ARMY FAMILY ACTION PLAN (AFAP)
ISSUE SUBMISSION CHECKLIST

Issue Title:_____

Garrison or unit submitting the issue:_____

How was the issue created (town hall, forum, focus group, AFAP conference, Facebook submission):
_____

Name/email/phone of garrison or unit AFAP contact to answer Army Staff questions or concerns:
_____

Approving official's name and position:
_____

A. For an issue to meet issue criteria questions 1-7 below must be "yes" and 8-9 must be "no."

☐ Y ☐ N   1. Is the issue limited to one topic?
☐ Y ☐ N   2. Does the issue identify a specific demographic group impacted by the issue?
☐ Y ☐ N   3. Is the issue scope a minimum of three sentences but no longer than ten sentences?
☐ Y ☐ N   4. Does the issue have one recommendation?
☐ Y ☐ N   5. Does the issue address a measurable end product?
☐ Y ☐ N   6. Is the issue within Army authority to resolve and/or potential DHA, DoD, Legislation changes?
☐ Y ☐ N   7. Does the issue require a single functional proponent for resolution?
☐ Y ☐ N   8. Does the issue recommendation duplicate existing programs, services, policies or legislation that address the issue?
☐ Y ☐ N   9. Does the issue duplicate an active HQDA AFAP issue, HQDA AFAP issue that closed in the past three years, or pending or passed legislation or policy from the past three years?

B. What demographic group does this issue impact? (Select all that apply.)

    ☐ Active Duty Only
    ☐ Reserve Component Only
    ☐ Active Duty and Reserve Component
    ☐ Department of the Army Civilians
    ☐ Survivors
    ☐ Retirees
    ☐ Family Members

C. What would happen if the issue was not resolved?

_____

_____

D. What would be the cost to the Army if the issue is resolved?

☐ One time cost to the Army   ☐ Recurring cost to the Army   ☐ Cost avoidance for the Army