

**Private Organizations  
Validation/Revalidation Application**  
(Please check box below for validation or revalidation)

Validation

Revalidation

**Date:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

The following documents and statements are required by AR 210-22 when a Private Organization (PO) request to operate on post. Please initial by the below items and include this document as an exhibit in your validation or revalidation request.

\_\_\_\_\_ 1. Letter/Memorandum requesting permission to operate as a private organization on Fort Stewart/ HAAF including the following statements:

- a.) A statement indicating that the installation commander may revoke permission to operate at any time.
- b.) A statement that neither the installation nor the Government will have any liability for the PO's actions or debts.
- c.) A statement that the PO will neither propagate extremist activities nor advocate violence against others or the violent overthrow of the Government, if not already included in the PO's Constitution & Bylaws.
- d.) Statement that PO activities will not seek to deprive individuals of their civil rights

\_\_\_\_\_ 2. A Charter, Articles of Agreement, Constitution, or Bylaws approved by membership, signed and dated by the president and secretary. (If affiliated with a national, regional or State organization, include documentation of the parent organization).

\_\_\_\_\_ 3. Any other documentation that states the PO's nature, functions, objectives (including planned use of funds), and activities. If not included in the PO's Constitution and Bylaws.

\_\_\_\_\_ 4. An explanation of membership eligibility and responsibilities of all management functions (including accountability of assets, coverage and limitation of insurance and disposition of remaining assets on breakup of the PO).

\_\_\_\_\_ 5. A statement of the PO's liability, if assets are not enough to cover all PO liabilities. The statement of liability will include a provision that all State and jurisdictional laws are met. Also, it will address the extent of the PO members' personal liability for debts of, or claims against, the PO.

\_\_\_\_\_ 6. Current listing of officer's or executive board members to include address, telephone number, and non- DoD email.

\_\_\_\_\_ 7. Current Financial Statements

\_\_\_\_\_ 8. Copy of current Audit Report

\_\_\_\_\_ 9. Proof of Liability Insurance. In addition to proof of liability insurance, PO must provide **proof of Fidelity bonding** purchased by an organization for members or employees handling monthly cash flow exceeding **\$500.00**. (Bonding will be equal to the normal maximum amount of cash handled.

\_\_\_\_\_ 10. Meeting Minutes.

\_\_\_\_\_ 11. Copy of any correspondence about applicability of Federal, State, or local laws.

\_\_\_\_\_ 12. Copy of Federal Income Tax Status (IRS Letter assigning Employer Identification Number)

\_\_\_\_\_ 13. No appearance of an official sanction or support by the DoD or local Installation. The PO will not include the following: the name or seal of DoD or the DoD acronym; the name, abbreviation, or seal of any DoD component or instrumentality; the seal, insignia, or other identifying device of Fort Stewart/HAAF.

\_\_\_\_\_ 14. Agreement to reimburse the Army for utility expenses, unless use is incidental (would cost more to bill and collect than it costs to provide the utility) if not already included in the PO's Constitution and Bylaws.

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

Applicant Name: \_\_\_\_\_  
(Print Name)

Position/Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this request by email to Financial Management (FM) Group Mailbox:  
usarmy.stewart.usag.mbx.dmwr-finance-management@army.mil**

**Fort Stewart/HAAF Private Organizations POC: Financial Mngt, DFMWR, 778 Gulick Ave, Bldg 443, Ste 163, Email: usarmy.stewart.usag.mbx.dmwr-finance-management@army.mil**

# VALIDATION/REVALIDATION REQUEST (Private Organizations)

NAME OF PRIVATE ORGANIZATION	DATE
<input type="text"/>	<input type="text"/>
POC NAME	ORGANIZATION ADDRESS
<input type="text"/>	<input type="text"/>
POC EMAIL	
<input type="text"/>	

## PRIVATE ORGANIZATION'S CURRENT OFFICERS

<i>POSITION</i>	<i>NAME (print)</i>	<i>PHONE</i>
PRESIDENT	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	
VICE PRESIDENT	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	
TREASURER	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	
SECRETARY	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	
OTHER	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	
OTHER	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	

NUMBER OF MEMBERS (All Categories):

<input type="text"/>	<input type="text"/>
SIGNATURE OF PRESIDENT	DATE