



Revitalizing Squadrons ...the beating heart of the Air Force
Providing Commanders with funding to initiate programs that will benefit all Airmen in their unit. This includes assigned Active Duty, Reserve, APF/NAF Civilians and their dependents. *Funding is determined by the number of individuals assigned to the Unit.*

UNITE Event Proposal

Today's Date: _____

Unit/Squadron: _____

Office Symbol: _____

Primary POC

Rank/Name: _____

Work Phone: _____ Cell: _____

Email: _____

Alternate POC

Rank/Name: _____

Work Phone: _____ Cell: _____

Email: _____

Event Name: _____

Date: _____ Time: _____

Location: _____

Estimated Attendance: _____

Event Description / Team Building Component:

Be specific. What type of games? What kind of activities?

Event Planning Check List

- ☐ Reservations Confirmed
venue, vendor and/or service providers
- ☐ Equipment Reserved
tables, chairs, canopies, inflatables, games, etc.
- ☐ Quotes from off-base vendors and/or
service providers with Federal Government
Tax Exemption confirmation
- ☐ 889 Compliance forms for all vendors
blank forms available on UNITE website
- ☐ Verify vendors accept credit card payments
no Venmo, PayPal or CashApp allowed
- ☐ UNITE Event Proposal complete w/ CC or
designee signature
- ☐ Submit UNITE Event request, vendor quotes &
889 Compliance forms to Community
Cohesion Coordinator (C3)

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FOR C3 USE ONLY

Available Funds APF \$ _____ NAF \$ _____

Unit Submission Date: _____

APF Request ID: _____

APF Approved Amount: _____

NAF Request ID: _____

NAF Approved Amount: _____

Unit Members: _____

AFSVA Submission Date: _____

Approval Date: _____

APF Total Spent: _____

Approval Date: _____

NAF Total Spent: _____

APF Event Costs:

*Recreational vendors or service providers, equipment rentals, supplies, service and/or credit card charges
Coolers, obstacle course, DJ, game truck, paper plates, décor etc.*

Item(s): _____	Supplier: _____	Cost: _____
Item(s): _____	Supplier: _____	Cost: _____
Item(s): _____	Supplier: _____	Cost: _____
Item(s): _____	Supplier: _____	Cost: _____
Item(s): _____	Supplier: _____	Cost: _____
Item(s): _____	Supplier: _____	Cost: _____
Item(s): _____	Supplier: _____	Cost: _____

APF Activity Estimate Total: \$ _____

NAF Event Costs:

Consumables - food/beverage vendors or service providers

Item(s): _____	Supplier: _____	Cost: _____
Item(s): _____	Supplier: _____	Cost: _____
Item(s): _____	Supplier: _____	Cost: _____
Item(s): _____	Supplier: _____	Cost: _____
Item(s): _____	Supplier: _____	Cost: _____

NAF Estimate Total: \$ _____

Shopping Date/Time Request: _____

Commander/Designee Name/Rank

Commander/Designee Signature

All activities require a Commander's signature & approval from the Air Force Services Center. Please plan event accordingly.

FOR C3 USE ONLY**Payment Schedule & Notes**

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