

ID # _____

UNITE EVENT PROPOSAL

REQUESTING UNIT:

UNIT POC:

EMAIL:

DATE OF EVENT:

EVENT LOCATION:

PROJECTED START TIME:

END TIME:

ESTIMATED NUMBER OF PARTICIPANTS:

ESTIMATED NUMBER OF DEPENDENTS PARTICIPANTS:

DETAILED EVENT DESCRIPTION:

APF (ACTIVITY) FUNDING BREAKDOWN (\$13.50/PP):

YOU MUST BREAK DOWN EVERY EXPENSE • DO NOT LUMP EXPENSES TOGETHER

NAF (FOOD/BEVERAGE) FUNDING BREAKDOWN (\$5.00/PP):

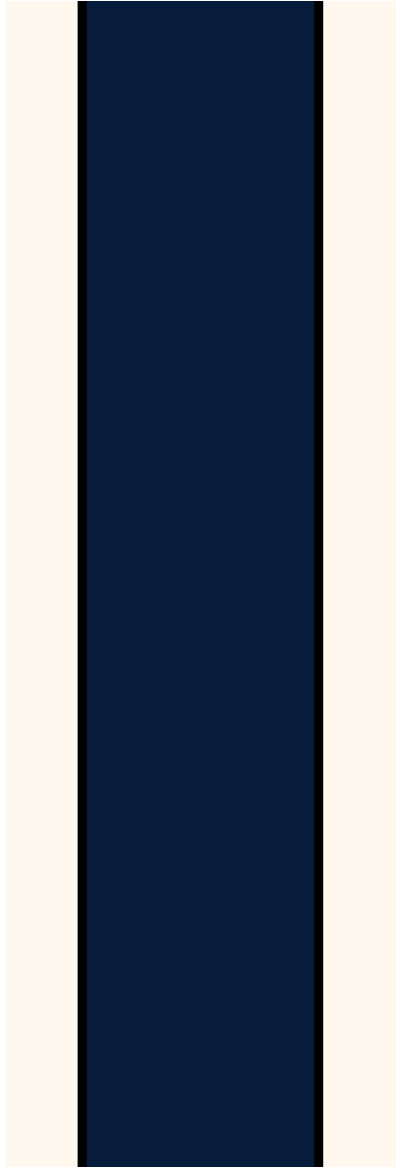
YOU MUST BREAK DOWN EVERY EXPENSE • DO NOT LUMP EXPENSES TOGETHER

COMMANDER SIGNATURE:

COMMUNITY COHESION
COORDINATOR- C3:



AIR FORCE
UNITE PROGRAM



FORCE SUPPORT

**ALL ACTIVITIES REQUIRE A COMMANDER/ DIRECTOR SIGNATURE &
APPROVAL FROM THE AIR FORCE SERVICES CENTER**