

Air Show Booth Application *This does not guarantee a spot*

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|------------------------|--------------------------|---|
| We Are: (Check One) | <input type="checkbox"/> | Unofficial Activity (UA), currently up to date and in good standing with our Unit Commander as required by AFI 34-223, para 2.2 – 2.2.3.2. |
| | <input type="checkbox"/> | Private Organization (PO), currently up to date and in good standing with 75 FSS Private Orgs Office as required by AFI 34-223. (If you have not updated documents with them in 2024, please get registered and updated with 75FSS.Private.Orgs@us.af.mil before applying for a booth.) |
| | <input type="checkbox"/> | “Recruiter Booths” Military Group/Organization, Government Group/Organization or Military Adjacent Group/Organization for an Information Booth, to hand out information and/or gather information. No selling, tips or donation collections allowed. |
| Organization Name: | | |
| POC Name & Email: | | |
| POC Phone #: | | |
| Air Show Dates: | | Saturday June 29 and Sunday June 30, 2024 |
| Air Show Hours: | | Required to be ready to start as early as 0600 until 1800 or later. |

Statement of Work: Fundraising Opportunities for Open House Air Force Air Show 2024

Scope of Work “Help at a Concessionaire Booth”: Participants will support food, beverage, and novelty booths. Tasks include booth setup, customer orders, cash handling, food service, cleanliness, and assisting customers; They’ll also help with inventory management and support the Master Concessionaire.

Participant Requirements: Attend mandatory training; Work effectively in a fast-paced environment; Follow instructions from the Master Concessionaire; Dress appropriately; Ensure adequate staffing; Bring their own water, sunscreen, and food/snacks.

Shift Requirements: (Example: if you choose the 5-person minimum you can rotate people out and have different shifts to spread the labor, but we always need at least 5 people on staff.) If you split up the shifts, they highly recommend no more than 2 shifts per day and that the first and second shift should overlap by one hour to insure a smooth transition.

Food Booth Participants: are required to report two hours before the show gates open, second shift needs to be scheduled until 1800. *There is only one spot available for this option.*

Soda Booth Participants: are required to report one hour before show gates open.

Cart Participants are required to report one and a half hours before show gates open.

Uniform Requirements: Short-sleeve shirt, Shorts or pants, Closed-toed shoes, Hat, or hairnet (if working in a food/beverage booth)

Trash Collectors: You will work to collect the trash from the various 75 FSS Booths/Locations around the event and haul it away to the main dumpsters. Required to lift heavy trash bags and walk/carry them between locations. *There is only one spot available for this option.*

Duration and Schedule: The Air Force Air Show will take place on Saturday, June 29, and Sunday, June 30, 2024. Participants must be ready to start as early as 0600 until 1800 or later.

Liability Waiver: Neither the United States Air Force nor any of its agencies or instrumentalities shall be liable for any damages or injuries that arise out of this contract or any activities during the Air Show.

Additional: Any additional Rules/Instructions/Requirements will be given by the Concessionaire or Event Coordinators. All applicable Air Force Regulations and local laws will be adhered to.

Unit Memorabilia Booths: Units can sell unit-only branded memorabilia. All items and prices must be approved before booth approval. No Air Show wording or images are allowed. Booth space and quantity are limited. Subject to approval.

Recruiter/Information Booth: If you are from a Military, Government or Military Adjacent Group/Organization and want a booth as a recruiter or information stand, please select this option and we will follow up with you for more information as needed. Fill out pages 1,2 & 5 as Statement of who you are what your goal/purposes is for the show.

Application Options:

Page 2 of this Application has the various booth options you can apply for. If you select a booth type that has been filled, we will attempt to find another booth for your team.

Applications will be reviewed in the order they are received in the workflow at 75FSS.Private.Orgs@us.af.mil

Booths are limited and not guaranteed. PO’s must be up to date to qualify.

Help at a Concessionaire Booth: (Limit has been increased to \$2,500 per Private Org/Unofficial Activity/Group)

In the first column please type the number of booths you are applying for, example if you have 6 people and you want to do two Soda booths, type 2. **Required to keep the booth staffed at all times on both Saturday and Sunday.**

Note if you already applied at the lower prices, we have reached out with the updated payout amounts and updated your paperwork accordingly.

| # of Booths Requesting | Booth Type | Min # of Participants | Total Amount Paid to Group (If Both Days are staffed) | Time Requirements |
|------------------------|--|-----------------------|---|---|
| | Food Booths (Estimated 8 Booths left) | 3 | \$600.00 | Report 2 hours before the gates open and work until 1800. |
| | Food Booths (Estimated 3 Booths left) | 4 | \$800.00 | Report 2 hours before the gates open and work until 1800. |
| | Food Booths (Estimated 9 Booths left) | 5 | \$1,00.00 | Report 2 hours before the gates open and work until 1800. |
| | "Carts" Frozen Lemonade/Hotdogs/Smoothies (Estimated 20 Booths left) | 2 | \$200.00 | Report 1.5 hours before the gates open and work until 1800. |
| | Food & Beverage Runners (Only 1 Booth left) | 2 | \$400.00 | Report 2 hours before the gates open until 1 hour after the gate closes. NO SHIFTS. |
| | | | | |

Unit Memorabilia Booth: (Limit to 1 booth per Unit/Group, Limited Booth Spots, Subject to approval).

| | |
|---------------|---|
| Not Available | Thank you for your interest. All spots are filled for the 2024 Air Show. Application cutoff date was April 30, 2024, so we could prepare the final ramp layout to provide to ABW. <i>If you already submitted a form before the cutoff date, we will process it and follow up with you. Should new spots open up for some reason we will send out an email through FSS Marketing Team notifying the base.</i> |
|---------------|---|

Recruiters or Information Only Booths: (Military or Military Adjacent Organizations Only)

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|--|---|
| | Please fill out pages 1-2 |
| | Please attach a statement of your groups purpose, what information you will be handing out or if you are taking information like applications, names/email address etc. If you are planning on giving away free items, please include a list of what the items would be. Example: Pens, Stress Balls, ChapSticks. |

75 FSS Office Use Only

| | | | |
|---|-----------------------------------|---------------------------------|-----------|
| Type: | Check One: | | Signature |
| Concession Booth Assist | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Private Org Confirmed up to date as required by AFI 34-223. | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |

**ELECTRONIC FUNDS TRANSFER (EFT)
VENDOR PAYMENT ENROLLMENT FORM**

BASE NAME: HILL AFB

TO BE COMPLETED BY AIR FORCE :

1099 YES NO

Fax #: _____ Comm Phone #: _____ Email Address: _____

This form is to be used for electronic funds transfer (EFT) payment enrollment. The information will be used by our disbursement office to transmit payment by electronic means to your financial institution. Return this completed form to the billing address listed on the contract.

EFT ENROLLMENT TYPE: **NEW** **UPDATE** _____

CURRENCY TYPE: USD _____ FOREIGN _____

Contractor

Name : _____
Address: _____

Taxpayer ID Number (TIN): _____
Or Social Security Number: _____

EFT addenda information required by Contractor to accompany payment
(See item 3 on reverse side)

(80 Characters or less)

Vendor Payment Notification Information

NAME _____
EMAIL ADDRESS _____
 ADDITIONAL INFORMATION _____
TELEPHONE NUMBER _____
 FAX NUMBER: _____

Contractor Financial Institution

Bank Name: _____
Bank Address: _____

 Bank Branch Name: _____
 Bank Branch Code: _____
 SWIFT CODE: _____
 IBAN: _____
ABA NUMBER: _____
 (Routing #)
Bank Account Number: _____
Name Of Account, If different than Contractor Name: _____

Account Type: ('X' one of the following)

Checking: Savings:

PRIVACY ACT STATEMENT: The information herein is For Official Use Only (FOUO) which must be protected under the FOIA and Privacy Act, as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in criminal and/or civil penalties. All information collected on this form is required under the provisions of 31 U.S.C. 3332 and 31 CFR 210. **PURPOSE:** This information will be used by Air Force Personnel Center Financial Management to transmit payment data, by electronic means to vendor's financial institution. **ROUTINE USE:** The information collected on this form may be shared with parties' financial institutions for electronic funds transfers (EFT). Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House (ACH) Payment System or SWIFT/CHIPS Payment Systems.

ELECTRONIC PAYMENT TERMS AND CONDITIONS

The Debit Collection Improvement Act of 1996 mandates all Federal government payments be made by Electronic Funds Transfer (EFT) as of 1 Jan 99. As such, payment terms between NAFI and Contractor is by EFT.

Contractor agrees to accept payment from the NAFI through EFT. The NAFI can rely exclusively on the information provided by the Contractor on this enrollment form. This applies to and amends all existing agreements with the NAFI by incorporating the following terms and conditions for electronic payment.

NAFI will initiate payment to Contractor based on the following:

1. EFT payment will be made to the financial institution to credit the account number as stated on enrollment form.
2. EFT payment is in a National Automated Clearing House (NACHA) CCD+ format.
3. Remittance information is limited to repetitive (non-changing) information, such as, customer number, store number, etc.
4. The bank information contained on this enrollment form signed by Contractor's authorized representative contains the Contractor's correct account information. Contractor's authorized representative must notify NAFI in writing of any change to said Contractor's bank account information 10 days prior NAFI's forthcoming payment due date. This allows the NAFI to make the necessary account information changes within their EFT payment system. The NAFI will be considered harmless for any loss that may arise solely by reason of error, mistake or fraud regarding the bank information provided by Contractor on an original enrollment or corrected enrollment form.
5. EFT payment is initiated within the normal terms of NAFI's agreement with Contractor. NAFI's EFT terms and conditions neither enlarge or diminish the respective rights and obligations of NAFI within any applicable commercial agreement. The payment due date is not affected. NAFI will consider payment made when Contractor's financial institution has received or has control of the payment transaction. This will generally occur within three (3) calendar days following EFT payment by the NAFI. Any loss of data at that point will be borne by Contractor unless the loss is due to sole negligence of the NAFI's originating bank.

If the NAFI EFT payment value date is a non-banking day, the EFT value date automatically changes to the next banking business day. In all cases, the banking day is defined as the day the EFT originating bank (NAFI) and the receiving bank (Contractor) is available to transmit and receive the EFT payment.

Contractor should notify the NAFI immediately if payment is not received as described in item 4 (above). The NAFI shall have 10 business days to research and advise said payment.

6. The NAFI has the right to adjust future payments or initiate either an EFT reversal or an ACH debit (with REVERSAL as the entry description) for an EFT payment amount if EFT payment previously paid is a duplicate payment, overpayment, fraudulent payment or payment error.

CONTRACTOR'S AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE

List what you can now, full list required NLT 7 June, 2024.

Air Show Booth Participant Contact Information:

| Organization Name: | | | |
|--------------------|----------------|-------------------|-------------|
| Participant Name: | Email Address: | Personal Phone #: | Booth Type: |
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Memorandum of Understanding BOOTH PARTICIPANTS 2024 Hill AFB Air & Space Show

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|------------------------------|--------------------------|--------------|
| <i>Commander/President:</i> | Commander: President: | <i>Date:</i> |
| <i>Private Organization:</i> | | |

I, as Commander/President of this private organization, which is recognized by the Commander, 75 ABW, IAW AFI 34-223, as eligible to participate in the 2024 Hill AFB Air & Space Show, agree to comply with all the provisions of the 2024 Hill AFB Open House Air & Space Show Concessionaire and this memorandum.

1. I certify that this is a private organization and is not an agency or instrumentality of the United States Air Force. Neither the United States Air Force nor any of its agencies or instrumentalities shall be liable for any damages or injuries that arise out of this contract or any of the activities during the 2024 Hill AFB Air & Space Show.

2. A copy of the organization's contact name, emails and phone numbers is attached.

3. You will provide ____participants for Booth Operation. Arriving as early as 0600 and departing as late as 1800 or later. Uniform is short sleeve shirt, shorts/pants, close toed shoes and hat/hairnet if working in a food booth or drink booth.

4. If applicable, Electronic Funds Transfer (EFT) for my organization's payment is attached.

5. Each participant will agree to follow all applicable regulations, rules, policies, and laws as they participate in the 2024 Hill AFB Air & Space Show. They will report to 75 FSS for any updated instructions as needed.

| Organization Points of Contact: | | | |
|---------------------------------|---------------|--|-------------|
| Primary: | Name: | | E-mail: |
| | Office phone: | | Cell Phone: |
| Alternate: | Name: | | E-mail: |
| | Office phone: | | Cell Phone: |

Forms must be completed by the Organization Commander/President or forwarded through them for their endorsement. E-mail to: 75FSS.Private.Orqs@us.af.mil
75 FSS Resource Management Office, 7285 4th St. BLDG 180 Room 200.

Organization's Commander/President's
Signature/Date:

Please reply by 7 June 2024 – Booths might fill up sooner than that