

DEPARTMENT OF THE AIR FORCE NAME OF DEPARTMENT NAME AND LOCATION OF YOUR BASE

MEMORANDUM FOR 4FSS/FSW Community Cohesion Program

FROM:

SUBJECT: Letter of Appointment Squadron Unite Program Representative

1. The following personnel are appointed Primary and Alternate Squadron Unite Program Representatives for the

| | Grade | Name | Email Address | Duty Phone |
|-----------|-------|------|---------------|------------|
| Primary | | | | |
| Alternate | | | | |

- 2. The Representatives will agree to comply with the following requirements:
 - a. Contact the installation Community Cohesion Coordinator (C3) to discuss the proposed squadron event and authorized expenses.
 - b. Complete an Event Request Form provided by the installation C3.
 - c. Obtain squadron commander's acknowledgment/signature on the request form and forward to C3 at least 14 calendar days before event date. Alternatively, in being appointed as a representative, is authorized to sign request form in lieu of the squadron commander.
 - d. Ensure allocated budget limits are maintained at all times.
 - e. Provide C3 with After Action Report and Photos within 5 business days after event date.