



# UNITE AFTER ACTION REPORT

REVITALIZING SQUADRONS ...the beating heart of the Air Force."

CY26

Form 3

REQUESTING UNIT:

UNIT POC:  EMAIL:

DATE OF EVENT:  EVENT LOCATION:

HOW MANY HOURS WAS THE EVENT HELD?:

ACTUAL # OF UNIT MEMBERS:  # OF SPOUSES/DEPENDENTS:  TOTAL:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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THE EVENT WAS SUCCESSFUL.

WE WILL PARTICIPANT IN THIS TYPE OF EVENT AGAIN.

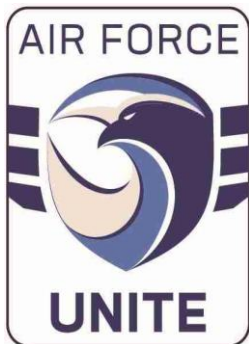
THE EVENT WAS EASY TO IMPLEMENT.

PARTICIPANTS FOUND THE EVENT ENJOYABLE.

WERE SPONSORSHIP AND/OR DONATIONS RECEIVED TO HELP COVER THE COST?  YES  NO

PLEASE PROVIDE FEEDBACK ON THE PLANNING PROCESS, EVENT EXECUTION, AND VENDORS USED. HOW WAS THE OVERALL EXPERIENCE OF THE UNITE PROGRAM AND BENEFITS TO YOUR UNIT? PLEASE SHARE ANY IMPROVEMENTS YOU BELIEVE WOULD MAKE THE PROCESS OR EVENT EXPERIENCE BETTER.

HOW DID YOU FIND OUT ABOUT THE UNITE PROGRAM AND AVAILABLE FUNDING?



UNIT POC SIGNATURE:

**C3 OFFICIAL USE ONLY**

C3 SIGNATURE:

REQUEST ID:

APF (ACTIVITY FUNDS) REQUESTED:

NAF (FOOD FUNDS) REQUESTED:

APF (ACTIVITY FUNDS) UTILIZED:

NAF (FOOD FUNDS) UTILIZED:

Submit this form to [88FSS.Unite.WPAFB@us.af.mil](mailto:88FSS.Unite.WPAFB@us.af.mil). Units must submit an AAR with 5 photos within 2 business days of event.