



DEPARTMENT OF THE AIR FORCE

HEADQUARTERS 2D BOMB WING (AFGSC)
BARKSDALE AIR FORCE BASE LOUISIANA

Colonel Timothy G. Fay
Commander
109 Barksdale Boulevard West, Suite 109
Barksdale AFB LA 71110-2164

Mrs. Christiane Jacobs
Association of Military Banks of America
70 Main Street, Suite 33
Warrenton, VA 20186

Dear Mrs. Jacobs

Barksdale Air Force Base currently has an on-base bank, but we are interested in soliciting other banks in the area to determine the possibility of finding a bank that provides the same or better service to our customers. The Department of the Air Force Comptroller will grant final approval based on evaluation of the proposals received. All financial institutions on Department of Defense (DoD) military installations must follow the policies outlined in the DoD Financial Management Regulation (FMR), Volume 5, Chapter 34 and DoD Instruction 1000.11. The DoD FMR is available for review at <http://www.dod.mil/comptroller/fmr/05/> and DoD Instruction 1000.11 is available at <http://www.dtic.mil/whs/directives/corres/pdf/100011p.pdf>.

The financial institution selected will be expected to be a Treasury designated depository and accept Treasury General Account (TGA) deposits consisting of cash and checks. A federal insurance corporation must insure the selected financial institution.

Additionally, the selected financial institution should be willing to consider providing personal check cashing services for DoD identification card (ID) holders. Space for banking operations will be provided by the installation and hours of operation will be 5 days a week between 0800 and 1700.

The attached questionnaire is provided to assist in the evaluation process. The review of proposals will include areas such as: (1) total services offered, (2) service charges, (3) loan rates, (4) interest paid on various types of savings, (5) demonstrated financial capability and (6) service awards the financial institution has received.

Please distribute this solicitation to member banks of the Association of Military Banks of America that meet the TGA criteria for their information and consideration in becoming our new bank. Any interested bank can contact my POC for further information or submit a written

proposal, including a completed questionnaire (attached), to the following address by 20 May 2011:

2d BW/FM
802 Kenney Ave, Bldg T4354
Barksdale AFB LA 71110

If you have any questions, please contact Lt Shaun Carney at 318-456-2004 or e-mail shaun.carney@barksdale.af.mil.

Sincerely

//Signed/TGF/19 April 11//
TIMOTHY G. FAY, Colonel, USAF
Commander

Attachment:
Questionnaire for Proposed Branch Operations

QUESTIONNAIRE FOR PROPOSED BRANCH OPERATIONS AT (INSTALLATION)

1. Name and address of your Financial Institution:
2. Proposed staffing (include positions/functions/locations):
3. Hours of operation:
4. Proposed renovations to government provided facility and estimated costs (to be paid by Government):
5. Proposed renovations to government provided facility and estimated costs (to be paid by your Financial Institution):
6. SCHEDULE OF SERVICES AND CHARGES:

PROPOSED SERVICES	TO BE OFFERED (YES OR NO)	CHARGES ASSOCIATED (IF APPLICABLE)
A. Minimum Cost/Minimum Activity Accounts for Direct Deposit		
B. Regular Checking Accounts		
C. Interest Bearing Checking Accounts		
D. Overdraft Protection		
E. Stop Payments		
F. Cashing of government checks for non-account holders		
G. Cashing of personal checks for non-account holders		
H. Credit Cards		
I. Debit Cards		
J. Money Orders		
K. Traveler's Checks		
L. Cashier's Checks		
M. Mail Deposits		

N. Savings Bonds Sales/Redemptions		
O. Automatic Transfers between Checking and Savings		
P. Payment of utilities		
Q. Money transfers		
R. Trust Services		
S. Purchase of Securities		
T. Website Service Center/Online Banking		
U. Other Services (Specify)		

7. INTEREST BEARING ACCOUNTS:

PROPOSED SERVICE	TO BE OFFERED (YES OR NO)	CHARGES ASSOCIATED (IF APPLICABLE)
A. Regular Savings Accounts		
B. Christmas Club Accounts		
C. Certificates of Deposit (Specify terms and rates)		
D. Individual Retirement Accounts		
E. Other Savings Products (Specify)		

8. LOAN SERVICES:

PROPOSED SERVICE	TO BE OFFERED (YES OR NO)	CHARGES ASSOCIATED (IF APPLICABLE)
A. Line of Credit/Overdraft Protection		
B. Unsecured Personal Loans		
C. Secured Personal Loans		

D. Vehicle Loans		
E. Major Appliance Loans		
F. Home Improvement Loans		
G. Equity Loans		
H. Mortgage Loans		
I. Other (Specify)		

9. ATM SERVICE:

PROPOSED SERVICE	TO BE OFFERED (YES OR NO)	CHARGES ASSOCIATED (IF APPLICABLE)
A. ATM Provided (Specify Model Type)		
B. Number and Location of Machines		
C. Surcharge for Non-Customers (Specify Amount)		
D. List of Local, Regional, and National Networks ATM is linked to (Cirrus, AAFN, Plus, etc.)		
E. Services provided by ATM (Cash dispense, deposits, etc.)		

10. When would you be able to begin branch operations?

11. Are you a designated Treasury General depository?

12. Please provide a copy of your latest published financial statements.

Signed _____ Date _____

Position or Job Title _____

Name of Financial Institution _____