



SPECIAL EVENT

AND

UNIT/PRIVATE ORGANIZATION

FUNDRAISING PROCEDURES

AT MCAS IWAKUNI, JAPAN

FEBRUARY 2023

**Special Event and Private Organization Fundraising
Procedures at MCAS Iwakuni, Japan**

Ref: (a) MCIPAC-MCBBO 5760.2

Encl: (1) Request for Special Function/Fundraising Event
(2) DD Form 3977 (Deliberate Risk Assessment Worksheet)
(3) Food Event Application

(Note: The reference and all enclosures are available on the private organization (PO) webpage at: <https://iwakuni.usmc-mccs.org/about/private-organizations>).

1. Purpose. To simplify fundraising procedures as much as possible and to assist event organizers through the special event and/or fundraising request process. It is important to follow the procedures outlined in this guide to avoid delays due to incomplete/improperly completed forms.

2. Background

a. The reference is the guiding directive for special events and fundraising at Marine Corps Air Station (MCAS) Iwakuni, Japan.

b. Organizations authorized to fundraise on MCAS Iwakuni facilities and areas are limited to the following (see par. 1, chap. 2, enclosure (1) to the reference for more detailed information on each authorized organization):

(1) private organizations (POs) in a current reporting status;

(2) Department of Defense Educational Activity (DODEA) activities;

(3) units/Family Readiness Groups (FRGs) on MCAS Iwakuni facilities and areas;

(4) Unit, Personal, and Family Readiness Program (UPFRP) activities;

(5) The Combined Federal Campaign (CFC) and the Navy and Marine Corps Relief Society (NMCRS);

(6) Certain, one-time, annual activities; and

(7) NFEs with specific statutory authority to operation on MCIPAC facilities and areas.

c. Organizations are limited to two fundraising events per quarter for a total of eight events per calendar year.

3. Restrictions. See the reference and the Private Organization Handbook for restrictions on fundraising. Contact the MCCS Coordinator (CSC) at 253-4109, or the Staff Judge Advocate (SJA) at 253-5591, for any questions regarding restrictions on fundraising.

4. Fundraising at the Atago Sports Complex. Although POs can hold fundraising events at the Atago Sports Complex, those requests will be thoroughly reviewed due to sensitivities associated with that venue and will be subject to additional restrictions (see par. 5b). Additionally, events held at the Atago Sports Complex must be vetted through the Station S-7 once the fundraising event has been approved.

a. Events conducted by POs are not considered official U.S. events.

b. The Local Implementation Agreement between the air station and Iwakuni City states that Atago will be operated as a city park, and only official US or city events may permit vendor sales. Therefore, fundraisers conducted by POs at Atago as an on-base event cannot be open to the general public. There are, however, two options for POs to conduct fundraisers at Atago:

(1) Status of Forces Agreement (SOFA) Personnel Only Event

(a) Conduct the fundraiser as a normal on-base event with SJA approval and hold some/all of the event at Atago. All monies must be collected on the main base, **not** at Atago.

(b) The event would be limited to SOFA personnel and bona fide guests (Japan Maritime Self Defense (JMSDF) personnel, Japanese base employees) and their guests. Again, all monies would have to be collected on the main base, **not** at Atago, to avoid opening the event to the general public.

(2) General public event. Request to hold a fundraiser at Atago through the City as any off-base organization would do. The PO must ensure that the request and any advertising makes it

clear that the fundraiser is not a U.S. sponsored event. If approved by the city, the PO can open the event to the general public.

c. Because events conducted by POs are not considered official events, reservations can be made up to 30 days in advance of the planned event date (MCASO 1710.2A refers).

5. Unit Fundraising. Although this pamphlet specifically addresses fundraising by POs, the same rules and procedures apply to unit fundraising with the following exceptions:

a. units may only fundraise on board the air station, and then only among DoD personnel (by our own, for our own),

b. units may fundraise *within their own spaces* without submitting/routing a request,

c. there is no limit to the number of fundraising events a unit may hold *within their own spaces*, and

d. all funds generated through fundraising **must** be deposited in the unit's UPFRP account maintained by MCCS.

6. Community Relations Events. Off-base events and on-base events involving host nation personnel must be coordinated through the Station S-7/Government and External Affairs Office. For more information, please call 253-5724.

7. Timeline. Requests should be submitted as far in advance of the planned event as possible, but **no later than 21 days** before the date of the planned activity. Organizers should be aware that more complicated or unusual requests may take longer to review and should plan accordingly. Submission of outdated, incomplete and/or improperly completed forms may result in disapproval due to insufficient time to staff and review the request.

8. Required Forms. The below forms are required for fundraising requests (detailed instructions for completing the forms are included with the forms in the respective enclosures):

a. request for Special Function/Fundraising Event (enclosure (1)) (required for all events)

b. DRAW Sheet (enclosure (2)) (required for all events);
and

c. Food Event Application (enclosure (3)) (required for all events involving food (including baked goods), drinks, snacks, etc.).

9. Procedures

a. Contact the manager of the facility where the proposed fundraiser/special event is scheduled to take place to discuss the planned event and reserve the location.

b. Fill out the forms following the directions provided in the enclosures.

c. Submit the forms to the MCCS CSC at ombiwakuni.mccscoordinator@usmc-mccs.org, and include the name of the individual at the site (in most cases the facility manager) with whom the event was coordinated in the body of the email.

d. After ensuring all required information is provided, the CSC will route the request as follows:

- (1) facility manager,
- (2) Station Safety,
- (3) Provost Marshal (for events involving alcohol, traffic safety, etc),
- (4) Fire Department,
- (5) Preventive Medicine (for events involving food, drinks, or public health issues),
- (6) Environmental (for events with known/unknown environmental impact), and
- (7) SJA.

e. Following review by the SJA, the request will be submitted to the Executive Officer, MCAS Iwakuni for final decision.

10. Additional Information. If there are any questions about any of the information in this guide, the forms, or fundraising in general, please contact the MCCS CSC at 253-4109 or visit the MCCS Executive Office on the second deck of the Crossroads, building 410.

REQUEST FOR SPECIAL FUNCTION/FUNDRAISING EVENT

Requesting Organization:	Date:	
Ref: (a) MCIPACO-MCBBO 5760.2		
Event Description		
Fundraising	Special Event	Community Relations Event
Date and Time of Event	Location	
Purpose:		
Items to be sold:		
Description of any requested DoD support (use of any building/area, structure for signage, manpower, chairs/tables, etc.):		
Alcohol to be consumed?	Yes	No
By my signature below, I certify that I understand any violations of the reference may result in the termination of this event and denial of future fundraising activities/special events sponsored by this organization.		
Requestor's Full Name	Signature	Date
Email Address:	Phone Number:	
ENDORSEMENTS		
Facility Manager Endorsement		
From:		
Permission is granted to utilize the requested location on the date and time indicated above once final approval for the request has been granted.		
Additional comments:		
Name	Signature	Date
MCCS Community Services Coordinator (Bldg 410, Rm 200/253-4109) (All events)		
Yes	No	Approved/Current PO
		Request does not exceed quarterly limit
Comments:		
Name	Signature	Date
Station Safety (Bldg 757/253-6380) (Events which pose a risk to public safety or involve known/unknown environmental impact)		
Recommendation	Signature	Date
Approve	Disapprove	

(See page 3 of this enclosure for instructions)

Comments:		
Provost Marshal (Bldg 608, 2nd Floor) (Events involving alcohol)		
Recommendation	Signature	Date
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Comments:		
Fire Department (Bldg 6119/255-1122) (Events involving an open flame/fire hazard)		
Recommendation	Signature	Date
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Comments:		
Preventive Medicine (Bldg 110, Public Health Reception Desk 3d Floor/255-8400) (Events involving food and drinks)		
Recommendation	Signature	Date
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Comments:		
Environmental (Bldg 100, Environmental Receptionist, 1st Floor/253-6963) (Events with known/unknown environmental impact)		
Recommendation	Signature	Date
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Comments:		
Staff Judge Advocate (Bldg 1, Rm 216/253-3913)		
Recommendation	Signature	Date
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Comments:		
Executive Officer, MCAS Iwakuni (Bldg 1, Rm 200)		
Final Decision	Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Comments:		

Instructions

Requesting Organization: Enter the name of the entity sponsoring the event.

Event Description:

- Check the appropriate box.
- Enter the date, time, and location of the event.
- Enter the purpose (how funds raised are to be used).
- List all of the items to be sold.
- List any support being requested (use of any building, structure for signage, manpower, chairs/tables, etc.). Items to be listed do not include any rental equipment, outside spaces, etc.

Alcohol to be consumed: Check the appropriate box.

DELIBERATE RISK ASSESSMENT WORKSHEET

1. MISSION/TASK DESCRIPTION AND EXECUTION DATE(S)	2. DATE PREPARED
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3. PREPARED BY

a. NAME <i>(Last, First, Middle Initial)</i>	b. RANK/GRADE	c. DUTY TITLE/POSITION
d. UNIT	e. WORK EMAIL	f. TELEPHONE <i>(DSN, Commercial (Include Area Code))</i>
g. UIC/CIN <i>(as required)</i>	h. TRAINING SUPPORT/LESSON PLAN OR OPORD <i>(as required)</i>	i. SIGNATURE OF PREPARER

Five steps of Risk Management: (1) Identify the hazards (2) Assess the hazards (3) Develop controls & makes decisions
 (4) Implement controls (5) Supervise and evaluate *(Step numbers not equal to numbered items on form)*

	4. SUBTASK/SUBSTEP OF MISSION/TASK	5. HAZARD	6. INITIAL RISK LEVEL	7. CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; display: flex; align-items: center; justify-content: center;">+</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; display: flex; align-items: center; justify-content: center;">-</div>			▼		How: Who:	▼

10. OVERALL RESIDUAL RISK LEVEL *(All controls implemented):*




EXTREMELY HIGH
 HIGH
 MEDIUM
 LOW

11. OVERALL SUPERVISION PLAN AND RECOMMENDED COURSE OF ACTION

12. APPROVAL OR DISAPPROVAL OF MISSION OR TASK
 APPROVE
 DISAPPROVE

a. NAME <i>(Last, First, Middle Initial)</i>	b. RANK/GRADE	c. DUTY TITLE/POSITION	d. SIGNATURE OF APPROVAL AUTHORITY
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e. ADDITIONAL GUIDANCE:

RISK ASSESSMENT MATRIX		Probability (Expected frequency)				
		Frequent: Continuous, regular, or inevitable occurrences	Likely: Several or numerous occurrences	Occasional: Sporadic or intermittent occurrences	Seldom: Infrequent occurrences	Unlikely: Possible occurrences but improbable
Severity (expected consequence)		A	B	C	D	E
Catastrophic: Mission failure, unit readiness eliminated; death, unacceptable loss or damage	I	EH	EH	H	H	M
Critical: Significantly degraded unit readiness or mission capability; severe injury, illness, loss or damage	II	EH	H	H	M	L
Moderate: Somewhat degraded unit readiness or mission capability; minor injury, illness, loss, or damage	III	H	M	M	L	L
Negligible: Little or no impact to unit readiness or mission capability; minimal injury, loss, or damage	IV	M	L	L	L	L
LEGEND: EH - Extremely High Risk H - High Risk M - Medium Risk L - Low Risk						
13. RISK ASSESSMENT REVIEW (Required when assessment applies to ongoing operations or activities)						
a. DATE	b. LAST NAME	c. RANK/GRADE	d. DUTY TITLE/POSITION	e. SIGNATURE OF REVIEWER		
						
						
						
14. FEEDBACK AND LESSONS LEARNED						
15. ADDITIONAL COMMENTS OR REMARKS						

Instructions for Completing DD Form 2977, "Deliberate Risk Assessment Worksheet"

1. Mission/Task Description and Execution
Date(s): Briefly describe the overall Mission or Task and execution date(s) for which the deliberate risk assessment is being conducted.

2. Date Prepared: Enter date form was prepared.

3. Prepared By: Information provided by the individual conducting the deliberate risk assessment for the operation or training.
Legend: UIC = Unit Identification Code; CIN = Course ID Number; OPORD = operation order; DSN = defense switched network; COMM = commercial

4. Subtask/SubStep of Mission/Task: Briefly describe all subtasks or substeps that warrant risk management.

5. Hazard: Specify hazards related to the subtask in block 4.

6. Initial Risk Level: Determine initial risk level. Using the risk assessment matrix (preceding block 13), determine level of risk for each hazard specified. Use probability and severity to determine risk level; enter risk level into column.

7. Control: Enter risk mitigation resources/controls identified to abate or reduce risk relevant to the hazard identified in block 5.

8. How to Implement / Who Will Implement: Briefly describe the means of employment for each control (i.e., OPORD, briefing, rehearsal) and the name of the individual, unit or office that has primary responsibility for control implementation.

9. Residual Risk Level: After controls are implemented, determine resulting probability, severity, and residual risk level.

10. Overall Risk After Controls are Implemented: Assign an overall residual risk level. This is equal to or greater than the highest residual risk level (from block 9).

11. Supervision Plan and Recommended Course of Action: Completed by preparer. Identify specific tasks and levels of responsibility for supervisory personnel and provide the decision authority with a recommend course of action for approval or disapproval based upon the overall risk assessment.

12. Approval/Disapproval of Mission/Task: Risk approval authority approves or disapproves the mission or task based on the overall risk assessment, including controls, residual risk level, and supervision plan.

13. Risk Assessment Review: Should be conducted on a regular basis. Reviewers should have sufficient oversight of the mission or activity and controls to provide valid input on changes or adjustments needed. If the residual risk rises above the level already approved, operations should cease until the appropriate approval authority is contacted and approves continued operations.

14. Feedback and Lessons Learned: Provide specific input on the effectiveness of risk controls and their contribution to mission success or failure. Include recommendations for new or revised controls, practicable solutions, or alternate actions. Submit and brief valid lessons learned as necessary to persons affected.

15. Additional Comments or Remarks: Preparer or approval authority provides any additional comments, remarks, or information to support the integration of risk management.

Additional Guidance: Blocks 4-9 may be reproduced as necessary for processing of all subtasks/substeps of the mission/task. The addition and subtraction buttons are designed to enable users to accomplish this task.

Food Event Application

TRI-SERVICE FOOD CODE

Unit / Organizational Food Event Application

Complete this application and submit to the Preventive Medicine Authority (PMA) **at least 30 days** prior to the start of the event.

1. Event: _____
2. Location: _____
3. Dates: (Include Set Up) Event: _____ Set Up _____
4. Name(s) of Sponsoring Organization and Telephone Numbers _____
5. POC Name: _____ Telephone _____
6. List all foods and beverage items to be served. Include where food will be prepared and who will prepare the items

Food / Beverage	Prepared by	Preparation location

7. Identify the sources for each meat, poultry, seafood item, and ice:

Item	Source

Time/Temperature Control for Safety Food (TCS) must be kept **HOT 135°F or above or **COLD 41°F** or below. Examples of TCS: Meat products, Eggs, Fish and shellfish, Dairy, Cream or custard, Cooked vegetables, Potato dishes, Protein-rich plants, Raw sprouts, Cut leafy greens, Cut garlic in oil, Sliced melons and tomatoes.**

8. If TCS is transported to the event, what is the length of time in transport? _____
9. How will the food be transported? _____
10. If TCS is used, how will the food be kept hot or cold? _____
11. Hand washing facilities, including location in relation to food service and preparation? _____

Section below to be completed by the PMA

Approved Disapproved Signature:  _____ Date: _____

Reason for Disapproval: _____

Special restrictions or requirements: _____

A COPY OF THIS FORM IS REQUIRED AT THE EVENT. HAIR COVERS OR BALL CAPS ARE REQUIRED TO BE WORN BY ALL COOKS (THERE IS NO EXCEPTION TO THIS RULE). FOLLOW ALL FOOD SERVICE GUIDELINES AND TRAIN ALL OF YOUR WORKERS.

General Information

- This form is required for all fundraising and special events involving food (e.g., baked goods, snacks, BBQs, etc.) or drinks.
- Attention to detail and specificity are critical when completing this form to avoid delays in processing your request.
- Any questions regarding this form should be directed to the Preventive Medicine Office at the Family Branch Health Clinic

2. Detailed Instructions

a. Block 1, Event: List the organization's official name and the event.

b. Block 2, Location: List the event location as shown on the fundraising request.

c. Block 3, Dates (Include Set Up): List the event dates and times as shown on the fundraising request.

d. Block 4, Name(s) of Sponsoring Organization and Telephone Numbers: List the name and telephone number of the sponsoring organization.

e. Block 5: List the name, telephone number, and email address of the organization's point of contact for this particular event.

f. Block 6: List all of the foods to be served, including where the food will be prepared and who will prepare the items (see example). If the fundraiser is a bake sale, and all goods will be prepared/pre-wrapped, it is not necessary to list each individual item.

g. Block 7: List the purchase source. If baked items are involved, list where the ingredients will be purchased.

h. Blocks 8 - 10: Only applicable if time/temperature control for safety (TCS) food is involved (TCS must be kept HOT (135° or above or COLD 41° or below). If TCS food is involved, be very specific about how the food will be transported, length of time in transport, and how the food will be kept hot or cold.

i. Block 11: Describe location of any available handwashing facilities in relation to food preparation and service locations. Also indicate if hand sanitizer will be available.