HEADQUARTERS ILLINOIS WING, CIVIL AIR PATROL
Unit Project/Activity Approval Request

Date of Request:

1. UNIT INFORMATION

Sponsoring Organization:			**Charter Number:** GLR-IL-
Project Officer:	**Name**	**Rank**	**CAPSN**

2. PROJECT INFORMATION

☐ **Type B Encampment** ☐ **Practice SAR / DR** ☐ **Field Trip** ☐ **ROP Class** ☐ **Level 1** ☐ **SLS** ☐ **CLC** ☐ **Other**

Project Dates:	**Location / Base:**
Hours of Operation:	**Projected Number of Participants:** Seniors: 4 Cadets: 15-20
Project Description:	

3. COMMUNICATIONS REPORT

Radio:	HF	Frequency:	Call Sign:	**Telephone Number:**
	VHF-FM	Frequency:	Call Sign:	**Telephone Number:**

4. KEY STAFF ASSIGNED *(Use Remarks section if additional space is needed)*

Position	Rank	Name	Position	Rank	Name

5. ADDITIONAL UNIT SUPPORT

Wing or Other Field Unit Support:
CAP Aircraft / Vehicle Required:

6. ADMINISTRATIVE SUPPORT

☐ **Contracts / Agreements / Leases:** (Attach copies)	☐ **Travel / Personnel Authorizations:** (Attach list of individuals with name, rank, CAPSN and Unit Charter number)
☐ **Credit Card:** #	☐ **Cash Advance:** $
☐ **Supplies:**	

7. REMARKS

Assist in serving pancake breakfast and crowd control

8. PROJECT / ACTIVITY BUDGET

INCOME:	ESTIMATED	ACTUAL
Participation Fees		
Wing Allocation		
National Funds		
Unit Funds		
Donations		
State of Illinois Allocation		
Other Sources		
Total Income		
EXPENSES:		
Administrative		
Postage		
Telephone		
Supplies		
Awards		
Other		
Logistics		
Vehicle Expenses		
Aircraft Expenses		
Supplies		
Telephone		
Transportation		
Housing and Facilities		
Meals		
Other		
Medical		
Training Materials		
Insurance		
Public Affairs		
Extra Curricular Activities		
Miscellaneous Expenses		
Total Expenses		
Total Income		
Total Expenses		
PROFIT / LOSS		

9. APPROVALS

Unit Commander:

Typed Name / Rank of Unit Commander	Signature	Date

Group Commander:

Typed Name / Rank of Unit Commander	Signature	Date

ILWG HQ:

Typed Name / Rank	Signature	Date