State Department
After Action Report Form

Date of AAR_____

I. General Information

Event Coordinator: _____ Auxiliary Sponsoring Event: _____

Name of Event: _____

Date/Time/Location of Event: _____

Objective of Event: _____

Was the objective met? ☐ Yes ☐No

Explain: _____

_____

Number in attendance: Daily: _____ Overall: _____

Who was the target audience? _____ Was it reached? ☐ Yes ☐ No

II. Financial Information

Have all monies been turned into the Administration Office?   ☐Yes   ☐ No

If no, explain: _____

Are there any outstanding bills/invoices from this event? ☐ Yes ☐ No   (PAY ASAP, if yes)

How much money was raised? Offerings: _____ Fund raisers: _____

What is the status of your Department's account?   ☐ Surplus: _____   ☐Deficit:_____

Have you scheduled a "Close-out" meeting with the Administrator to ensure completion and verify everything is closed in the Admin office? ☐Yes   ☐ No

Additional Comments:

_____

_____

III. Auxiliary Support/Advertising

Did you receive the support you requested from the auxiliaries? ☐ Yes ☐ No

Comments: _____

_____

Did you exhaust all means of appropriate advertisement? (TV, Radio, Newspaper, E-mail, Flyers)

☐ Yes ☐ No

Comments: _____

_____

IV. Additional Information

Was the PC timeline/checklist utilized? ☐ Yes ☐ No

Where there any unforeseen problems that occurred? ☐ Yes ☐ No

Explain: _____

_____

Was the event successful? ☐ Yes ☐ No

Comments: _____

_____

Suggestions for improvement, if any: _____

_____

_____

Will this event be held next year? ☐Yes ☐ No   Suggested Dates: _____

AAR Attendees: _____

                             _____

                             _____

                             _____