

This AOPLAN template should be submitted to ORWG whenever a subordinate unit is conducting an activity outside of regularly-scheduled meetings. Please be aware of the following:

- When planning a High-Adventure Activity (HAA), Cadet Program officers and/or commanders should instead submit a CAPF 54 for approval, IAW CAPR 52-16;
- When planning a fundraising activity, send your draft AOPLAN to ORWG/FM for input & recommended changes prior to seeking ORWG/CC approval;
- When the activity will be repeated and only minor changes to the plan will take place, activity officers and/or commanders can submit a single AOPLAN to ORWG (may be good for up to a single calendar year, 1 JAN – 31 DEC);
- Please submit the AOPLAN to ORWG at least 1 week prior to your event to allow for timely consideration and a response before your activity;
- This AOPLAN is to assist units in planning their activities, and provides for common planning considerations, use only the sections you need. It does not replace the good judgement of activity officers and commanders, and you are encouraged to use the Section 9 for any additional information not covered in earlier sections;
- Submission of an AOPLAN provides situational awareness to the Wing Commander and the staff, and allows these personnel to better support units. Units are not requesting permission from ORWG/HQ by submitting an AOPLAN, but may be asked to provide clarifying information so that the headquarters staff may better serve field units.

## **SECTION 1 - ACTIVITY DESCRIPTION**

**A.** Type of activity:

**B.** Primary Dates:

Alternate Dates:

**C.** Start Time:

End Time:

**D.** Activity Description and schedule: (Additional Pages as Attachments as necessary)

**E.** Activity Objective:

**SECTION 2 - PARTICIPATION LIMITATIONS AND RESTRICTIONS:**

- A. Number of participants:
- B. Restrictions (age/rank):
- C. Will cadets be participating:  Yes       No
- D. If cadets will be participating, you must have at least 2-deep leadership. Please put the names of 2 Senior Members that will be participating (may include a Cadet Sponsor Member):
  - i.
  - ii.

**SECTION 3 – LOCATION / FACILITIES TO BE USED:**

- A. Description:
  
- B. Nearest emergency facility:
  
- C. In case of emergency (contact information):
  - i. Law Enforcement:
  - ii. EMS:
  - iii. Fire:

**SECTION 4 - ADMINISTRATION:**

Will you use applications, waivers, permission slips, etc? Are there other administrative considerations or needs you can identify?



**SECTION 6 – LOGISTICS & RESOURCES NEEDED:**

Include administration, fuel, provisions, billeting, etc.

- A. What resources will your unit be providing to conduct this activity?
  
  
  
  
  
  
  
  
  
  
- B. What resources will other units be providing to conduct this activity?
  
  
  
  
  
  
  
  
  
  
- C. What resources will you be requesting from the wing to conduct this activity?

**SECTION 7 - SAFETY:**

Please complete the appropriate ORM for this activity, and write in the top 3 risks and the controls you've identified to implement to mitigate these risks.

- A. Risk:  
Control:
  
  
  
  
  
  
  
  
  
  
- B. Risk:  
Control:
  
  
  
  
  
  
  
  
  
  
- C. Risk:  
Control:

**SECTION 8 - FINANCE:**

- A. Is this activity a fundraiser for a CAP unit?     Yes                       No

*If yes, please email your AOPLAN to the ORWG/FM for feedback prior to seeking additional approvals.*

**B. Budget:**

**i. Income:**

- a. Donations/Fundraising Income .....
- b. Participant Fees .....
- c. Unit Funds/Approved Expenditures.....
- d. Other Funds (Source:                      ) .....
- e. **TOTAL INCOME**.....

**ii. Expenses:**

- a. Supplies .....
- b. Food.....
- c. Facility Charges .....
- d. Other (Describe:                      ) .....
- e. **TOTAL EXPENSES** .....

**iii. Balance:**

- a. Total Income, less Total Expenses.....
- b. What will be done to recover any negative balance:
  
- c. Describe what will be done with any balance over \$0:

**iv. Financial Management:**

- a. To **WHOM** are checks made payable: .....
- b. **WHAT** is the memo on the checks:.....
- c. **WHERE** are the checks sent: .....

**SECTION 9 – REMARKS:** Please describe any further planning considerations below.

**SECTION 10 – ROUTING:**

**A. Submitted by:**

- i.** Name & Grade: \_\_\_\_\_, GRADE
- ii.** Duty Position: \_\_\_\_\_
- iii.** Contacts: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**B. Commander of Hosting Unit:**

- i.** Name & Grade: \_\_\_\_\_, GRADE
- ii.** Contacts: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**C. Activity Officer-in-Charge:**

- i.** Name & Grade: \_\_\_\_\_, GRADE
- ii.** Duty Position: \_\_\_\_\_
- iii.** Contacts: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Additional Space:**