



NAVY-MARINE CORPS RELIEF SOCIETY

MAKING A DIFFERENCE FOR SAILORS, MARINES AND THEIR FAMILIES

ADFD TRAINING #2
EXECUTION AND FINANCE



2016

Navy-Marine Corps Relief Society Active Duty Fund Drive





Agenda



- Organization
- Subarea Campaign Management
- Donations
- Collection Logs & Transmittal Forms
- Weekly & Final Reports





2016 NMCRS Campaign



- Fund drive March 1st-May 2nd
- Allotments start 1 Jun 2016; end 31 May 2017



Metro San Diego Area



Honorary Chairman: RDML Mark Rich, COM NRSW

Overall Coordinator: CAPT Kathy Kerrigan

Assistant Coordinator: LCDR Rob Atienza

Treasurer: LT Ryan Bowers



SA-1

SA-2

SA-3

SA-4

SA-5

SA-6

SA-7

SA-8

Subareas 1 -6
Rotate annually as
Area Coordinator

Each Subarea:

Subarea Coordinator

Assistant Subarea Coordinator

Each Unit:

Activity Chairperson

Auditors

Campaign Key Persons



NMCRS Locations



- **Directors:**

- Naval Base SD: Mr. Barry White (619)767-6810, barry.white@nmcrs.org
- MCRD: TBD
- NAS North Island: Ms. Traci Schuck (619)545-4477, traci.schuck@nmcrs.org
- MCAS Miramar: Ms. Leah Miller (858)577-1807 leah.miller@nmcrs.org



Pathway for Success



- 100% contact with ALL active duty personnel
- Encourage participation: A little bit, helps a lot
- Kick Off Events!
- Start Early; enthusiasm from top down
- Take advantage of all hands events
- Testimonials
- Base Marquee Signs
- POW and emails



Meaningful Contact



- Talk to *ALL active duty** personnel
- Educate on what NMCERS does
- Fill out donation slips ahead of time with the persons name, rank, command



*Civilians / Reservists cannot be solicited, but may voluntarily contribute



Methods for Individuals to Donate



1. Online/Credit Card
2. Payroll Allotment
3. Check
4. Cash



Marine Online



- Added in 2012

- **CANCELLED**
for 2015

MARINE ONLINE

US Department of Defense Warning Statement

You are accessing a U.S. Government Information System (IS) that is provided for USG-authorized use only. By using this IS (whether from this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, intelligence gathering, COMSEC monitoring, network operations and defense, personnel recruitment (PR), personnel force management (LE), and counterintelligence (CI) investigations.
- At any time, the USG may intercept, inspect, review, analyze, use, or disseminate information and data stored on this IS.
- Communications using, or data stored on, this IS are not private and are subject to routine monitoring, interception, and search by the USG. Information may be disclosed or used for any USG-authorized purpose.
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- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychoanalysts, or clergy, and their assistants. Such communications and work product are private and confidential.

2.3.1.08 ss0-p1s-04



Online Donation

<http://nmcrsfunddrive.org/sandiego/>



May elect one-time payment or monthly recurring
For record keeping, request online donors to also fill out a contribution form

2016 ACTIVE DUTY
FUND DRIVE

IN SUPPORT OF



NAVY-MARINE CORPS
RELIEF SOCIETY

SHARE    



Metro San Diego Area

RAISED SO FAR: \$0

Allotment

Credit or Debit

Cash or Check



Contribution Form

133004

NMCRS QE1 12 10/23/2013



NAVY-MARINE CORPS RELIEF SOCIETY

ACTIVE DUTY FUND DRIVE

Help support fellow Sailors, Marines and their families. Someday you may need them to return the favor.

Monthly Payroll Allotment

- \$5 \$10 \$25 \$35
- \$50 \$100 OTHER _____

THIS 12-MONTH ALLOTMENT TOTALS \$ _____

I hereby authorize the Department of the Navy to deduct the indicated amount from my pay each month for twelve (12) months starting June 1 and ending May 31 of the following year, provided that the amount deducted be remitted to the Navy-Marine Corps Relief Society, a charitable organization (EIN-53-0204618) doing business at 875 North Randolph Street, Suite 225, Arlington, VA 22203. I understand that this authorization may be revoked by me, by an allotment stoppage authorization, at any time before it expires and that it will be revoked automatically upon my separation from the service. **Contributions are tax deductible.**

Contributor's Signature _____ **Date** _____

Key Person's Signature _____

Copy 1: Forward to Disbursing Office for AD Allotment Only

Copy 2: Forward to your Active Duty Fund Drive Key Person

Copy 3: Retain this copy for your records

Copy 1: Forward to Disbursing Office for AD Allotment Only

Copy 2: Forward to your Active Duty Fund Drive Key Person

Copy 3: Retain this copy for your records

Copy 1: Forward to Disbursing Office for AD Allotment Only

Copy 2: Forward to your Active Duty Fund Drive Key Person

Copy 3: Retain this copy for your records

Contribution Form

DFAS INFO | USMC Code: 954 USN Code: T602886

First Name _____ M.I. _____ Last _____

Pay Grade _____ SSN _____ (DFAS Requires for Allotments Only)

Homeport / Station _____

Command / UIC / RUC _____

EAOS / EAS (month / day / year) _____ / _____ / _____

Status Active Duty USN Active Duty USMC Retired USN* Retired USMC* Other

*Forward copy 1 to NMCRS HQ

Other Ways to Give

CHECK \$ _____ CREDIT CARD _____

Go to www.nmcrs.org/ADFD

CASH \$ _____

TOTAL CHECK, CASH OR CREDIT CARD CONTRIBUTION \$ _____

Write Legibly & Press Hard to Transfer Carbon Copies

Completely Filled Out for: Allotments, cash, check, and online donations



Contribution Form



Left Half

133034

10/23/2013

QET 12

NMCRS



NAVY-MARINE CORPS RELIEF SOCIETY

ACTIVE DUTY FUND DRIVE
Help support fellow Sailors, Marines and their families.
Someday you may need them to return the favor.

Monthly Payroll Allotment

<input type="checkbox"/> \$5	<input checked="" type="checkbox"/> \$10	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35
<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> OTHER	<u>\$2.00</u>

THIS 12-MONTH ALLOTMENT TOTALS \$ \$24.00

I hereby authorize the Department of the Navy to deduct the indicated amount from my pay each month for Navy-Marine Corps Relief Society, a charitable organization (EIN-53-0204618) doing business at 875 North R authorization, at any time before it expires and that it will be revoked automatically upon my separation from t

Contributor's Signature _____

Copy 1: Forward to Disbursing Office for AD Allotment Only Copy 2: Forward t

- Individual fills in box indicating 'Monthly' dollar amount
- Or chooses "OTHER", and indicates amount; Minimum monthly amount is **\$1.00**
- Multiply by 12; enter in 12-month Allotment TOTAL \$

ENSURE 12-MONTH TOTAL IS A WHOLE DOLLAR AMOUNT AND IS DIVISIBLE BY 12



Contribution Form



Individual fills in:

Right Half

- Name
- Paygrade
- Full SSN for Allotments
- Duty Station
- Command & UIC/RUC
- End of Active Service Status
- Fill in total of check, cash, or credit card amount; enter **\$0.00** if giving by Monthly Allotment

Contribution Form DFAS INFO | USMC Code: 954 USN Code: T602886

First Name _____ M.I. _____ Last _____

Pay Grade _____ SSN _____ - _____ - _____ (DFAS Requires for Allotments Only)

Homeport / Station _____

Command / UIC / RUC _____

EAOS / EAS (month / day / year) _____ / _____ / _____

Status Active Duty USN Active Duty USMC Retired USN* Retired USMC* Other

*Forward copy 1 to NMCRS HQ

Other Ways to Give

CHECK \$ _____ CREDIT CARD _____

CASH \$ _____ Go to www.nmcrs.org/ADFD

TOTAL CHECK, CASH OR CREDIT CARD CONTRIBUTION \$ _____

I authorize the deduction of my contribution from my pay for the next twelve (12) months starting June 1 and ending May 31 of the following year, provided that the amount deducted be remitted to the Randolph Street, Suite 225, Arlington, VA 22203. I understand that this authorization may be revoked by me, by an allotment stoppage in my service. **Contributions are tax deductible.**

Date _____ Key Person's Signature _____

to your Active Duty Fund Drive Key Person **Copy 3: Retain this copy for your records**

Write Legibly & Press Hard to Transfer Carbon Copies



Contribution Form

Bottom Signatures Portion

I hereby authorize the Department of the Navy to deduct the indicated amount from my pay each month for twelve (12) months starting June 1 and ending May 31 of the following year, provided that the amount deducted be remitted to the Navy-Marine Corps Relief Society, a charitable organization (EIN-53-0204618) doing business at 875 North Randolph Street, Suite 225, Arlington, VA 22203. I understand that this authorization may be revoked by me, by an allotment stoppage authorization, at any time before it expires and that it will be revoked automatically upon my separation from the service. **Contributions are tax deductible.**

Contributor's Signature _____ **Date** _____ **Key Person's Signature** _____

Copy 1: Forward to Disbursing Office for AD Allotment Only **Copy 2:** Forward to your Active Duty Fund Drive Key Person **Copy 3:** Retain this copy for your records

- Individual Signs and Dates
- Key Person Signs

Write Legibly & Press Hard to Transfer Carbon Copies



Contribution Form

1330084
10/23/2013
NMCRS QET 12



NAVY-MARINE CORPS RELIEF SOCIETY

ACTIVE DUTY FUND DRIVE

Help support fellow Sailors, Marines and their families. Someday you may need them to return the favor.

Monthly Payroll Allotment

- \$5 **\$10** \$25 \$35
- \$50 \$100 OTHER _____

THIS 12-MONTH ALLOTMENT TOTALS \$ _____

I hereby authorize the Department of the Navy to deduct the indicated amount from my pay each month for twelve (12) months starting June 1 and ending May 31 of the following year, provided that the amount deducted be remitted to the Navy-Marine Corps Relief Society, a charitable organization (EIN-53-0204618) doing business at 875 North Randolph Street, Suite 225, Arlington, VA 22203. I understand that this authorization may be revoked by me, by an allotment stoppage authorization, at any time before it expires and that it will be revoked automatically upon my separation from the service. **Contributions are tax deductible.**

Contributor's Signature _____ **Date** _____

Copy 1: Forward to Disbursing Office for AD Allotment Only

Copy 2: Forward to your Active Duty Fund Drive Key Person

Copy 3: Retain this copy for your records

Contribution Form

DFAS INFO | USMC Code: 954 USN Code: T602886

First Name _____ M.I. _____ Last _____

Pay Grade _____ SSN _____ - _____ - _____ (DFAS Requires for Allotments Only)

Homeport / Station _____

Command / UIC / RUC _____

EAOS / EAS (month / day / year) _____ / _____ / _____

Status Active Duty USN Active Duty USMC Retired USN* Retired USMC* Other

*Forward copy 1 to NMCRS HQ

Other Ways to Give

CHECK \$ _____ CREDIT CARD _____

Go to www.nmcrs.org/ADFD

CASH \$ _____

TOTAL CHECK, CASH OR CREDIT CARD CONTRIBUTION \$ _____

Key Person's Signature _____

Key Person Ensures Form is Completely Filled Out



Contribution Form



133034

10/23/2013

QM1 12

NMCRS



NAVY-MARINE CORPS RELIEF SOCIETY

ACTIVE DUTY FUND DRIVE

Help support fellow Sailors, Marines and their families. Someday you may need them to return the favor.

Monthly Payroll Allotment

\$5
 \$10
 \$25
 \$35
 \$50
 \$100
 OTHER

THIS 12-MONTH ALLOTMENT TOTALS \$ _____

I hereby authorize the Department of the Navy to deduct the indicated amount from my pay each month for twelve (12) months starting June 1 and ending May 31 of the following year, provided that the amount deducted be remitted to the Navy-Marine Corps Relief Society, a charitable organization (EIN-53-0204618) doing business at 875 North Randolph Street, Suite 225, Arlington, VA 22203. I understand that this authorization may be revoked by me, by an allotment stoppage authorization, at any time before it expires and that it will be revoked automatically upon my separation from the service. Contributions are tax deductible.

Contributor's Signature _____

Date _____

Key Person's Signature _____

Copy 1: Forward to Disbursing Office for AD Allotment Only

Copy 2: Forward to your Active Duty Fund Drive Key Person

Copy 3: Retain this copy for your records

Contribution Form

DFAS INFO | USMC Code: 954 USN Code: 602886

First Name _____ M.I. _____ Last _____

Pay Grade _____ SSN _____ (DFAS Requires for Allotments Only)

Homeport / Station _____

Command / UIC / RUC _____

EAOS / EAS (month / day / year) _____ / _____ / _____

Status Active Duty USN Active Duty USMC Retired USN* Retired USMC* Other

*Forward copy 1 to NMCRS HQ

Other Ways to Give

CHECK \$ _____ CREDIT CARD _____

CASH \$ _____

Go to www.nmcrs.org/ADFD

TOTAL CHECK, CASH OR CREDIT CARD CONTRIBUTION \$ _____

Ensure carbon copy transferred to Copy 2 & 3; Handwrite in if needed

- Copy 1 will go to PSD / Payroll Office (Original to DFAS)
- Copy 2 will go to Activity Chairperson
- Give Copy 3 to Individual (after thanking them of course)



Pay Transmittal (Form 3)



CONTRIBUTOR FORM (DFAS INFO | USMC Code: 954 | USN Code: T62898)

First Name John M.I. H. Last Doe
 Pay Grade E-4 SSN 1 2 3 4 5 6 7 8 9 (DFAS Requires for Allotment Only)
 Homeport / Station San Diego
 Command / UIC / RUC NRSW / 00242
 EAOS / EAS (month / day / year) 03 / 15 / 2019
 Status Active Duty USN Active Duty USMC Retired USN* Retired USMC* Other
*Forward copy 1 to NMCRS HQ

Other Ways to Give
 CHECK \$ _____ CREDIT CARD
Go to www.nmcrs.org/ADFD
 CASH \$ _____

Monthly Payroll Allotment
 \$5 \$10 \$25 \$35
 \$50 \$100 OTHER \$2.00

THIS 12-MONTH ALLOTMENT TOTALS \$ \$24.00 TOTAL CHECK, CASH OR CREDIT CARD CONTRIBUTION \$ \$0.00

I hereby authorize the Department of the Navy to deduct the indicated amount from my pay each month for twelve (12) months starting June 1 and ending May 31 of the following year, provided that the amount deducted be remitted to the Navy-Marine Corps Relief Society, a charitable organization (EIN-53-0294616) doing business at 875 North Randolph Street, Suite 225, Arlington, VA 22203. I understand that this authorization may be revoked by me, by an allotment stoppage authorization, at any time before it expires and that it will be revoked automatically upon my separation from the service. Contributions are tax deductible.

Contributor's Signature John H. Doe Date 15 Mar 2016
Copy 1: Forward to Disbursing Office for AD Allotment Only Copy 2: Forward to your Active Duty Fund Drive Key Person Copy 3: Retain this copy for your records

From: _____ Activity UIC _____ Date _____
 To: _____ PSD/Disbursing _____
 Subj: NAVY-MARINE CORPS RELIEF FUND DRIVE ALLOTMENT TRANSMITTAL

A total of _____ allotment contribution cards amounting to \$ _____ for the 12 months period starting 1 JUN are forwarded herewith for posting to the pay accounts of individuals listed below. Please acknowledge receipt by signing in the space provided and returning one copy to the activity representative now.

	NAME (Last, initial)	SSN	MONTHLY AMOUNT	# MO
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____

C. A. America
 Signature
C. A. America
 Print Name
619-524-1768
 Phone
 ACTIVITY CHAIRPERSON
 NRSW, N1

Date Received: 20 Apr 2016
Ms. Macklin
 Signature
Ms. Macklin
 Print Name
 PSD REP
 PSD NAVSTA San Diego

(FORM 3)

- Place up to 20x Copy 1 of Contribution Forms in order on Transmittal (Form 3)
 - Key Person --> Activity Chairperson
 - Activity Chairperson Fills out and Signs Bottom Left portion
 - Payroll Office Rep fills out and signs Bottom Right portion
 - Activity Chairperson maintains copy for 2 years
- Encloses all (Form 3) in Final Report**



Cash or check donations



- Checks paid to:
Navy-Marine Corps Relief Society Fund Drive Account

- Fill out Contribution Form, SSN's not required
- Keep cash & checks in a secure place
- **DO NOT** put in your personal account
- Deposits are made at any Chase Bank
- Make deposits at least weekly and get deposit receipt in duplicate
- **Use preprinted deposit slips NMCRS account# →**
- List checks on separate lines-include command and UIC/RUC on check
- **DO NOT** send cash through the mail-

CHASE, PO Box 36520, Louisville, KY 40233-6520

CHASE DEPOSIT TICKET

FOR CLEAR COPY, PLEASE PRINT WITH BALL POINT PEN.

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

DATE 16 May 14

CURRENCY		
X 100		
X 50		
8 X 20	160	00
3 X 10	30	00
4 X 5	20	00
X 2		
X 1		
TOTAL CURRENCY		
CASH		
TOTAL CASH		
CHECKS (INCLUDE ADD TAPES)		
1	3491	200 00
2		
3		
4		
5		
6		
7		
8		
9		
TOTAL CHECKS:		410 00

NAVY-MARINE CORPS RELIEF SOC
BOX 3103 NAVAL STATION
SAN DIEGO, CA 92161-0103

15703010221 19514998999

PLEASE RE-SURF ALL ITEMS
DEPOSITED AND NOT AT ALL TIMES
FOR MAXIMUM PROTECTION

90-119 41084

41010

Will need to list each deposit on Final Report (Form 6)



Unit Weekly Report (Form 4)



- Activity Chairpersons submit electronic version to Subarea Coordinator by **COB Wednesday**
- Electronic copy provided in Excel spreadsheet

UNIT WEEKLY REPORT			
NAVY-MARINE CORPS RELIEF FUND DRIVE 2015			
SUB AREA / UNIT CODE	ORG/UNIT/OFFICE/ACTIVITY NAME	REPORT # / DATE	
6 / RTRMCRD	RECRUIT TRAINING REGIMENT	1 / 5 MAR 2015	
WEEKLY CONTRIBUTIONS			
	# OF DONORS	AMOUNT (\$)	PRI/ALT INITIALS
ALLOTMENT CONTRIBUTIONS	<input type="text"/>	<input type="text"/>	<input type="text"/>
CHECK CONTRIBUTIONS	<input type="text"/>	<input type="text"/>	<input type="text"/>
CASH CONTRIBUTIONS	<input type="text"/>	<input type="text"/>	<input type="text"/>
ONLINE CONTRIBUTIONS	<input type="text"/>	<input type="text"/>	<input type="text"/>
WEEKLY CONTRIBUTION TOTALS			
	0	\$0.00	<input type="text"/>
WEEKLY BANK DEPOSITS			
	# OF DEPOSITS	AMOUNT (\$)	PRI/ALT INITIALS
	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT INFORMATION			
TOTAL ON BOARD	CONTACTED THIS WEEK	TOTAL CONTACTED	
<input type="text"/>	<input type="text"/>	0	
NAME / WORK PHONE OF PERSON SUBMITTING REPORT (PLEASE PRINT)			
<input type="text"/>			
FUND DRIVE CUMULATIVE TOTALS			
	# OF DONORS	AMOUNT (\$)	PRI/ALT INITIALS
ALLOTMENT TOTALS	0	\$0.00	<input type="text"/>
CHECK TOTALS	0	\$0.00	<input type="text"/>
CASH TOTALS	0	\$0.00	<input type="text"/>
ONLINE TOTALS	0	\$0.00	<input type="text"/>



Unit Weekly Report (Form 4)



Top Half

Activity Chairperson will use Subarea # & Unit Code as listed on Subarea Summary Report

Example shown will be for RTR of Subarea 6, 1st weekly report which will be due 9 March 2016

UNIT WEEKLY REPORT												
NAVY-MARINE CORPS RELIEF FUND DRIVE												
SUB AREA / UNIT CODE			ORG/UNIT/OFFICE/ACTIVITY NAME					REPORT # / DATE				
WEEKLY CONTRIBUTIONS												
			# OF DONORS		AMOUNT (\$)			PRI/ALT INITIALS				
7	ALLOTMENT CONTRIBUTIONS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	CHECK CONTRIBUTIONS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	CASH CONTRIBUTIONS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SUBAREA 6 SUMMARY													
			Percent								Per Capita		
Code	Command	COB	Contact	Donating	Contact	Donating	Cash	Allotment	Total	Gross	Net		
NAVY MEDICAL CENTER SAN DIEGO													
6	HQSVC	H & S BATTALION		0	0	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ALS
7	RSMCRD	RECRUITERS SCHOOL		0	0	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
8	RTRMCRD	RECRUIT TRAINING REGIMENT		0	0	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
9	12MCD	TWELFTH MARINE CORPS DISTRICT		0	0	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10	WFTBMCRD	WEAPONS FIELD TRAINING BATTALION		0	0	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ED
11	SUBAREA 6 TOTALS		0	0	0	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

25	
26	NAME / WORK PHONE OF PERSON SUBMITTING REPORT (PLEASE PRINT)
27	<input type="text"/>
28	



Unit Weekly Report (Form 4)



Top Half

- Enter in Total Number of Active Duty Personnel on Board / on Hand at the unit/command
- Enter in the amount that were contacted for **this week, it will automatically added to Total Contacted each week**
- Fill in WEEKLY CONTRIBUTIONS and WEEKLY BANK DEPOSITS as it pertains to **each weekly report**
- Activity Chairperson Initials each line
- Activity Chairperson provides Name and Phone Number

UNIT WEEKLY REPORT			
NAVY-MARINE CORPS RELIEF FUND DRIVE			
SUB AREA / UNIT CODE	ORG/UNIT/OFFICE/ACTIVITY NAME	REPORT # / DATE	
WEEKLY CONTRIBUTIONS			
	# OF DONORS	AMOUNT (\$)	PRI/ALT INITIALS
ALLOTMENT CONTRIBUTIONS	<input type="text"/>	<input type="text"/>	IMA
CHECK CONTRIBUTIONS	<input type="text"/>	<input type="text"/>	IMA
CASH CONTRIBUTIONS	<input type="text"/>	<input type="text"/>	IMA
ONLINE CONTRIBUTIONS	<input type="text"/>	<input type="text"/>	IMA
WEEKLY CONTRIBUTION TOTALS			
	0	\$0.00	IMA
WEEKLY BANK DEPOSITS			
	# OF DEPOSITS	AMOUNT (\$)	PRI/ALT INITIALS
	<input type="text"/>	<input type="text"/>	IMA
CONTACT INFORMATION			
TOTAL ON BOARD	CONTACTED THIS WEEK	TOTAL CONTACTED	
<input type="text"/>	<input type="text"/>	200	
NAME / WORK PHONE OF PERSON SUBMITTING REPORT (PLEASE PRINT)			
<input type="text"/>			



Unit Weekly Report (Form 4)



Bottom Half

- Each weekly report will automatically total at the bottom half
- Provide name of Person who audits / reconciles report
- Each week has its own spreadsheet tab
- **Activity Chairperson sends to Subarea Coordinator**

FUND DRIVE CUMULATIVE TOTALS			
	# OF DONORS	AMOUNT (\$)	PRI/ALT INITIALS
31 ALLOTMENT TOTALS	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>	<input type="text"/>
33 CHECK TOTALS	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>	<input type="text"/>
35 CASH TOTALS	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>	<input type="text"/>
37 ONLINE TOTALS	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>	<input type="text"/>
39 GRAND TOTAL	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>	<input type="text"/>
42 NAME / WORK PHONE OF PERSON AUDITING REPORT (PLEASE PRINT)			
43 <input type="text"/>			
44 <input type="text"/>			

Mar week 1 Mar week 2 Mar week 3 Mar week 4 Apr week 5 Apr week 6



Subarea Weekly Report



- Subarea Reports are due **COB Thursday**
- Fill out names of preparer, reviewer, and approver
- Again, weekly tabs will auto-total on Total Tab

SUBAREA 6 Week 1											
Code	Command	COB	Contact	Percent		Cash	Allotment	Total	Per Capita		
				Donating	Contact Donating				Gross	Net	
NAVY MEDICAL CENTER SAN DIEGO											
HQSVC	H & S BATTALION			0.00%	0.00%			\$0.00	\$0.00	\$0.00	
RSMCRD	RECRUITERS SCHOOL			0.00%	0.00%			\$0.00	\$0.00	\$0.00	
RTRMCRD	RECRUIT TRAINING REGIMENT			0.00%	0.00%			\$0.00	\$0.00	\$0.00	
12MCD	TWELFTH MARINE CORPS DISTRICT			0.00%	0.00%			\$0.00	\$0.00	\$0.00	
WFTBMCRD	WEAPONS FIELD TRAINING BATTALION			0.00%	0.00%			\$0.00	\$0.00	\$0.00	
SUBAREA 6 TOTALS		0	0	0	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	
Prepared	Rate/Rank Name (First M. Last)	Date		Signature/Date							
Review	Rate/Rank Name (First M. Last)	Date		Signature/Date							
Approve	Rank Name (First M. Last)	Date		Signature/Date							

SUBAREA 6 SUMMARY											
Code	Command	COB	Contact	Percent		Cash	Allotment	Total	Per Capita		
				Donating	Contact Donating				Gross	Net	
NAVY MEDICAL CENTER SAN DIEGO											
HQSVC	H & S BATTALION	0	0	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
RSMCRD	RECRUITERS SCHOOL	0	0	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
RTRMCRD	RECRUIT TRAINING REGIMENT	0	0	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
12MCD	TWELFTH MARINE CORPS DISTRICT	0	0	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
WFTBMCRD	WEAPONS FIELD TRAINING BATTALION	0	0	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
SUBAREA 6 TOTALS		0	0	0	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	

Navigation tabs at the bottom: Total, SA-6 Week 1, SA-6 Week 2, SA-6 Week 3, SA-6 Week 4, SA-6 Week 5, SA-6 Week 6, SA-6 Week 7, SA-6 Week 8, SA-6 Week 9.



Final Report (Form 6)



- Due to NRSW
COB 5 May 15
- Per SECNAV, each commander is responsible for the campaign
- Every unit commander or OIC will sign their report
- Activity Chairperson signs bottom left

From: _____
 (Complete Name of Command and Unit Identification Code-Please Type)

 (Complete Mailing Address & Nine Digit Zip Code-Please Type)

 (Name of Fund Drive Activity Chairperson) (Contact Phone Number)

To: Subarea Coordinator

Subj: **FINAL REPORT FOR NAVY-MARINE CORPS RELIEF FUND DRIVE**

Encl: (1) Copies of all bank receipts
 (2) Copy of Command Audit Report
 (3) Copies of PSD Transmittals (Form 3)

1. The following information is forwarded from our command as requested:

a. NMCRS Activity Code Number: _____

b. Number of Military Personnel Assigned: _____

c. Number of Military Personnel Contacted: _____

d. Number of Military Personnel Contributing: _____

e. Amount Pledged by Allotments: _____

f. Amount of Cash/Check Contributions (Total of all Bank Deposits): _____

g. TOTAL FUND DRIVE CONTRIBUTIONS: _____

h. Per-Capita Contributions (Line g divided by line b): _____

i. Number of Certificates of Appreciation requested for Keypersons
 and Activity Chairperson: _____

j. Activity Chairperson's comments regarding NMCRS/NMCRS Fund Drive and NMCRS Instructions-
 We want to improve! (Add comments on separate sheet and attach).

 (Activity Chairperson Signature)

 (Commanding Officer/Officer in Charge Signature)

(FORM 6)



Final Report (Form 6)



- 3 Enclosures:
 - Bank Receipts
 - Command Audit Report (Form 7)
 - Payroll Transmittal Forms (Form 3)
- Electronic Copy Provided

From: _____
 (Complete Name of Command and Unit Identification Code-Please Type)

 (Complete Mailing Address & Nine Digit Zip Code-Please Type)

 (Name of Fund Drive Activity Chairperson) (Contact Phone Number)

To: Subarea Coordinator

Subj: **FINAL REPORT FOR NAVY-MARINE CORPS RELIEF FUND DRIVE**

Encl: (1) Copies of all bank receipts
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g. TOTAL FUND DRIVE CONTRIBUTIONS: _____

h. Per-Capita Contributions (Line g divided by line b): _____

i. Number of Certificates of Appreciation requested for Keypersons and Activity Chairperson: _____

j. Activity Chairperson's comments regarding NMCRS/NMCRS Fund Drive and NMCRS Instructions- We want to improve! (Add comments on separate sheet and attach).

 (Activity Chairperson Signature)

 (Commanding Officer/Officer in Charge Signature)

(FORM 6)



Final Report (Encl 1)



- Enclosure (1):
 - Activity Chairperson keeps all original receipts throughout the campaign; maintains for 2 years
 - Provides a scanned copy for Final Report

Deposit Slip copies are not required, but good to have / show cash / check breakdown

8059 (COPY)
DEPOSIT TICKET
FOR CLEAR COPY, PRESS FIRMLY WITH BALL POINT PEN.

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

DATE 16 May 14

CURRENCY		
X 100		
X 50		
8 X 20	160	00
3 X 10	30	00
4 X 5	20	00
X 2		
X 1		
TOTAL CURRENCY		
COIN		
TOTAL CASH		

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

Navy-Marine Corps Relief Soc
Box 8106 Naval Station
San Diego, CA 92164-8106

⑆57030102⑆ - ⑆55199999⑆

CHECKS (INCLUDE AMOUNT)		
1	3491	200 00
2		
3		
4		
5		
6		
7		
8		
9		
TOTAL CHECKS		400 00

\$ 400 00

PLEASE BE SURFICIAL
REVIEW ALL ITEMS
BEFORE SIGNING
FOR DEPOSIT ONLY

⑆55199999⑆

CHASE **CHA**

Special benefits for Chase checking customers: Take advantage of exclusive offers on many Chase products. To learn more visit chase.com/exclusives or talk to a banker today!

My Transaction Summary

Transaction #222
Account Number Ending In: 9599
Checking Deposit: \$410.00
Cash Amount: \$210.00

Further review may result in delayed availability of this deposit

JPMorgan Chase Bank, N.A.
Rosecrans, Branch 741413
1-800-935-9935
Member FDIC, Equal Housing Lender
Please keep your receipt
05/16/2014 15:00

Business Date 05/16/2014
Session #04

Thank you - Nicole
Cashbox #02

CHASE **CHA**



Command Audit (Encl 2)



Enclosure (2) : Activity Chairperson or Auditor should fill out and submit to Unit CO/OIC in Final Report:

- Lines a. & b. should match
- Line c. is what Payroll / PSD reports the unit turned in with Copy 1 of Contributions Forms & Transmittal (Form 3)
- Lines d. & e. should match, and verified by receipts (enclosure 1)
- Line f. is the amount if receipts are missing
- Line h. is total cash & check listed in Collection Logs
- Line i. is the total amount of all funds collected

COMMAND AUDIT

Command: _____ Activity Chairperson: _____

a. Total amount of contributions by allotment:
(from copy 2 of contribution cards) _____

b. Total amount of allotments recorded in Collection Log: _____

c. Total amount credited to NMCRS by P SD/Disbursing:
(Do not assume the Form 3 totals are correct) _____

d. Total amount entered for cash and checks:
(from copy 2 of contribution cards) _____

e. Total amount deposited in bank as verified by stamped receipts: _____

f. Total amount of bank deposits for which there are no receipts: _____

g. Total amount of cash and check deposits:
(Sum of lines e and f) _____

h. Total amount of cash and check contributions recorded in Collection Logs: _____

i. Total of cash, check and allotment contributions: _____

By my signature, I certify that I have verified the above figures.

Name Rank/Rate Signature

(FORM 7)



Pay Transmittal (Encl 3)



- Activity Coordinator will provide redacted copies, SSNs not required, of all Pay Allotment Transmittal Forms as enclosure 3 to Final Report

From: _____
 Activity UIC Date

To: _____
 PSD/Disbursing

Subj: NAVY-MARINE CORPS RELIEF FUND DRIVE ALLOTMENT TRANSMITTAL

A total of _____ allotment contribution cards amounting to \$ _____ for the 12 months period starting 1 JUN are forwarded herewith for posting to the pay accounts of individuals listed below. Please acknowledge receipt by signing in the space provided and returning one copy to the activity representative now.

	NAME (Last, initial)	SSN	MONTHLY AMOUNT	# MO
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____

Signature _____ Date Received: _____

Print Name _____ Signature _____

Phone _____ Print Name _____
 ACTIVITY CHAIRPERSON PSD REP

(FORM 3)



ADFD Battle Rhythm



March 2016 Search Calendar (Ctrl+E)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Feb 28	29	Mar 1	2	3	4	5
		Campaign Officially Starts!				
6	7	8	9	10	11	12
			Week 1 Unit Reports to Subarea Coordinator	Week 1 Subarea Reports to NRSW	Week 1 Report to RDML Rich	
14	15	16	17	18	19	
			Week 2 Unit Reports to Subarea Coordinator	Week 2 Subarea Reports to NRSW	Week 2 Report to RDML Rich	
20	21	22	23	24	25	26
			Week 3 Unit Reports to Subarea Coordinator	Week 3 Subarea Reports to NRSW	Week 3 Report to RDML Rich	
27	28	29	30	31	Apr 1	2
			Week 4 Unit Reports to Subarea Coordinator	Week 4 Subarea Reports to NRSW	Week 4 Report to RDML Rich	

Click to add event



ADFD Battle Rhythm



April 2016 Search Calendar (Ctrl+E) 🔍

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mar 27	28	29	30	31	Apr 1	2
			Week 4 Unit Reports to Subarea Coordinator	Week 4 Subarea Reports to NRSW	Week 4 Report to RDML Rich	
3	4	5	6	7	8	9
			Week 5 Unit Reports to Subarea Coordinator	Week 5 Subarea Reports to NRSW	Week 5 Report to RDML Rich	
	11	12	13	14	15	16
			Week 6 Unit Reports to Subarea Coordinator	Week 6 Subarea Reports to NRSW	Week 6 Report to RDML Rich	
17	18	19	20	21	22	23
			Week 7 Unit Reports to Subarea Coordinator	Week 7 Subarea Reports to NRSW	Week 7 Report to RDML Rich	
24	25	26	27	28	29	30
			Week 8 Unit Reports to Subarea Coordinator	Week 8 Subarea Reports to NRSW	Week 8 Report to RDML Rich	



ADFD Battle Rhythm



May 2016 Search Calendar (Ctrl+E) 🔍

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
May 1 - 7	May 1	2 Campaign Officially Ends	3	4 Final Unit Reports to Subarea Coordinator	5 Final Subarea Reports to NRSW	6 Final Report to RDML Rich	7
May 8 - 14	8	9	10	11	12	13	14
May 15 - 21	15	16	17	18	19	20	21
May 22 - 28	22	23	24	25	26	27	28
May 29 - Jun 4	29	30	31	Jun 1	2	3	4



Calendar Review



- 1000 28Jan16: Subarea Coordinators training #3 (Ethics)
- 1000 4Feb16: Subarea Coordinators training#4 (Review of Program and Subareas timeline)
- 8-29Feb16: Subarea Coordinators conduct training with Unit Coordinators
- 0730-0900 17Feb16: ADFD Kick-off Breakfast @ Anchors Catering NBSD (GOFOs/CoS from Subareas are invited).
- 1Mar16: Fund Drive Commences
- 1000 7Apr16: Subarea Coordinators Mid-Campaign Refresh
- 2May16: ADFD completion



Questions?



- Campaign Coordinator
 - CAPT Kathy Kerrigan
(619)532-1455
kathleen.kerrigan@navy.mil
- Asst Campaign Coordinator
 - LCDR Rob Atienza
(619)532-3962
robert.atienza@navy.mil
- Campaign Treasurer
 - LT Ryan Bowers
(619)532-3896
ryan.bowers@navy.mil