

**PUBLIC AND COMMUNITY SERVICE ORGANIZATION VALIDATION**

*Form Approved  
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The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0324), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO:  
DMDC, ATTENTION: OPERATION TRANSITION, DODC, 400 GIGLING RD., SEASIDE, CA 93955**

<b>1. NAME OF ORGANIZATION</b>	<b>2. ADDRESS OF ORGANIZATION</b> <i>(Include Room/Suite Number and 9-digit ZIP Code)</i>
<b>3. POINT OF CONTACT FOR ORGANIZATION</b>	
<b>4. POINT OF CONTACT TELEPHONE NUMBER</b> <i>(Include Area Code)</i>	

**5. PRIMARY SERVICE CATEGORY(IES)** *(If your primary service category is not used, go to Item 6.)*

<input type="checkbox"/> a. ELEMENTARY, SECONDARY, OR POSTSECONDARY SCHOOL TEACHING OR SCHOOL ADMINISTRATION	<input type="checkbox"/> d. PUBLIC HEALTH CARE	<input type="checkbox"/> h. CONSERVATION
<input type="checkbox"/> b. SUPPORT OF ELEMENTARY, SECONDARY, OR POSTSECONDARY SCHOOL TEACHING OR SCHOOL ADMINISTRATION	<input type="checkbox"/> e. LAW ENFORCEMENT	<input type="checkbox"/> i. EMERGENCY MANAGEMENT
<input type="checkbox"/> c. SOCIAL SERVICES	<input type="checkbox"/> f. PUBLIC HOUSING	<input type="checkbox"/> j. ENVIRONMENT
	<input type="checkbox"/> g. PUBLIC SAFETY	<input type="checkbox"/> k. JOB TRAINING

**6. IF YOUR ORGANIZATION PROVIDES PRIMARY FUNCTIONS OTHER THAN THOSE LISTED IN ITEM 5, BRIEFLY DESCRIBE THESE MAJOR FUNCTIONS.**

**7. TYPE OF SERVICE**

<input type="checkbox"/> a. PUBLIC <i>(Federal, State, or Local Government - go to Item 8)</i>	<input type="checkbox"/> b. COMMUNITY <i>(Non-profit Organization or Association - go to Item 9)</i>
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**8. PUBLIC SERVICE HEADQUARTERS AGENCY**

<b>a. ORGANIZATION NAME AND ADDRESS</b> <i>(Include 9-digit ZIP Code)</i>	<b>b. HEADQUARTERS POINT OF CONTACT AND POSITION</b>
	<b>c. POINT OF CONTACT TELEPHONE NUMBER</b> <i>(Include Area Code)</i>

**9. COMMUNITY SERVICE/NON-PROFIT ORGANIZATION**  
**IMPORTANT:** Please attach a copy of the IRS Letter of Determination indicating your organization has received IRS 501(C)(3) and (4) tax-exempt status. Also include a copy of your organization's annual report, mission statement, or other documentation of its function. Indicate below if your organization is affiliated with the United Way, Combined Federal Campaign or some other non-profit association.

<b>a. AFFILIATE NAME AND ADDRESS</b> <i>(Include 9-digit ZIP Code)</i>	<b>b. AFFILIATE POINT OF CONTACT AND POSITION</b>
	<b>c. POINT OF CONTACT TELEPHONE NUMBER</b> <i>(Include Area Code)</i>

**10. AGREEMENT**

I understand this form provides information to help the Department of Defense establish a Public and Community Service organizational registry which will be accessible to departing Service members. I also understand certain individuals may receive additional entitlements based on the information specified in Public Law 102-484. I certify the information provided is true, accurate and complete. I acknowledge that any false statement may be punishable pursuant to Title 18 U.S.C. Section 1001.

<b>a. NAME</b> <i>(Print or Type)</i>	<b>b. TITLE</b>	<b>c. SIGNATURE</b>	<b>d. DATE</b> <i>(YYYYMMDD)</i>
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## INSTRUCTIONS FOR COMPLETING DD FORM 2581-1

This form collects information to be used to certify an organization on the Public and Community Service Organization Registry under the provisions of Section 4462 of Public Law 102-484.

Public service organizations are defined as Federal, state, or local governmental entities.

Community service organizations are non-profit organizations or associations which provide or coordinate the delivery of services in the public interest. Organizations affiliated with the United Way or Combined Federal Campaign presumptively qualify as community service organizations.

Organizations involved in the following activities will not be considered public or community service organizations:

- (1) Businesses organized for profit;
- (2) Labor unions;
- (3) Partisan political organizations; and
- (4) Organizations engaged in religious activities, unless such activities are unrelated to religious instruction, worship services, or any form of proselytization.

Public Law 102-484 also provides that certain members of the military services retiring early from active duty receive additional military retirement credits by working in public or community service organizations. To receive this credit, the retiree's employing organization must be on the Public and Community Service Organization Registry and have as its primary function(s) one or more of the following categories of public or community service:

- a. Elementary, secondary, or postsecondary school teaching or school administration;
- b. Support of elementary, secondary, postsecondary school teaching or school administration;
- c. Social services;
- d. Public health care;
- e. Law enforcement;
- f. Public housing;
- g. Public safety;
- h. Conservation;
- i. Emergency management;
- j. Environment;
- k. Job training.

### ALL ITEMS MUST BE COMPLETED.

**1. NAME OF ORGANIZATION.** Print or type the name of your organization. Please be specific. For example, if the police department of the city of Oakdale is registering, use "Oakdale Police Department" as the organization instead of the "City of Oakdale."

**2. ADDRESS OF ORGANIZATION.** Enter the address of your organization exactly as you would like it to appear on information mailed to you. Please avoid P.O. Boxes when possible.

**3. POINT OF CONTACT FOR ORGANIZATION.** Provide the name and job title of a person who can answer specific questions about the organization.

**4. POINT OF CONTACT TELEPHONE NUMBER.** Enter the area code and telephone number for the point of contact. Please enter a direct line or voice mail extension if available.

**5. PRIMARY SERVICE CATEGORY(IES).** Select the category that represents the core mission of your organization or department. If you provide primary services in two or more of the categories, select all applicable categories. As discussed above, the organization's primary functions must be in one or more of the listed categories (5a-5k) for a military retiree to be eligible for additional retirement credit. If your primary service category is not listed, go to Item 6.

**6. ORGANIZATION FUNCTIONS.** If your organization provides primary services in categories other than 5a-5k, briefly describe those function(s).

**7. TYPE OF SERVICE.** Indicate whether your organization provides public or community service by checking the appropriate block. Public service refers to Federal, state, local government organizations or agencies. Community service refers to certified nonprofit organizations or associations.

**8. PUBLIC SERVICE HEADQUARTERS AGENCY.** If public service, provide the name and address of the organization, if any, to which your organization reports. Include the name, job title, and telephone number of a person who can answer specific questions about the headquarters organization.

**9. COMMUNITY SERVICE/NON-PROFIT ORGANIZATION.** If a community service organization, attach a copy of the IRS Letter of Determination indicating that your organization has received IRS 501(C)(3) and (4) tax-exempt status. A community service organization will NOT be validated without the Letter of Determination. Also include a copy of your organization's annual report or mission statement or attach other documentation about your organization's functions.

Provide the name and address of the organization, if any, to which your organization reports or with which it is affiliated. Provide the name, job title, and telephone number of a person who can answer specific questions about the headquarters affiliate.

**10. AGREEMENT.** Completion of this section and a signature by an organization's representative attests to the information's accuracy and completeness. Mail or fax the completed form to:

DMDC  
ATTN: Operation Transition, DODC  
400 Gigling Rd.  
Seaside, CA 93955

FAX: (831) 583-2475

Please call the Defense Manpower Data Center (DMDC) Help Desk at 1-800-727-3677 between the hours of 6 AM and 4 PM Pacific time if you have questions or need assistance with this form.

**COMMUNITY SERVICE ORGANIZATIONS:** Remember to attach a copy of your IRS Letter of Determination and an annual report or mission statement.