



After Action Report UNITE PROGRAM

UNIT INFORMATION

Requesting Unit:

POC:

Phone:

Email:

EVENT INFORMATION

Event Date:

Location of Event:

Actual Start Time:

Actual End Time:

Actual Number of Participants

FUNDING

Total APF Requested:

Total NAF Requested:

Fees Paid by Customer:

POC FEEDBACK

How well did the planning process go?

What lessons learned and what recommendations do you have from your event?

What feedback can you provide on the FSS Activity or Off-Base Venue?

What feedback can you provide from the participants?

Could you have hosted this event without UNITE Funding?

POC Signature:

Please email completed form along with 1 to 3 photos to: james.fournier.1@us.af.mil

C3 USE ONLY

Actual APF Used:

Actual NAF Used: