------|---------------------------------|-------------------------------------|-------|
| | Name | Email | Phone |
| Typed Name | Phone # | Signature | Date |
| • Event Location Manager | <input type="checkbox"/> Concur | <input type="checkbox"/> Non-concur | |
| _____ | _____ | _____ | _____ |
| Typed Name | Phone # | Signature | Date |
| • AAFES | <input type="checkbox"/> Concur | <input type="checkbox"/> Non-concur | |
| _____ | _____ | _____ | _____ |
| Typed Name | Phone # | Signature | Date |
| • DeCA | <input type="checkbox"/> Concur | <input type="checkbox"/> Non-concur | |
| _____ | _____ | _____ | _____ |
| Typed Name | Phone # | Signature | Date |
| • Fundraising Coordinator | <input type="checkbox"/> Concur | <input type="checkbox"/> Non-concur | |
| _____ | _____ | _____ | _____ |
| Typed Name | Phone # | Signature | Date |
| • OSJA | <input type="checkbox"/> Concur | <input type="checkbox"/> Non-concur | |
| _____ | _____ | _____ | _____ |
| Typed Name | Phone # | Signature | Date |
| • Director DFMWR | <input type="checkbox"/> Concur | <input type="checkbox"/> Non-concur | |
| _____ | _____ | _____ | _____ |
| Typed Name | Phone # | Signature | Date |

After Action Report must be submitted to
 NAF Support Office within 10 days after the event date

AMIM-PMW-N

SUBJECT: Policy Memorandum USAG-POM, Non-Federal Entity (NFE) on USAG-POM.

Enclosure 9, Continued 2 of 2

COMPLETE CAUTIONARY STATEMENTS ON BACK PAGE

The Non-Federal Entity (NFE)), Soldier and Family Readiness Group (SFRGs), and Units POC, initial all cautionary statements.

By initialing and signing below I agree to comply with the following fundraising rules for fundraising that occurs on USAG-POM per Army Regulation 600-29, Fund-Raising Within the Department of the Army, 7 June 2010.

a. All Garrison approved fundraising must be restricted to USAG-POM and not take place in the Federal workplace. Unless within the Unit/SFRGs footprint.

b. NFE, Informal Funds, and SFRGs may not sell alcoholic beverages or tobacco products at any time. See AR 210-22, para. 5-1 (c)

c. The event will benefit the military community.

d. Government employees (military and civilian) can raise fund for a NFE in **their personal capacity and on personal time**, but **they may not use their official title, position, or authority to fundraise, nor may they solicit subordinates or prohibited sources.**

e. NFE, Units, and SFRGs who engage in any fundraising event without the prior written approval of the USAG-POM Commander or his designee will be suspended any may have their charter or license to operate terminated.

f. Must obtain written approval for the fundraiser from the GC of his designee and post the approval letter and food handlers certificate (if applicable) at the fundraising site. See AR 210-22, para. 15.

POC Name: _____
Signature : _____
POC Position: _____
POC Phone #: _____

COMPLETE FUND RAISING REQUEST FORM ON FRONT PAGE

AMIM-PMW-N

SUBJECT: Policy Memorandum USAG-POM, Non-Federal Entity (NFE) on USAG-POM.

Enclosure 10

**SAMPLE FORMAT FOR
FUNDRAISING AFTER-ACTION REPORT (AAR)**

(Name of Non-Federal Entity (NFE))

Address/ P.O. Box 1234

Email/Phone

1. AARs are due **NLT 10 days** after the event. The report must include a summary of the event (including planning, execution, problems, how proceeds were or will be spent, and suggestions for the next event).

2. Provide the following information:

Type of Fundraiser:

Date Fundraiser started:

Name/Phone Number/ and Email of Person Submitting AAR:

3. Financial Summary:

Ending Deposit:* _____

Less Start-Up Funds: _____

Total Collected: _____

Less Prepaid Expenses:** _____

Less Cost of Goods Sold:*** _____

Total Revenue: _____

***Ending Deposit** is total money collected from all sources during fundraiser.

****Expenses** include rent space, advertising, etc.

*****Cost of Goods Sold** is the cost of all goods purchased for resale, both before and during fundraiser.

4. Proceeds from fundraisers conducted by a NFE must be used for charitable purposes or to defray legitimate operational expenses. Proceeds from fundraisers conducted by an IF must be spent in a manner consistent with that organization's purpose.

5. Please write a summary, sign and date by the treasurer and president below: