

**REQUEST FOR EXCEPTION TO POLICY – FORT CAMPBELL FMWR UNIT FUNDS REQUEST**

(The proponent of this form is Directorate of Family and Morale, Welfare and Recreation.)

The purpose of the form is to formally request an exception to policy to the Fort Campbell Family and Morale, Welfare and Recreation (FMWR) Local Unit Fund Standard Operating Procedure (SOP) for Unit Fund Requests submitted outside the designated timeframes outlined in sections 6.d.4.a or 6.d.4.b. This form must be completed and submitted through the Brigade Commander or equivalent to the FMWR Financial Management Branch's Unit Fund Administrator Office for approval.

**1. NAME OF UNIT:****2. DATE OF REQUEST:****3. SPECIFIC TIMEFRAME OR EVENT:** (This request is for the specific timeframe or event only and will not set a precedent for future operations.)**4. SELECT THE TYPE OF NON-COMPLIANCE TO THE LOCAL FMWR UNIT FUND SOP THAT APPLIES:**

Unit Fund request exceeding \$500 and the request was not submitted within 15 calendar days prior to the event.

Unit Fund request equal to or less than \$500 and the request was not submitted within 10 calendar days prior to the event.

**5. BACKGROUND:** Provide any previous attempts to comply and explain why compliance is not feasible in this case.**6. JUSTIFICATION:** Describe the specific circumstances that lead to requesting an exception to policy (e.g., operational constraints, unique event requirements, unforeseen conditions, etc.) and explain why strictly adhering to the Local FMWR Unit Fund SOP is not practical and could negatively impact operations (e.g., mission readiness, program participation, service delivery, morale, etc.).**7. IMPACT:** Explain what granting this exception will allow (describe the benefit or positive impact, such as improved participation in an FMWR program, increased accessibility, enhanced troop welfare).**8. REQUEST:** Provide a brief description of what is being requested.**9a. REQUESTER'S NAME:****9b. REQUESTER'S EMAIL:****9c. PHONE NUMBER:****9d. REQUESTER'S SIGNATURE:****APPROVALS / DISAPPROVALS (Check Appropriate Box)****10. COMMANDER RECOMMENDATION:** The Brigade Commander or equivalent MUST sign off on exception requests.

APPROVE

DISAPPROVE

Date:

Signature:

**11. APPROVAL AUTHORITY:** For additional information contact (270) 412-4181, Bldg. T-39 Indiana Ave, Rm 144.

APPROVE

DISAPPROVE

Date:

Signature:

NAF Support Chief, Family and Morale,  
Welfare and Recreation (931) 237-8485**GENERAL PROCUREMENT OF MERCHANDISE, SUPPLIES and/or SERVICES:**

a. The FMWR Unit Fund Administrator processes all Unit Fund purchases and is the only individual authorized to obligate Unit Funds. There are NO EXCEPTIONS to this requirement.

b. Purchase requests will not be accepted after the End-of-Fiscal Year expenditure date of 15 September each year at the Financial Management Branch. All unexpended Local balances will return to the IMWRF at the end of each fiscal year (30 September).

c. Purchase requests may be accepted beginning 1 October of the new fiscal year, but requests cannot be approved before funds are allocated.

d. Unit Fund Managers will prepare, sign, and submit a memorandum (Encl 2) with the following information:

(1) Itemized list of items/services from each location requested.

(2) Date of the event/purchase.

(3) Intended use of the funds.

(4) Total amount requested (only FMWR activities or published price lists may be consulted to determine the estimate, and Commissary requests must include a 5% surcharge).

a. For Unit Fund Requests exceeding \$500, requests must be submitted NO LESS THAN 15 calendar days prior to the event.

b. For Unit Fund Requests equal to or less than \$500, requests must be submitted NO LESS THAN 10 calendar days prior to the event.

c. Exceptions for Unit Fund Requests submitted outside the designated timeframes outlined in sections 6.d.4.a or 6.d.4.b will be restricted and must be submitted for approval to the FMWR Unit Fund Administrator Office using the Unit Funds Request ETP Form (Encl 3). Unit Fund Managers are responsible for completing the required Unit Funds Request ETP Form, receiving the appropriate endorsement in section 10 (Command Recommendation) prior to submitting it to the FMWR Unit Fund Administrator Office for final approval. This form shall be submitted electronically karolina.e.simer.naf@army.mil or hand carried to Bldg T-39, Indiana Ave, Rm 144.