



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 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
- Ensure vendor does not charge additional credit card payment fees
- UNITE Event Proposal complete w/ CC or designee signature
- Submit UNITE Event request to Community Cohesion Coordinator (C3) within 14 Business days of event

APF Event Costs: \$13.50 Per Person/Per Event

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: _____

APF Activity Estimate Total: \$ 0.00

NAF Event Costs: \$6.00 Per Person/Per Event

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: \$ 0.00

Shopping Date/Time Request: _____

Event Description / Team Building Component:

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

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

Available Funds APF \$ _____ NAF \$ _____

Unit Members: _____

Unit Submission Date: _____

AFSVA Submission Date: _____

APF Request ID: _____

Approval Date: _____

APF Approved Amount: _____

APF Total Spent: _____

NAF Request ID: _____

Approval Date: _____

NAF Approved Amount: _____

NAF Total Spent: _____

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Payment Schedule & Notes