



UNITE AFTER ACTION

REQUESTING UNIT:

UNITE POC: REQ ID:

DATE OF EVENT:

EVENT LOCATION:

ACTUAL START TIME: ACTUAL END TIME:

ACTUAL # OF PARTICIPANTS:

ACTUAL FEES PAID BY PARTICIPANTS:

TOTAL APF REQUESTED: TOTAL NAF REQUESTED:

Please mark the appropriate response.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The program was successful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We would participate in this type of program again.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff found the program easy to implement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants found the program enjoyable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were sponsorship and/or donations received? Yes No

HOW DID YOU HEAR ABOUT THE PROGRAM?

WHAT FEEDBACK ON YOUR SELECTED VENDORS CAN YOU PROVIDE?

WHAT FEEDBACK FROM YOUR PARTICIPANTS CAN YOU PROVIDE?

WHAT LESSONS WERE LEARNED AND WHAT RECOMMENDATIONS DO YOU HAVE FOR FUTURE PROGRAMMING?

COULD YOUR UNIT HAVE HOSTED THE EVENT WITHOUT UNITE FUNDING? YES NO

UNITE POC SIGNATURE:

C3 SIGNATURE:

C3 OFFICIAL USE ONLY

ACTUAL APF: ACTUAL NAF: