UNITE AFTER ACTION

REQUESTING UNIT: APPROVAL #

UNITE POC: EMAIL:

APF REQUESTED: USED: NAF REQUESTED: USED:

DATE OF EVENT:

EVENT LOCATION:

ACTUAL START TIME: **END TIME:**

ACTUAL NUMBER OF PARTICIPANTS:

ACTUAL FEES PAID BY PARTICIPANTS:

HOW WELL DID YOUR PLANNING PROCESS GO? COULD IT BE IMPROVED?

HOW WAS THE OVERALL EXECUTION OF YOUR PLANNED ACTIVITIES? COULD THIS BE IMPROVED?

WAS THE EVENT EASY TO IMPLEMENT ☐ **YES** ☐ **NO**

WOULD YOU HOST THIS EVENT USING UNITE AGAIN ☐ **YES** ☐ **NO**

WHY OR WHY NOT?

WHAT FEEDBACK ON YOUR VENDORS CAN YOU PROVIDE?

WHAT EVENT FEEDBACK FROM PARTICIPANTS CAN YOU PROVIDE?

DID YOUR UNIT RECEIVE ADDITIONAL FUNDING (BOOSTER CLUB, DONATIONS, SPONSORS, ETC.) ☐ **YES** ☐ **NO**

UNITE POC SIGNATURE: