



Ohio Unit Plan of Action



COMMUNITY SERVICE

CHAIRMAN

Mona Shipley
632 South Elizabeth St
Lima, Ohio 45804
(419) 221-2837 (home)

VICE CHAIRMAN

Robyn Cooper
901 W High St
Piqua, Ohio 45366
(937) 773-0165 (home)
(937) 214-9307 (cell)

Email – shipley813@yahoo.com

Email – ronaldcooper901@gmail.com

CITATION OF MERIT



REQUIREMENT

**REPORT DUE TO DISTRICT
CHAIRMAN BY :**

**April 15, 2020 to
DISTRICT CHAIRMAN**

**DISTRICT CHAIRMAN SEND TO DEPARTMENT CHAIRMAN
BY MAY 1, 2020**

**Your District Children & Youth Chairman
(address shown below)**

District Community Service Chairmen

01	240	BECKY	DIPPMAN	3186 S. RIVER RD	PEMBERVILLE	43450	(419) 409-6032	dippman@amplex.net
02	387	RUTH	BROOKHART	718 N FRANKLIN ST	NEW BREMAN	45869	(419) 629-2238	crbrookhart@nktelco.net
03	526	SUSAN	MASTEN	419 YOUNG DR	FAIRBORN	45324-5749	(937) 409-2338	Gclef419@yahoo.com
04	484	MARGIE	HOMINY	490 HENNEPIN DR	MAINEVILLE	45039-7332	(440) 823-2515	mhominy@yahoo.com
05	257	DEB	SUTTERLIN	950 TWP RD 2506	PERRYSVILLE	44864	(330) 465-9230	d5alapresident@gmail.com
06	254	REBECCA	LONG	2951 GALLANT RD	RADNOR	43066	(614) 314-3746	racingfan18@yahoo.com
07	633	STACY	JAMES	135 COLUMBIA ST	SEAMAN	45679	(937) 798-3179	jstacy858@gmail.com
08	011	APRIL	ICE	1989 TWP RD 184 SW	JUNCTION CITY	43748	(740) 605-4333	icewomanishere@hotmail.com
09	214	MARTHA	SETLOCK	38504 COURTLAND DR	WILLOUGHBY	44094	(440) 951-2227	mwulunissetlock41@gmail.com
10	067	AIMEE	DITMARS	926 PEPPERWOOD DR	WOOSTER	44691	(330) 697-4422	asprang@live.com
11	495	D. LORETTA	MATHENY	814 CARLISLE AVE	BELPRE	45714	(740) 525-8263	lorettamat60@gmail.com
12	532	JEANNE	HERDERICK	711 CHESTERSHIRE RD	COLUMBUS	43204	(614) 598-0367	jeanne.m.herderick@gmail.com
13	703	DANIELLE	ZAREMBA	11337 BLOSSOM AVE	PARMA HTS	44130	(216) 534-4509	daniellezaremba1@gmail.com
14	685	CINDY	MASOWICK	9320 ROOT DR	STREETSBORO	44241	(330) 714-3873	cjidgy@gmail.com

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Department Report Form				
This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit a narrative in order to receive credit for an award submission or Citation of Merit. Narrative - there is no word count requirement. Simple or elaborate stories will be accepted as a report. Please complete the following. Be sure to give the complete name of your Unit: _____				
District _____	Unit # _____	Membership Goal _____	Membership Total As of Report _____	
Name of Person Completing Report:			Unit Chair. _____	Unit Pres. _____
Phone # _____	Email _____	Membership ID (if available) _____		
Specific Award Name(if applicable) _____				

NARRATIVE INFORMATION

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

Answer the following Questions or include answers in your narrative

- How did members recruit community volunteers (non-members) while engaged in ALA Community Service activities and/or projects? _____

- How did members engage high school students (with or without service hour requirements to graduate) in ALA Community Service activities and/or projects? _____

- Did members volunteer for or organize service projects for any of the ALA suggested days of service? If so, which days were most successful for offering service projects? Did you have any challenges? _____

- What types of community service activities and/or projects were done in your Unit? _____

Program Summation:

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total Dollars Spent or Raised	Total Number of Patriotic/Veteran Programs/Events
			\$	

The National Cover Sheet is included on the backside of this form.
Please fill out the Unit or Member Portion and send with your
Narrative. Send your narrative, this report form and National Cover
Sheet to your District or Department Chairman.

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American Legion Auxiliary National Report and Award Cover Sheet

See the Annual Supplement to the Programs Action Plan to determine where to send this form.
Please note, your report will also be viewed as an award entry if this cover sheet is attached.

Complete the following if you are applying for a member award.

Unit #: _____ Full official unit name: _____

Name of state where you are a member: _____

Member's Full Name: _____ ALA member ID#: _____

Nominating Member (if different from above): _____

Nominator's Phone number: (____) _____

Nominator's Email address: _____

National committee sponsoring award: _____

Name of the award you are applying for: _____

For a unit award or to submit a year-end unit narrative report, please complete this section.
Be sure to give the complete name of your unit. The award certificate will be prepared using the information you include below.

Unit #: _____ Full official unit name: _____

Name of department: _____

Unit president/chairman (**circle one**) name: _____

Above listed person's ALA member ID#: _____ Phone number: (____) _____

Email address: _____

For a department award or to submit a year-end department narrative report, please complete this section:

Name of department: _____

Name of department chairman: _____

Chairman's phone number: (____) _____ ALA member ID#: _____

Chairman's email address: _____

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COMMUNITY SERVICE

What is this program, and why do we have it?

The Community Service Program promotes the American Legion Auxiliary's commitment to making our communities better places in which to live. By being visible in our localities, the Community Service Program demonstrates who we are, what we do and why we matter.

What can you do?

- 1. Become visible within your community. Work with and invite other organizations to work on service projects to heighten awareness of the American Legion Auxiliary's local efforts to support our veterans, service members, their families and the community.**

Encourage Members to:

- Always be a visible representative of the Auxiliary. They can do this by wearing a shirt with the ALA name or emblem or an emblem pin.
- Volunteer at and help organize service projects on ALA suggested days of service.
- Volunteer at local libraries, food pantries, domestic violence shelters, senior citizen centers, assisted living centers, nursing homes, and for service projects and causes (walks, special events, etc.).
- Represent the Auxiliary as a member of local community boards and committees.
- Complete a year of AmeriCorps service for a veteran's organization. The time commitment varies by project and could be anywhere from 8 hours per week to 40 hours per week.

As a Unit

- Purchase shirts with the American Legion Auxiliary name or emblem for members to wear while they volunteer.
 - *Note:* If you are ordering anything with the ALA name or emblem from a source other than Emblem Sales or your department, remember that a request first must be submitted through your department headquarters to National Headquarters for approval by the national secretary. Contact department headquarters for more information on this process.
- Organize and/or participate in service projects for local community programs on ALA suggested days of service.
- Implement and promote the tips, ideas and strategies in the *ALA Service Not Self Volunteer Toolbox* to offer more well-rounded service projects.
 - Topic areas include how to join a project, make a project, or sponsor a project.
- Provide information on volunteer opportunities to you members. Encourage members to volunteer and record their hours and/or donations for year-end reporting.
- Register service projects on websites, community forums and social media to attract other community members to participate in your service projects.
- Volunteer for local service projects and causes (walks, special events, etc.). Work with your post
- Sponsor and participate in activities at local libraries, senior citizen centers, assisted living centers, nursing homes, service projects and causes (walks, special events, etc.).
- Attend and represent the Auxiliary at special celebration events in the community such as holiday parades, grand openings of community facilities and community leader recognition ceremonies.
- Connect to and be supportive of ALA Call to Service Corps AmeriCorps members and members serving other AmeriCorps veteran and military family projects in their communities.
- Partner with local Meals on Wheels to deliver meals on days they are closed (i.e. Christmas and Thanksgiving).

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2. Promote awareness of and contribute to the Ohio Disaster Emergency Assistance Program.

- Hold a fundraiser to support the Ohio Disaster Emergency Assistance Fund.
- Make information about the Program available to your members. The application is now on the website under the Department Community Service tab.
 - Members can apply for both this grant and the AEF grant.
 - Units are also eligible to receive this assistance.

Additional Resources You Can Use

1. www.ALAforVeterans.org:
 - *ALA Service Not Self Volunteer Toolbox*
 - How to Partner with Organizations for Community Outreach
 - How to Mobilize Community Support for Those Who Serve
 - How to Serve on National Days of Service
2. ALA suggested days of service:
 - 9-11 National Day of Service and Remembrance (Sept. 11, 2019)
9/11 National Day of Service and Remembrance website: www.911day.org
 - POW/MIA Recognition Day
 - Make a Difference Day (Oct. 26, 2019)
 - Veterans Day (Nov. 11, 2019)
 - National Family Volunteer Day (Nov. 22, 2019)
 - Martin Luther King Jr. Day of Service (Jan. 20, 2020)
Martin Luther King Jr. Day of Service website: www.mlkday.gov
 - National Volunteer Week (April 20-26, 2020)
3. The Community Blueprint website:
www.pointsoflight.org/programs/military-initiatives/community-blueprint
4. American Red Cross – Contact your local chapter for volunteer opportunities. www.redcross.org
5. United Way – Contact your local organization for volunteer opportunities. www.unitedway.org
6. Follow us on Facebook:
 - American Legion Auxiliary National Headquarters: www.facebook.com/alaforveterans
 - American Legion Auxiliary Community Service Facebook group:
www.facebook.com/groups/ALACommunityService
7. Joining Community Forces Alliance website: www.jointservicesupport.org/communityforces/
8. ALA Call to Service Corps AmeriCorps Project:
 - www.ALAforVeterans.org/About/ALA-Call-to-Service-Corps

Community Service Reporting

Mid-Year Reports

Mid-Year reports reflect the program work of units in the department. Each unit is requested to submit a mid-year report by **December 15, 2019** to the Department Community Service chairman.

Year-End Reports

Annual reports reflect the program work of the units in the department. Each Unit is requested to submit a narrative report by **April 15, 2020**, to the District Community Service Chairman.

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DEPARTMENT AWARD INFORMATION & DEADLINE

Anna Mae Beckley Plaque - A plaque will be presented to the Unit for the best all-around Community Service Program. Unit activities must be during the 2019-2020 administrative year. Entry must be in narrative form not to exceed 1,000 words. Send to your **District Community Service Chairman**. *They will select one winner in each Membership Category based on goal and forward all narratives to the Department Chairman Mona Shipley, 632 S Elizabeth St, Lima, Ohio, 45804.* All entries for the Anna Mae Beckley Plaque will be forwarded to Mona Shipley. Due by: **April 15, 2020**. All entries must include a National Report and Award cover sheet and meet the National criteria will be submitted to the Division Chairman for further consideration for a National Unit Award.

Mary Parker Plaque- A plaque will be presented to the Unit with the most outstanding single Community Service **ACTIVITY** during the 2019-2020 administrative year. Entry must be in narrative form not to exceed 1,000 words. Send to Department Community Service Vice Chairman, Robyn Cooper, 901 W High St, Piqua, Ohio, 45366 by the **April 15, 2020** deadline.

Spirit of Community Plaque-- A plaque will be presented to the Unit with the best narrative on a Community Service **PROJECT** involving the Unit and other organizations. Entry must be in narrative form not to exceed 1,000 words. Send to Department Community Service Vice Chairman, Robyn Cooper, 901 W High St, Piqua, Ohio, 45366 by the **April 15, 2020** deadline.

Membership Categories – Based on Goal, Not Actual Members Paid

Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
10-50	51-100	101-200	201-400	401-600	601 & Up

Please don't forget to include photos in your award/narrative submissions. We hope to recognize your Unit at Department Convention this year and need photos of your Community Service Projects and Events.

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DISASTER EMERGENCY ASSISTANCE PROGRAM

Instructions and Application

The Ohio Disaster Emergency Assistance Program offers help to members and Units directly involved in a disaster. Individual members as well as Units may apply for financial assistance.



DISASTER EMERGENCY ASSISTANCE PROGRAM

INSTRUCTIONS

REQUIRED APPLICATION INFORMATION: In order to obtain a grant from the Ohio Disaster Emergency Assistance Program, the applicant must have sufficient, documented information to justify the need. Therefore, the application must be filled in completely and accurately. **Application for grants must be made within 30 days of the date the emergency occurred.** If needed, additional supporting data (photos, estimates, etc.) should be attached. Please type or print clearly.

Application Information

1. **Date** - Date of application.
2. **Name** - The applicant's name.
3. **Title** - For Unit requests ONLY.
4. **Membership Number** - The applicant's membership number.
5. **Unit Number** - Unit Number where the applicant is a member.
6. **Address** - Applicant's full mailing address where approved funds are to be sent.
7. **Telephone** - The applicant's telephone number or a number where the applicant can be reached if her telephone is not working.
8. **Signature** - The signature of the member who completed the application and will receive the approved funds.
9. **Date of Loss** - Date loss or need occurred.
10. **Type of Disaster** - Type of disaster which caused loss or need.
11. **Description of Loss/Need** - Describe the personal or Unit property that will be cleaned, repaired or replaced. You must also provide supporting documentation such as photographs, statements, and estimates regarding your loss or repair.
12. **Unit Certification** - Signature of Investigating Member or Unit Officer attesting to the validity of this claim. Please attach investigation report.
13. **Repair/Replacement Estimate** - The amount needed to clean, repair or replace the item(s) for which you are requesting financial assistance.
14. **Amount Available From Other Sources** - Assistance you have or will receive from the Red Cross, American Legion Post or Auxiliary Unit, and/or other community groups.
15. **Income/Dependents** - Your combined monthly income and the number of people residing in the household.

SPECIAL NOTE: Send completed application to Department Headquarters at the address shown below. If additional information is required, the Department Secretary will either call or return the application to the sender describing the additional information needed.

Send completed application to: **AMERICAN LEGION AUXILIARY
DEPARTMENT OF OHIO
PO BOX 2760
ZANESVILLE OH 43702-2760
(740) 452-8245**

For additional information call: **(740) 452-8245**

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DISASTER EMERGENCY ASSISTANCE PROGRAM

APPLICATION

Please Type or Print Clearly

Type of request : Unit Request (Must be completed by the authorized Unit Officer)
(check one) Individual Member Request

1. Date _____
(Date of Application)

2. Name _____ 3. Title _____
(First) (MI) (Last) (For Unit requests ONLY)

4. Membership Number _____ 5. Unit Number _____
(Full 9-digit number)

6. Address _____
(Street, Route, Apartment, PO Box, etc.) (City) (State) (Zip Code)

7. Telephone (_____) _____ 8. Signature _____
(Area Code) (Applicant's signature)

9. Date of Loss _____ 10. Type of Disaster _____
(Date loss or need occurred) (Flood, fire, tornado, etc.)

10. Description of Loss/Need (Use back for more room) _____

_____ (Attach all supporting documentation, i.e. photographs, estimates, etc.)

11. Unit Certification _____ (Please attach investigation report.)
(Signature of Investigating Member or Unit Officer)

12. Repair/Replacement Estimate \$ _____

13. Amount Available From Other Sources \$ _____
(From donations, Red Cross, community groups, etc.)

14. Income/Dependents—Monthly Income \$ _____ Number of Dependents _____
(Living in household)

FOR OFFICE USE ONLY

- Approve
- Disapprove

Recommended amount \$ _____ Date of award _____

Signature _____ Signature _____
(Department Secretary) (Department President—if required)