

Non-Federal Entity (NFE) Application

(Please check box below for new or revalidation)

New

Revalidation

Date: _____

Name of Organization: _____

Mailing Address: _____

Please complete this document and include it as an exhibit in your validation/revalidation request. Initial (Pen and Ink) before items 1-12, complete items 13-17, list current NFE officers and their contact information in the space provided, and sign the application (Either digital ID signature or Wet Signature).

___ 1. It is understood that neither the installation nor the Government will have any liability for the PO's actions or debts.

___ 2. It is understood that Senior Command (SC) or his designee may revoke the NFEs permission to operate on the installation at any time.

___ 3. It is understood that the NFE will be liable in any event, even where the NFE's assets are not enough to cover all NFE liabilities.

___ 4. It is understood that the NFE agrees to reimburse the Army for utility expenses, unless use is incidental.

___ 5. It is understood that the NFE will neither propagate extremist activities nor advocate violence against others or the violent overthrow of the Government.

___ 6. It is understood that NFE activities will not seek to deprive individuals of their civil rights.

___ 7. It is understood that the NFE has complied and continues to comply with all State and Jurisdictional laws.

___ 8. It is understood that the NFEs will not engage in any form of partisan political activity as defined by DoDD 1433.10,

___ 9. NFE understands that the current and future NFE personnel and volunteers who have regular contact with children under 18 years of age on the installation have undergone background checks.

___ 10. NFE understands it will display the following disclaimer on all print and electronic media mentioning the entity's name, confirming that the entity is not part of DoD: "THIS IS A NON-FEDERAL ENTITY. IT IS NOT PART OF THE DEPARTMENT OF DEFENSE OR ANY OF ITS COMPONENTS AND IT HAS NO GOVERNMENTAL STATUS."

___ 12. NFE understands they are not part of the military and only receive limited government supervision. Army employees or DoD employees will not use their titles, offices or positions in connection with their personal participation in an NFE, or officially endorse an organization and its activities.

Non-Federal Entity (NFE) Application continued

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___ 13. Please state the NFE's nature, functions, objectives (including planned use of funds), and activities

___ 14. Include a copy of your charter, articles of agreement, constitution, bylaws, or other authorization documentation. If affiliated with a national, regional or state organization, please include documentation of the parent organization. If you do not have a Charter please specify below.

___ 15. Explain your NFE's membership eligibility and who is responsible for all management functions (including accountability of assets, coverage and limitation of insurance, and disposition of remaining assets on breakup of the NFE).

___ 16. What is the extent of your NFE members' personal liability for debts of, or claims against, the NFE? (Include insurance Documents)

___ 17. (For Revalidation/recertification only) Have any major changes occurred in the organization since its last certification? **Yes** _____ **No** _____

If yes, please explain below.

Non-Federal Entity (NFE) Application continued

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18. This application has been submitted by: _____ on _____
(Print Name & Position/Title)

I understand that if I fail to submit any of the documentation or include the statements noted above, our NFE's application may be deemed incomplete.

I may be reached by phone _____ or by e-mail at _____

Signature of applicant: _____

List your current officers
(include name, address and phone.) (Please print or type)

President: _____

Vice President: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Cell: _____

Cell: _____

E-Mail: _____

E-Mail: _____

Secretary: _____

Treasurer: _____

Address: _____

Address: _____

Cell: _____

Cell: _____

E-Mail: _____

E-Mail: _____