DEPARTMENT OF THE NAVY
U.S. NAVAL SUPPORT ACTIVITY
PSC 817 BOX 1
FPO AE 09622-0001

NAVSUPPACT NAPLES INST 7280.1A
N00E
15 DEC 2011

NAVSUPPACT NAPLES INST 7280.1A

Subj: FAMILY SUPPORT AND YOUTH PROGRAMS (FSYP) COMMITTEE

Ref: (a) DoD INST 5035.05

Encl: (1) Funds Request Form

1. Purpose. To set forth policy on FSYP committee membership and the guidelines for distribution of FSYP Combined Federal Campaign - Overseas (CFC-O) funds.

2. Cancellation. NAVSUPPACT NAPLES INST 7280.1

3. Background. The CFC-O does not involve participation of "local" charitable organizations as with campaigns located within the United States. Therefore, as authorized by reference (a), Department of Defense FSYP established in overseas locations are directly eligible for individual designated CFC-O donations and will also be provided support from undesignated CFC-O funds. FSYP are those which improve the quality of life at each installation. Voluntary donations to FSYP are neither appropriated nor non-appropriated and may be utilized at the discretion of the Installation Commander, within his or her service regulations, to enhance FSYP. The function of the FSYP committee is to recommend to the U.S. Naval Support Activity (NAVSUPPACT) Naples, Italy Commanding Officer which local programs will receive CFC funds.

4. Action.

a. The FSYP committee will be made up of all base-wide CMC/SEL's. The committee chairperson will be the Command Master Chief, NAVSUPPACT Naples. The committee will meet as FSYP funds are distributed to the installation. FSYP funds will be deposited into one account at the Navy Federal Credit Union. Public Affairs advertisement will announce one month prior to the FSYP committee meeting to solicit organizations for fund requests.

b. Bank account signature authority will be the Command Master Chief, NAVSUPPACT Naples and one other Senior Enlisted Member (E-7 to E-9) assigned to NAVSUPPACT Naples, Italy.

c. The NAVSUPPACT Naples' Command Evaluation and Review Office shall conduct an audit during the month of August each year.

d. The FSYP committee will review requests for FSYP funds from formally established community programs and groups. Community groups will submit requests to the board in writing using enclosure (1).

e. Submission approval consideration is based on

(1) A valid need.

(2) Widest impact across the community.

(3) No other funding source is available.

f. Emphasis should be given to:

(1) Funding of equipment to support youth sports and recreation programs (outdoor recreation gear, sports equipment, etc.)

(2) Funding items which can be used for several years, vice one year purchases.

(3) Funding items that do not require significant maintenance, repair, or staffing.

g. Care should be taken to avoid:

(1) Purchasing items that may appear extravagant.

(2) Funding travel, lodging, or food expenses.

(3) Funding end of season/year functions (e.g., banquets, award ceremonies), scholarships or gifts.

(4) Funding to create facilities and/or meeting spaces.

(5) Funding for Sailor of the Year, retirement, welcome aboard, awards, etc.

NOTE: Questions from the Chair concerning the propriety of funding should be directed to Navy Region Europe Command Master Chief.

h. The committee will select the submissions meeting the above criteria and recommend the amount funded based on a majority vote. The Committee Chair tabulates and discusses final numbers with the committee. Once committee concurrence is achieved, the Chairperson will recommend to the Commanding Officer a percentage of available funds to distribute.

i. The Committee Chair coordinates with the Public Affairs Office to present checks to the various organizations receiving funds.

C. S. GRAY

Distribution:
NAVSUPPACT NAPLES INST 5216.4Z
Lists: I through IV
Electronic via NAVSUPPACT NAPLES web site:
https://www.cnic.navy.mil/Naples/About/Departments/Administration/AdministrativeServices/Instruction/index.htm

REQUEST FOR FSYP FUNDS

Organization Title/Name: _____

Organization POC: _____

Organization Funding: Provide copy of annual financial report:

_____

Organization's Target/Goal Amount: $_____

What use would the organization put the funds to:

_____

_____

_____

Who does the organization serve:

_____

_____

_____

Additional funding sources:

_____

_____

_____

Additional comments or specific information pertinent to submission:

_____

_____

_____

Committee Review:

Approved: Yes/No Amount Approved: $_____

If disapproved, reason:

_____

_____

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