

NFE/PO Name
Address
Fort Moore, Georgia 31905

Date XX/XX/2023

Director of Family and MWR
ATTN: Private Organization/Fundraising Coordinator
6850 Barron Avenue, Building 85
Fort Moore, Georgia 31905

SUBJECT: Request for Revalidation

1. The **Name of NFE/PO** requests revalidation of our permit to operate as a private organization on Fort Moore. Our permit expires on **XXXX**.
2. The Organization will comply with appropriate Department of Defense, Department of Army, and MCoE directives, regulations, and guidance as required.
3. Enclosed for approval are:
 - Copy of Constitution and Bylaws
 - Up-to-date monthly financial report and bank statement
 - Officers List to include name, phone number, address for all correspondence
4. POC: **First, last name, phone number and email address**.

Name and sign above
President