

KIT OF REPORTS

THE FOLLOWING ATTACHED DOCUMENTS ARE YOUR REPORT FORMS FOR THE 2020-2021 ANNUAL YEAR

**Tear Off Each Report Form, Fill Out, and Send to your
Department Chairman or District Chairman along with your
Program Narrative**

CITATION OF MERIT



REQUIREMENT

- All of the report forms are included in this packet. You will also see this STAMP on the report forms that are required for the Citation of Merit.
- You can find all of the Plans of Action and the Report Forms on the Department Website: www.alaohio.com
- **Don't forget to complete your Unit Impact Numbers Report! It is now a requirement for the Citation of Merit.**

UNIT REPORTING RECOMMENDATIONS

1. The report form shall be attached to all narratives. This form states the award applying for, contact information, and program name.
2. Copy and attach the National Report and Award Cover sheet to each report and complete the Member Award or Unit Award section. Department chairman will complete the Department Award section.
3. Please include in your narrative the total number of volunteers, total number of Junior volunteers, total number of volunteer hours, total \$ spent, total number of veterans served, and total number of people affected.
 - a) A Unit may make a donation with no volunteer hours. There would only be a dollar amount in the total dollars spent.
 - b) The VA&R report should include the assessment from dues of \$0.75 x each paid member and included in the total dollars spent. Also include this information in the narrative.
 - c) The Children & Youth report should include the assessment from dues of \$0.25 x each paid member and included in the total dollars spent. Also include this information in the narrative.

YEAR END REPORTING

1. All reports and applications shall be submitted by due dates as listed by Department Chairmen or National Chairmen in the Plan of Action.
2. An Annual Impact report shall be completed by the Unit and submitted to the District President. District President shall submit a District Annual Impact Report to the Department Headquarters.
3. Reports must be submitted as specified below in order for the Unit to receive the coveted "CITATION OF MERIT"
4. All required reports must be made on OFFICIAL REPORT FORMS. A report form with nothing reported does not count as a report received.
5. District Chairman shall track all Unit Reports received on a District worksheet and submit to Department Chairman by the date specified in the Plan of Action.

CITATION OF MERIT REQUIREMENTS
Resolution Adopted Department Convention, 2014.

<u>PROGRAM</u>	<u>REPORTS REQ'D</u>	<u>MAIL TO</u>	<u>DEADLINE</u>
Americanism	1	District Chairman	May 1
Bonding Fee *	0	Department Headquarters	May 1
Chaplain	1	Department Chaplain	May 1
Children & Youth***	1	District Chairman	Deadline Date
Community Service	1	District Chairman	May 1
History	1	Department Chairman	May 1
Legislative	1	Department Chairman	May 1
Membership **	0	Dept. Headquarters	GOAL by last day of business in May
National Security	1	Department Chairman	May 1
Poppy ***	1	Department Chairman	Deadline Date
Plus Small Poppy Purchase ****		Department Headquarters	Dec 31
Veterans Affairs & Rehab	1	District Chairman	May 1
Unit Year-End Impact #s Report	1	District President	May 1

* The Unit Bonding Fee must be paid and received in Department Headquarters on or before May 1 of the year for which it is due.

** Membership Goal is set by Department and listed in the Buckeye Messenger. Transmittal forms accompanied with properly marked unit rosters must be received in Department Headquarters on or before 10:00 AM the last day of business in May of each year; all transmittals must be accompanied by a check in the correct amount. Do not include any other moneys in your check for Membership dues.

*** Deadline date for Report is determined by the Department Chairman and is stated on the annual report form.

**** Purchase of small veteran-made Poppies for distribution in your community must be made through Department Headquarters. Small poppies must be ordered and paid for by December 31 of each year to be considered for a Citation of Merit. Send Poppy Order Form with check in correct amount payable to:

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF OHIO, INC.
P O BOX 2760
ZANESVILLE, OH 43702-2760**

All required reports must be made on OFFICIAL REPORT FORMS. A report form with nothing reported does not count as a report received.

**Reports can be Emailed, Faxed,
or US Postal Service. The most
important thing is that Units report
their good works!
Please Send in your Reports**

RE: 2019-2021 Update on word count for End Of Year Reports

This message is to address a question that has been asked recently of the national program chairs. Some of you were copied just as an FYI since this is about reporting.

Thank you to all who have been collecting program data. These reports from across the country are so often the source of the inspiring stories we hear at national convention. It is a great way to share good ideas and celebrate our success.

In response to a few questions about word count for department annual program reports to the national organization, the *most general* answer is that department program reports should not be more than 1,000 words *per year*.

If a department has already submitted a 2019-2020 report, the 2020-2021 department program chair should simply attach the first report to the 2020-2021 report, and submit it following the guidelines outlined on the award cover sheet, which is attached for your convenience. If no program report was filed for 2019-2020, the department program representative will submit a single 2019-2021 committee report of less than 2,000 words.

In summary, each department program owes ONE end-of-year report for the 2019-2021 term to the respective national program chairman. Total word count should not exceed 2,000.

While these guidelines are important, we know that the responsibility of reporting can be a challenging one all along the chain, so please be sure to express your appreciation for *any* effort and be flexible where possible.

Thank you for all you do to move our mission forward.

Gratefully, Colette

Colette S. Fike

Director of Programs and Events, National Headquarters of the American Legion Auxiliary

Why is the National Impact Report MANDATORY

ARTICLE SUBMITTED BY
Past Department President DENISE CONRAD

On several occasions I have been asked, “Why is the **MANDATORY National Impact Report** so important? Some think it is just another form to fill out. Although we have many programs in the American Legion Auxiliary, there are certain programs that are important because they are tied directly to our not-for-profit status granted and governed by the IRS. It is our mission to help our Veterans, our Military and their families... with youth and community also important to our mission, that gives us our not-for-profit qualification.

Every year The American Legion Family makes what is called a “Walk on the Hill” in Washington D.C. The Conference is designed to call attention to the support our organizations give our Veterans, Military and their families. It is tough to argue that the government is doing enough when we can show that the American Legion Family alone is donating \$1.1 BILLION in services for our Veterans Military and their families. These numbers would be so much greater if everyone completed the National Impact Report. Armed with these numbers the American Legion Family meets with our own Senators and Representatives on an individual basis to discuss the legislation pending for our Veterans and Military which now includes caregiving.

Caregiving for our Veterans and Military, suicide, PTSD, and TBI are the fastest growing concerns for our Veterans and Military. Our fight is to provide the best benefits, healthcare and income for those who are willing to give their life for us. We owe them the very best technology the U. S. has to offer. Cutting benefits for our Veterans and Military every time there is a budget issue is unacceptable.

If we cannot show on paper how much the government fails to do for our Veterans and Military, then we fail those who defend us. Especially now when there is no draft, these young men and women CHOOSE to defend all of us, up to, and including the ultimate sacrifice. Their families serve with them by supporting their decision and making it possible for them to serve.

Our Veterans and Military and their families didn't say, “No, I don't have time for this”. We know that our American Legion Auxiliary Units do the work, they just don't report it. It is the **only** required form and it serves such a vital purpose.

So now....Can you say you are too busy to fill out the National Impact Report and send it to your District President? **Deadline to your District President is May 1, 2021. Let's be 100% reporting!**



**American Legion Auxiliary
National Report and Award Cover Sheet**

Please note, your report will also be viewed as an award entry.

Complete the following if you are applying for a member award. Be sure to give the complete name of the member. The award certificate will be prepared using the information you include below.

Unit #: _____ Full official unit name: _____

Name of state where you are a member: _____

Member Name: _____ ALA member ID#: _____

Nominating Member (if different from above): _____

Nominator's Phone number: (____) _____

Nominator's Email address: _____

National committee sponsoring award: _____

Type of Award: Department Unit Member

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: _____

Please see your committee's Annual Supplement to the Programs Action Plan to determine where to send this form.

American Legion Auxiliary
YEAR-END IMPACT REPORT FORMS

Why report these numbers?

Every hour, every dollar ALA members invest in our mission of helping veterans adds up. It not only gives each member a sense of pride, but it allows us to demonstrate our effectiveness to the world. Each small sum of numbers gets added into the collective numbers that are called Impact Numbers. These numbers proclaim our impact and make membership in the ALA meaningful.

These numbers are also reported to The American Legion, which includes them in its annual report to Congress. To make this process easier for you, it has been simplified and the form has been condensed to essential information. If you aren't sure, even giving an estimate is better than not reporting at all.

How to complete the Impact Report Form

1. **Each ALA member** should fill out the Member Form and give it to the unit president. This probably happens in April, but check with your unit.
2. The unit president (or designee) compiles all of the member data on the Unit Form and adds any additional data not reported individually by unit members. This form then gets forwarded to either the district/county (if applicable) or department, which compiles all the records.
3. It is more important that you report information in one section of the form only rather than worry if you have selected the right category. For example, if you provide a service for children, it should go in either Service for Military Families (for example, camps for military children only) or Service for Children & Youth (Legion Family camps for all children) but not in both places.
4. Please round to whole dollar values (for example, \$149.50 should be \$150).

Report Simplifications

1. All service for all military whether active duty, retired, or reserve component is now combined in one section.
2. Each section has better defined examples of the service that should be reported.
3. **For Units, Districts/Counties, and Departments:**
“Line numbers” and “Obtain Total From” columns have been added to help in transferring data from form to form. For example, units can find the number of Volunteer Hours for Military Families on Line 5 of the Member Form.

A downloadable fillable monthly tracking worksheet and annual report form is available under the Members Only, Annual Report Forms section on the national website:
www.ALForVeterans.org

Thank you for taking the time to REPORT your VALUABLE SERVICE and helping us TELL OTHERS about our INCREDIBLE IMPACT!

END OF YEAR IMPACT REPORTING

FAQs

Question: Where do I report my service for a National Guard "Welcome Home" activity?
Answer: *Service for ALL members of the military, whether they are retired, active-duty or in the reserve component such as the National Guard is now reported in "Section 1: My Service for Veterans, Active-Duty, and Reserve Military."*

Question: Do I report my VAVS (Veterans Administration Voluntary Services) on the Impact Form since I already sign in at the VA when I volunteer?
Answer: No, the ALA receives those hours from the VA on a yearly basis.

Question: Does time shopping for care packages for deployed military count as service?
Answer: *Yes, shopping for care packages not only counts as service hours under Section 1, but also mileage associated with shopping for care packages may be reported under the new section "Section 5: Mileage."*

Question: So... does driving my daughter to Junior Meetings count as service?
Answer: *Sorry, that falls within your responsibility as a parent. You get kudos for being a great ALA parent though!*

Question: My unit volunteered at a summer camp for military kids. Where should I report this service?
Answer: *You may report service for summer camps open only to military kids under "Section 2: My ALA Service for Military Families." If the camp is open to ALL children, then your service would be reported under "Section 3: My ALA Service for Youth." But don't worry if you don't remember. Just report it somewhere... once!*

Question: My neighbor is deployed, so I help her husband by babysitting their children once a week. Does this count?
Answer: *Absolutely! Report this under "Section 3: My ALA Service for Military Families."*

Question: What if I don't know exactly where on the form to report my service?
Answer: *You can always report it under "Section 4: My Service Representing the ALA in My Community."*

Question: Can I count hours spent taking care of a veteran who lives with me but is not a blood relative?
Answer: *As long as you are not receiving compensation in return for your role as a caregiver (such as when you care for your spouse), you may report it under "Section 1: My ALA Service for Veterans, Active-Duty and Reserve Military."*

Question: Can I count hours spent preparing meals for Legion meetings and administrative support for TAL commanders as hours spent in Service to Veterans?
Answer: *Those hours count but should be reported under "Section 4: My Service Representing the ALA in My Community." Some of our members aptly describe those activities as family chores.*

THANK YOU FOR SERVING AND REPORTING!

Turn in to Unit President by April 15, 2021.

American Legion Auxiliary

MEMBER Year-End Impact Numbers Report

I am a member of Unit # _____ Unit Name _____

Department _____

My name _____

Here is what I did in the past 12 months since May 1.

1. **My ALA Service for Veterans/Active-Duty/Reserve Military** (Examples: hours shopping for and preparing care packages for deployed troops, helping wounded warriors and elderly veterans at home, providing transportation, military send-off and welcome-home events, parades, projects for homeless veterans, activities related to distributing poppies, recording veteran histories, raising money for the Veterans Creative Arts Festival, fundraising events that benefit veterans (such as Walk, Run & Roll), assisting with veterans hiring fairs, advocating for The American Legion legislative agenda that supports veterans and the military.)

Line 1 Hours I volunteered: _____

Line 2 Dollars I personally spent/donated: \$ _____

Line 3 Number of veterans/military I assisted: _____

Line 4 Number of "Veterans in Community Schools" presentations I facilitated: _____

2. **My ALA Service for Military Families:** (Examples: programs for military and veterans' children, helping Family Support Groups, supporting adopt-a-military-family projects, military spouse hiring fairs, organizing and delivering hero packs, providing childcare for military activities, distributing Blue Star Banners, providing G.I. Josh dogs)

Line 5 Hours I volunteered: _____

Line 6 Dollars I personally spent/donated: \$ _____

Line 7 Number of military families I served: _____

3. **My ALA Service for Youth** (Examples: Jr. Activities, classroom and patriotic activities for children, camps open to all children, raising funds for or promoting Legion Family activities like Girls State)

Line 8 Hours I volunteered for ALA Girls State: _____

Line 9 Hours I volunteered for all other Legion Family youth activities: _____

Line 10 Dollars I personally spent on goods for youth activities (parties, backpacks): \$ _____

Line 11 Direct cash aid to help a needy child: \$ _____

Line 12 Number of children/youth served: _____

Line 13 Dollars donated to all other child service charities (ex: Make a Wish, St. Jude's): \$ _____

4. **My Service Representing the ALA in My Community** (Examples: blood drives, walks/runs, food pantries)

Line 14 Total number of hours for any service not included in Sections 1 through 3: _____

Line 15 Total dollars spent for any service not included in Sections 1 through 3: \$ _____

When completed, send to: _____ **by** _____ / _____ / _____
(Get name and date from unit)

**CONGRATULATIONS--YOU DID IT! THANK YOU FOR ALL YOU DO
AND FOR REPORTING YOUR SERVICE!**

MANDATORY FOR ALL UNITS

Send to your DISTRICT PRESIDENT by May 1, 2021,

American Legion Auxillary

UNIT Year-End Impact Numbers Report

Unit # _____ Unit Name _____

Department _____ Unit President _____

Your Name (if other than president) _____

Your Email _____

Number of Member Impact Reports _____

Here is what our unit did in the last 12 months.

1. Our ALA Service for Veterans/Active-Duty/Reserve Military

	Service for Veterans/Military	Obtain Total From	Member \oplus	Unit \oplus	Total
Line 1	Total hours members volunteered	<i>Member Form Line 1</i>		N/A	
Line 2	Total dollars spent	<i>Member Form Line 2</i>	\$	\$	\$
Line 3	Total number of veterans/military assisted	<i>Member Form Line 3</i>			
Line 4	Total number of "Veterans in Community Schools" presentations facilitated	<i>Member Form Line 4</i>			
Line 5	Value of in-kind donations received*	<i>Unit Records</i>	N/A	\$	\$
Line 6	Number of poppies or poppy items distributed	<i>Unit Records</i>	N/A		
Line 7	Dollars raised from poppies	<i>Unit Records</i>	N/A	\$	\$

*Estimated cash value of non-cash donations from **NON-MEMBERS** of goods (like paper goods, clothing) or services (like pro-bono CPA services from a local firm)

2. Our ALA Service for Military Families

	Service for Military Families	Obtain Total From	Member \oplus	Unit \oplus	Total
Line 8	Total hours members volunteered	<i>Member Form Line 5</i>		N/A	
Line 9	Total dollars spent	<i>Member Form Line 6</i>	\$	\$	\$
Line 10	Number of military families served	<i>Member Form Line 7</i>			

3. Our ALA Service for Youth

	Service for Children & Youth	Obtain Total From	Member	Unit	Total
Line 11	Total hours for ALA Girls State	Member Form Line 8		N/A	
Line 12	Dollars spent for ALA Girls State	Unit Records	N/A	\$	\$
Line 13	Total hours for other Legion Family youth activities	Member Form Line 9		N/A	
Line 14	Dollars spent on goods for youth activities	Member Form Line 10	\$	\$	\$
Line 15	Dollar amount of direct cash aid to help a needy child	Member Form Line 11	\$	\$	\$
Line 16	All other UNIT expenses (parties, dinners, paper goods, trophies)	Unit Records	N/A	\$	\$
Line 17	Total number of children/youth served	Member Form Line 12			
Line 18	Donations to all other child service charities	Member Form Line 13	\$	\$	\$

4. Our Service Representing the ALA in Our Community

	For any service not included in Sections 1-3	Obtain Total From	Member	Unit	Total
Line 19	Total number of hours	Member Form Line 14		N/A	
Line 20	Total dollars spent	Member Form Line 15	\$	\$	\$

5. Scholarships Presented/Awarded by Our Unit

	Scholarships	Obtain from	Total
Line 21	Number of unit scholarships presented/awarded	Unit Records	
Line 22	Total dollar amount of unit scholarships	Unit Records	\$
Line 23	Total dollar amount donated to department scholarships	Unit Records	\$

When completed, send to: _____ by ____ / ____ / ____
 (Get name and date from district or county, if applicable, or department)

CONGRATULATIONS---YOU DID IT! THANK YOU FOR ALL YOU DO AND FOR REPORTING YOUR UNIT'S IMPACT!

MANDATORY FOR EACH DISTRICT

Send to Department Sec/Ex. Director by May 15, 2021.

American Legion Auxiliary

**DISTRICT/COUNTY/COUNCIL
Year-End Impact Numbers Report**

District/County _____ Department _____

Number Units in District/County _____ Number of Units Reporting _____

Total Number of Members Reporting _____

Your name _____ Email _____

Here is what our units did in the past 12 months since May 1.

1. Our ALA Service for Veterans/Active-Duty/Reserve Military

	Service for Veterans/Military	Obtain Total From	Total
Line 1	Total hours members volunteered	<i>Unit Form Line 1</i>	
Line 2	Total dollars spent	<i>Unit Form Line 2</i>	\$
Line 3	Total number of veterans/military assisted	<i>Unit Form Line 3</i>	
Line 4	Total number of "Veterans in Community Schools" presentations facilitated	<i>Unit Form Line 4</i>	
Line 5	Value of in-kind donations received*	<i>Unit Form Line 5</i>	\$
Line 6	Total number of poppies or poppy items distributed	<i>Unit Form Line 6</i>	
Line 7	Total dollars raised from poppies	<i>Unit Form Line 7</i>	\$

*Estimated cash value of non-cash donations from **NON-MEMBERS** of goods (like paper goods, clothing) or services (like pro-bono CPA services from a local firm)

2. Our ALA Service for Military Families

	Service for Military Families	Obtain Total From	Total
Line 8	Total hours members volunteered	<i>Unit Form Line 8</i>	
Line 9	Total dollars spent	<i>Unit Form Line 9</i>	\$
Line 10	Total number of military families served	<i>Unit Form Line 10</i>	

3. Our ALA Service for Youth

	Service for Children & Youth	Obtain Total From	Total
Line 11	Total hours for ALA Girls State	Unit Form Line 11	
Line 12	Total dollars spent for ALA Girls State	Unit Form Line 12	\$
Line 13	Total hours for other Legion Family youth activities	Unit Form Line 13	
Line 14	Total dollars spent on goods for youth activities	Unit Form Line 14	\$
Line 15	Total dollar amount of direct aid to help a needy child	Unit Form Line 15	\$
Line 16	Total other UNIT expenses (parties, dinners, paper goods, trophies)	Unit Form Line 16	\$
Line 17	Total number of children/youth served	Unit Form Line 17	
Line 18	Total dollars to other child service charities	Unit Form Line 18	\$

4. Our Service Representing the ALA in Our Communities

	For any service not included in Sections 1-3	Obtain Total From	Total
Line 19	Total number of hours	Unit Form Line 19	
Line 20	Total dollars spent	Unit Form Line 20	\$

5. Scholarships our Units & District/County Presented/Awarded

	Scholarships	Obtain Total From	Units	District or County	Total
Line 21	Total number of scholarships presented or awarded	Unit Form Line 21			
Line 22	Total dollar amount of scholarships	Unit Form Line 22	\$	\$	\$
Line 23	Total dollar amount donated to department scholarships	Unit Form Line 23	\$	\$	\$

When completed, send to: _____ by _____ / _____ / _____
 (Get name and date from district or county, if applicable, or department)

CONGRATULATIONS---YOU DID IT! THANK YOU FOR ALL YOU DO AND FOR REPORTING YOUR DISTRICT/COUNTY/COUNCIL'S IMPACT!



Ohio Unit Plan of Action



AMERICANISM

CHAIRMAN

Renee Kohl 13 W. Prospect St.
Hudson, Ohio 44236
(330) 802-2845 (cell)
Email – rckohl@aol.com

VICE CHAIRMAN

Mary Ann Dull 407 Phillips Ave.
Ashland, Ohio 44805
(419) 651-0156 (cell)
Email – alamadlady54@yahoo.com

CITATION OF MERIT



REQUIREMENT

REPORT DUE TO DISTRICT CHAIRMAN BY:	April 15, 2021 to DISTRICT CHAIRMAN
ESSAY CONTEST	**April 1, 2021**

DISTRICT CHAIRMAN SEND REPORT TO DEPARTMENT CHAIRMAN BY MAY 1, 2021

Your District Americanism Chairman is listed below.

District Americanism Chairmen

01	553	ROSEANNE	PAQUETTE	5359 CRESTHAVEN #6	TOLEDO	43614	(419) 509-1500	roseanne@adray-grna.com
02	210	REBECCA	FETTERS	3893 CARMEL CHURCH RD	CELINA	45822	(419) 586-3731 (419) 305-8644	tyh@bright.net
03	763	TINA	WHITE	2058 S BELLVIEW DR	BELLBROOK	45305-1620	(937) 776-5764	ala763president@gmail.com
04	194	MICHELLE	COSSMAN	5653 STONE TRACE DR	MASON	45040	(513) 368-5952	mcrossman@zocmtown.com
05	181	ALICE	TEYNOR	524 PROSPECT ST	BUCYRUS	44820	(419) 563-5166	ateynor@gmail.com
06	417	JEAN	LISTON	17417 DENNIS RD	MT STERLING	43143	(740) 207-6527	cabinlady8491@yahoo.com
07	062	PEGGY	PARK	PO BOX 32	CHILLICOTHE	45601-0032	(740) 775-5751	None
08	011	SUSANNE	FREELAND	904 LANRECO BLVD	LANCASTER	43130	(740) 654-2287	sfreekah@columbus.rr.com
09	151	CHRISTINE	BETTS	463 MILL ST	CONNEAUT	44030	(440) 265-8161	tinakins49@hotmail.com
10	499	LINDA	PORTER	1080 COUNTRY CLUB DR UNIT 18	WOOSTER	44691	(330) 345-7393	lscrp@sssn.net
11	077	MARY	PADGETT	PO BOX 273	NEFFS	43940	(740) 671-9956	mlucy01@aol.com
12	144	KAY	HAYMAN	2649 MCCOMB RD	GROVE CITY	43123	(614) 537-4359	kaybh@juno.com
13	421	CYNTHIA	BOEHNLEIN	6669 ROCHELLE BLVD	PARMA HTS	44130	(440) 212-5150	Choehnlein55@gmail.com
14	281	SHARON	MCCLAIN	1322 FOREST GLEN DR	CUYAHOGA FALLS	44221	(330) 923-9746 (330) 571-1664	smrci84119@yahoo.com

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.

Essay Contest: April 1, 2021 Narrative Deadline: April 15, 2021

Ohio Unit Plan of Action

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 this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative -word count must follow directions given in award guidelines. 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 # _____	Unit Membership Goal _____	Unit 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) _____					

Answer the following Questions in your narrative

- How did your unit promote Star Spangled Kids in your community? _____

- How did your Unit promote the Americanism essay contest? _____

- How did your Unit promote the flag program? _____

- How did your Unit promote patriotic holidays? _____

- How did your Unit encourage support of the flag amendment? _____

- Did your Unit support American Legion Americanism programs? How? _____

- How did your Unit promote Americanism in your community? _____

Program Summation:

Total Number of Legion Family Volunteers	Total Number of Jr. Volunteers	Total Number of Community 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.



Ohio Unit Plan of Action



CHAPLAIN

CITATION OF MERIT



REQUIREMENT

CHAIRMAN

Carol T. Robinson
 8483 Woodgrove Dr.
 Centerville, Ohio 45458-1853
 (937) 436-1983 (home)
 (937) 602-9365 (cell)
 Email – abernia@aol.com

Year-End Report Due: April 15, 2021

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 this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. 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 #	Unit Membership Goal	Unit 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 must be typed written in narrative form.
 Narrative must not exceed 1,000 words.
 Narrative may include photographs and news articles.

Narrative Deadline: April 15, 2021

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
			\$	

MAIL TO DEPARTMENT CHAPLAIN

Carol T. Robinson
 8483 Woodgrove Dr.
 Centerville, Ohio 45458-1853



Ohio Unit Plan of Action



CHILDREN & YOUTH

CHAIRMAN

VICE CHAIRMAN

Darlene Leiter
 329 Lyndale Ave
 Ashland, Ohio 44805
 (419) 289-2794 (home)
 (419) 651-6598 (cell)

CITATION OF MERIT



REQUIREMENT

Email – darleiter@yahoo.com

REPORT DUE TO DISTRICT

April 15, 2021 to

CHAIRMAN BY :

DISTRICT CHAIRMAN

DISTRICT CHAIRMAN SEND TO DEPARTMENTS CHAIRMAN

BY MAY 1, 2021

Your District Children & Youth Chairman

(address shown below)

District Children and Youth Chairmen

01	320	MARYBETH	PARKER	3311 MAPLEWAY DR	TOLEDO	43614	(419) 385-6531	mbparker58@yahoo.com
02	444	SARA	MAURER	09428 ST RT 219	NEW KNOXVILLE	45871	(419) 753-2730	dmaurer@nktelco.net
03	526	PAMELA	BATES	2122 WILLOW RUN CIR	ENON	45323-9787	(937) 974-2316	pamelabates9@gmail.com
04	450	JUDI	MAUPIN	3194 BEECH RD	BETHEL	45106-9534	(513) 560-0534	hudl@aol.com
05	447	JANE	YEAGER	17 E HIGH ST	PLYMOUTH	44865	(419) 989-2125	janeyeager2000@yahoo.com
06	085	JOYCE	CHANEY	11521 BOLEN RD NE	NEWARK	43055	(740) 345-7650	joycec@windstream.net
07	633	STACY	HUMPHREY	1811 INLOW AVE	PEEBLES	45660	(937) 798-1439	mtstacy@yahoo.com
08	011	JODIE	KEELS	626 N MAPLE ST	LANCASTER	43130	(740) 415-8844	Flok2991@gmail.com
09	214	MARIBETH	SHANKMAN	287 E 235 TH ST	EUCLID	44123	(216) 408-6284	scarfitup@att.net
10	131	ALYCE	BARNES	44609 Y & O RD	WELLSVILLE	43968	(330) 383-8941	alycebarnes@gmail.com
11	064	SUZANNE	WAGNER	211 VANBERGEN AVE	MARIETTA	45750	(740) 374-8814	suewagner45750@yahoo.com
12	430	BOBBIE	HALL-REFINATI	1554 MANOR DR	COLUMBUS	43232	(614) 620-1088	bobbichall@sboglobal.net
13	091	DONELLA	KLINE	26963 ELIZABETH LN	OLMSTED TWP	44138	(216) 396-8968	dkline@chnhousingpartners.org
14	685	KATHLEEN	RICHARDSON	9305 FLORA DR	STREETSBORO	44241	(330) 842-7650	Kats889@aol.com

Narrative Deadline: April 15, 2021

MAIL TO DISTRICT CHILDREN & YOUTH CHAIRMAN

Ohio Unit Plan of Action

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 this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. 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 #	Unit Membership Goal	Unit 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)				

If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:

- 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 in your narrative

How did your unit demonstrate “Celebrating a Century of Service, with the focus centering on “The Health and Well-Being of our Veterans, Military, and their Families”? _____

How did your Unit promote the Youth Hero/Good Deed Award? _____

What success stories do you have regarding support for military and or homeless veterans’ children? _____

Program Summation:

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total Dollars Spent or Raised	Total Number of Children Served
			\$	

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.



Ohio Unit Plan of Action



COMMUNITY SERVICE

CHAIRMAN

Robyn Cooper
 901 W High St
 Piqua, Ohio 45366
 (937) 773-0165 (home)
 (937) 214-6307 (cell)
 Email – ronaldcooper901@gmail.com

VICE CHAIRMAN

Becky Dippman
 3186 S. River Rd.
 Pemberville, Ohio 43450-9676
 (419) 287-3257 (home)
 (419) 409-6032 (cell)
 Email – dippman@amplex.net

CITATION OF MERIT



REQUIREMENT

REPORT DUE TO DISTRICT

April 15, 2021 to

CHAIRMAN BY :

DISTRICT CHAIRMAN

DISTRICT CHAIRMAN SEND TO DEPARTMENT CHAIRMAN

BY MAY 1, 2021

Your District Community Service Chairman

(address shown below)

District Community Service Chairmen

01	541	MINDI	RUE	PO BOX 10	DUPONT	45837	(419) 439-2950	Mindi1036@gmail.com
02	387	RUTH	BROOKHART	718 N FRANKLIN ST	NEW BREMEN	45869	(419) 629-2238	crbrookhart@nktelco.net
03	776	JUANITA	BALLARD	2333 DUNCAN DR APT 7	FAIRBORN	45324-5749	(937) 426-2523	thlrddistpres18@gmail.com
04	256	MARGIE	HOMINY	490 HENNEPIN DR	MAINEVILLE	45039-7332	(440) 823-2515	mhominy@yahoo.com
05	292	NANCY	LONGBRAKE	169 NEW LONDON AVE	NEW LONDON	44851	(567) 215-7386	nllongbrake@neo.rr.com
06	254	REBECCA	LONG	2951 GALLANT RD	RADNOR	43066	(614) 314-3746	Rebecca.l.long254@gmail.com
07	633	STACY	JAMES-GROOMS	227 FORREST AVE	SEAMAN	45679-9751	(937) 798-3179	lstacy858@gmail.com
08	011	APRIL	ICE	1989 TWP RD 184 SW	JUNCTION CITY	43748	(740) 605-4333	icewomanishere@hotmail.com
09	214	SUSAN	SCHOFIELD-FRATINO	7565 LAMBTON CT	MENTOR	44060	(440) 354-1838	bfratino@yahoo.com
10	067	AMIEE	DITMARS	926 PEPPERWOOD DR	WOOSTER	44691	(330) 697-4422	asprang@live.com
11	768	LISA	SNODGRASS	PO BOX 115	BEALLSVILLE	43716	(740) 359-6291	Ljs549@me.com
12	144	VICKY	DALTON	1098 VIEWPOINTE DR	COLUMBUS	43207	(614) 491-3551	vickyd144@aol.com
13	703	DANIELLE	ZAREMBA	11337 BLOSSOM AVE	PARMA HTS	44130	(216) 534-4509	blueves78@aol.com
14	685	CINDY	MASOWICK	9320 ROOT DR	STREETSBORO	44241	(330) 714-3873	cjidgy@gmail.com

Ohio Unit Plan of Action

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 this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. 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 #	Unit Membership Goal	Unit 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.



Ohio Unit Plan of Action



HISTORY HISTORIAN

CITATION OF MERIT



REQUIREMENT

Dayna Beyer
6013 Garber Road
Bellville, Ohio 44813
(419) 566-9395 (cell)
(888) 225-3180 (fax)

Email – mrsdaynabeyer@gmail.com

REPORT DUE: April 15, 2021

Department Report Form					
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Name of Person Completing Report:			Unit Chair.		Unit Pres.
Phone #	Email	Membership ID (if available)			
Specific Award Name(if applicable)					

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.

Program Summation:

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total Dollars Spent	Total Dollars 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.

Report Deadline: April 15, 2021

Narrative Deadline: April 15, 2021

MAIL TO DEPARTMENT HISTORIAN



Ohio Unit Plan of Action



LEGISLATIVE

CHAIRMAN

Diann Long
17402 Independence Ct
Brookpark, Ohio 44142
(216) 267-4711 (home)

CITATION OF MERIT



REQUIREMENT

Email – ken17402@yahoo.com

REPORT DUE: April 15, 2021

Department Report Form

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Please complete the following. Be sure to give the complete name of your Unit: _____

District	Unit #	Unit Membership Goal	Unit 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)					

Answer the following questions or include answers in your narrative report. Please include answers to the following questions:

- How did you educate members on the legislative issues promoted by The American Legion and how did your members employ those methods? _____
- What legislative activities (town hall meetings, legislative receptions) did members attend in your communities? _____
- What suggestions did members have to improve those activities? Please describe. _____
- How did members develop relationships with their elected officials? Please describe. _____
- Please describe how members were able to connect with their local and state officials and what were their successes. _____

Program Summation:

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total Dollars Spent or Raised
			\$

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

Mail report to Department Legislative Chairman:
Diann Long, 17402 Independence Ct., Brookpark, OH 44142



Department of Ohio Plan of Action



NATIONAL SECURITY

CHAIRMAN

Cynthia Boehnlein
 6669 Rochelle Blvd.
 Parma Hts., OH 44130
 (440) 212-5150
 Email – cboehnlein55@gmail.com

CITATION OF MERIT



REQUIREMENT

REPORT DUE: April 15, 2021

Department Report Form			
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District	Unit #	Unit Membership Goal	Unit 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.

As part of your narrative report, answer the following questions in your narrative and include number of volunteers, hours and monies:

- Did members organize Welcome to Our Hometown events? If so, what was most successful? Did they have any challenges? _____
- What types of national security activities and/or projects were done at units in your department that weren't near a military installation? _____
- How were Blue Star and Gold Star Banners presented? _____
- How were MIA families recognized following notification of remains? _____
- How were service members honored during welcome-home events? _____
- How were military families connected to other units when moving? _____

Department of Ohio Plan of Action

- Did your Unit host a Blood Drive? _____
- Preparing care packages? _____
- Write letters to the troops? _____
- Participate with Taps (Tragedy Assistance Program for Survivors)? _____
- Have a Pow/Mia Chairman at meetings? _____
- Wear RED on Friday? _____
- Recognize ROTC and JROTC cadets? _____
- Participate and recognize and family during National Military Appreciation Month? _____
- Participate and recognize Send Off events? _____
- Present Blue Star or Gold Star Banner? _____
- Did military families connect with other families during a move? _____
- Participate or host a Red Cross or USO event? _____

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 as the next 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.



Department of Ohio Plan of Action



POPPY

CHAIRMAN

Karen Peel
2216 25th St SW
Akron, Ohio 44314
(330) 962-0738 (cell)

Email – karen.peel@sk2holdings.com

CITATION OF MERIT



REQUIREMENT

REPORT DUE : April 15, 2021

Department Report Form				
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District _____	Unit # _____	Unit Membership Goal _____	Unit 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 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 your members promote the Poppy Program? _____
- How did your members increase poppy revenue? _____
- How did your unit promote the Poppy Poster Contest? _____
- How did your unit promote Little Miss and Miss Poppy? _____

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.



Ohio Unit Plan of Action



VETERANS AFFAIRS & REHABILITATION

CHAIRMAN

Sue Schofield Fratino
 7565 Lambton Court
 Mentor, OH 44060
 (440) 354-1838 (home)
 (440) 759-4961 (cell)
 Email – sscoey17@gmail.com

VICE CHAIRMAN

Judy Leddy
 85 Marilla Rd.
 Columbus, OH 43207
 (614) 444-0119 (home)
 (614) 783-9063 (cell)
 Email – jal85@aol.com

Department Hospital Director

Linda Close
 1041 Donnawood Dr
 Mansfield, Ohio 44903
 (419) 989-1180 (home)
 Email – lindaaclose@gmail.com

CITATION OF MERIT



REQUIREMENT

REPORT DUE TO April 15, 2021 to
DISTRICT CHAIRMAN BY: DISTRICT CHAIRMAN

**DISTRICT CHAIRMAN SEND TO DEPARTMENT CHAIRMAN
 BY MAY 1, 2021
 Your District VA & R Chairman
 (address shown below)**

District VA&R Chairmen

01	320	PAM	BRENNEMAN	1467 GAGE RD	TOLEDO	43612	(419) 283-5655	pam52@buckeye-express.com
02	241	SHIRLEY	SUCHLAND	25 N EASTMOOR DR	NEW BREMEN	45869	(419) 629-3353	framesandsuch@nktelco.net
03	184	ROBYN	COOPER	901 W. HIGH ST	PIQUA	45356	(937) 773-0165	ronaldcooper901@gmail.com
04	450	CARMELLA	FUGATE	550 CLARK ST	MILFORD	45150-1210	(513) 260-9516	carmella.fugate@yahoo.com
05	535	DAYNA	BEYER	6013 GARBER RD	BELLVILLE	44813	(419) 566-9395	mrsdaynabeyer@gmail.com
06	085	LOLA	NIXON	44 CURTIS AVE	NEWARK	43055	(740) 345-1567	nix7lo@roadrunner.com
07	757	PATRICIA	OLAKER	207 CEDARWOOD TERRACE	CHILLICOTHE	45601-1778	(740) 775-3389	NONE
08	011	TAMMY	DILLON	734 PIERCE AVE	LANCASTER	43130	(740) 653-8056	tomtammy49@columbus.rr.com
09	103	MARIE	SCHULZ	1631 PLEASANTVIEW AVE	ASHTABULA	44004	(440) 645-0103	marie.schulz@aacs.net
10	436	JULIE	MARTIN	12574 ISLANDVIEW AVE NW	UNIONTOWN	44685	(330) 699-6268	msjulieamartin@gmail.com
11	071	REBECCA	COLE	74 S MAIN ST LOT 8	ROSEVILLE	43777	(740) 704-1221	rcole4@columbus.rr.com
12	614	JANE	DOMER	5252 GRANDON DR	HILLARD	43026	(614) 653-2710	jvdomer@yahoo.com
13	627	KIM	BUNCH	10600 FAIRLAWN DR	PARMA	44131	(216) 401-8842	kimmieb219@sbcglobal.net
14	801	JANICE	MANG	9287 SHEPARD RD	MACEDONIA	44056	(330) 467-4490	janicemang@windstream.net

Ohio Unit Plan of Action

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 this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. 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 # _____	Unit Membership Goal _____	Unit 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.
- Narrative must include hours, activities, money, and volunteers spent on projects.

Narrative Deadline: April 15, 2020
MAIL TO DISTRICT VA & R CHAIRMAN

The National Cover Sheet is included as the next 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.

1. How Did your Unit Participate at the VA Hospitals and other VA facilities? Explain. _____

2. Describe how members earned their Service to Veterans hours? _____

3. How did your Unit Support your local Veterans? Do you have any unique ideas to share with other Units? Explain. _____

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
			\$	



Department of Ohio Plan of Action



AUXILIARY EMERGENCY FUND

CHAIRMAN

Mindi Rue
PO Box 10
Dupont, OH 45837-0010
(419) 439-2950 (home)
Email – mindil036@gmail.com

REPORT DUE: April 15, 2021

Department Report Form

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District	Unit #	Unit Membership Goal	Unit 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 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.

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.

Report Deadline: April 15, 2021

Narrative Deadline: April 15, 2021

EMAIL OR MAIL TO DEPARTMENT AEF CHAIRMAN

mindil036@gmail.com
Mindi Rue
PO Box 10
Dupont, Ohio 45837-0010



Ohio Unit Program Action Plan



American Legion Auxiliary Buckeye Girls State

DIRECTOR

Rene' Reese
6543 Engle Rd.
Brook Park, Ohio 44142
(216) 362-0609 (home)
(216) 409-0122 (cell)
Email – rqr21@sbcglobal.net

COORDINATOR

Vicky Buck
PO Box 2760
Zanesville, Ohio 43702-2760
(740) 452-8245 (work)
Email – vicky@alaohio.org

Mid-Year Report Due :

December 15, 2020

Year-Report Due:

May 1, 2021

SEND REPORTS TO :

Department BGS Director

A Board of Directors oversees the American Legion Auxiliary Buckeye Girls State Program, which includes:

Director
Department President
Department 1st Vice President
Director of Counselors
Director of Government
Director of Health
Director of Music and Recreation
Director of Public Relations
Department Secretary/Executive Director

Rene' Reese
Kristen Little
Colleen Phillips
Gwenda Schroeder-Zulch
Diann Long
Deb Schrolucke
Karen Peel
Linda Close
Kelly Gibson

Please carefully read the additional information enclosed in the envelope marked American Legion Auxiliary Buckeye Girls State!

The National Cover Sheet is included on the backside of report 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.

Ohio Unit Program Action Plan

Department Report Form

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Name of Person Completing Report:			Unit Chair.		Unit Pres.
Phone #	Email	Membership ID (if available)			
Specific Award Name(if applicable)					

2020– 2021 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. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

Answer the following Questions and/or include answers in your narrative

- How did you promote the ALA BGS program? _____

- Did you have an ALA BGS presentation in your community? If so, detail the success of this activity and the number of participants. _____

- Did your unit donate to the ALA Buckeye Girls State Endowment Fund? _____
Amount \$ _____
- How did your unit recognize your 2020 delegates to ALA Buckeye Girls State? _____

- What have you done within your ALA Girls State program to encourage membership? _____
- What methods does your Unit utilize to recruit the ALA Girls State delegates for membership? Are they effective? _____

- Does your Unit receive donations or sponsorship from outside of the Legion Family? What does your Unit do to solicit successful fund raising outside the Legion Family? _____

- How has your unit improved your BGS Girls State program this year? In what ways? _____

Program Summation:

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



Department of Ohio Plan of Action



CONSTITUTION & BYLAWS

CHAIRMAN

Cyndi Underwood
2213 Bryn Mawr Dr.
Stow, OH 44224
(330) 256-0700 (cell)

Email – cyndiunderwood73@gmail.com

Mid-Year Report Due: December 15, 2020

REPORT DUE: April 15, 2021

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 this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. Simple or elaborate stories will be accepted as a report.

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Name of Person Completing Report:			Unit Chair.		Unit Pres.
Phone #	Email	Membership ID (if available)			
Specific Award Name(if applicable)					

As part of your Narrative Report, please include answers to the following questions:

- Have you done an annual review of your Unit Constitution, Bylaws, and standing rules? _____
- When were your Unit Constitution & Bylaws last revised? _____
- How was your Unit inspired to review their governing documents? _____
- Did your unit sponsor a Constitution & Bylaws activity(s)? _____
- If so, what were the activity(s)? _____
- Did your unit participate in a web-based Constitution & Bylaws activity? If so, was it helpful? _____
- Did you add a list of Past Presidents info (names, numbers, dates served) to your guidelines? _____
- Did you add a page for Constitution & Bylaws revision, review and amendments dates? _____

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.

MAIL TO DEPARTMENT C&B CHAIRMAN

◆ Cyndi Underwood ◆ 2213 Bryn Mawr Dr. ◆ Stow, Ohio 44224 ◆



Ohio Unit Plan of Action



EDUCATION

CHAIRMAN

Barbara Benz
 6102 Charles Ave
 Parma, Ohio 44129-3705
 (440) 885-0781 (home) (440) 570-0527 (cell)

Email – babzbenz6102@gmail.com

REPORT DUE: April 15, 2021 (postmarked)

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 this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. 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 #	Unit Membership Goal	Unit 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)				

Answer the following Questions or include answers in your narrative

- Did member/units participate in Teacher Appreciation Week and/or National Education Week? How? _____
- Did your unit participate in Give 10 to Education? _____
- Describe how Veterans in Community Schools programs were presented? _____
- If units actively support veterans' associations on campus, describe their activities? _____
- What types of help did units give a needy student? _____
- How did your unit recognize scholarship winners? _____
- How many scholarship applications does your unit receive? _____

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.

Program Summation:

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Report Deadline: April 15, 2021 Narrative Deadline: April 15, 2021
MAIL TO DEPARTMENT EDUCATION CHAIRMAN



Ohio Unit Plan of Action



JUNIOR ACTIVITIES

District Junior Activities Chairman

CHAIRPERSON

Carmella Fugate
 550 Clark St
 Milford, OH 45150
 (513) 513- 260-9516 (cell)
 Email -carmella.fugate@yahoo.com

2nd MEMBER

Kathleen Richardson
 9305 Flora Drive
 Streetsboro, OH 44241-8306
 (330) 842-7650 (cell)
 Email – kats889@aol.com

3rd MEMBER

Michelle Zayakosky
 7400 Johnnycake Ridge
 Mentor, OH 44060-7518
 (216) 337-3178 (cell)
 Email – post214michellez@gmail.com

Honorary Jr. President

Samantha Altman
 598 Rinehart Rd
 Bellville, Ohio 44813
 samanthaaltman@embarqmail.com

Honorary Jr. Vice President

Evelyn Phillips
 717 N Hall St
 Ottawa, Ohio 45875
 (419) 748-7515 (home)

REPORT DUE TO DISTRICT**April 15, 2021 to****CHAIRMAN BY :****DISTRICT CHAIRMAN****DISTRICT CHAIRMAN SEND TO DEPARTMENT CHAIRMAN****BY MAY 1, 2021****Your District Junior Activities Chairman****(address shown below)**

01	587	SANDY	MACK	5931 YARMOUTH AVE	TOLEDO	43623	(419) 348-1761	mack593.sm@gmail.com
02	217	MAGGIE	WILEY	317 S BROOKLYN AVE	SIDNEY	45365	(937) 489-1792	howmaw71@gmail.com
03	776	CAROL T	ROBINSON	8483 WOODGROVE CT	CENTERVILLE	45458-1853	(937) 602-9365	abernia@aol.com
04	450	CARMELLA	FUGATE	550 CLARK ST	MILFORD	45150	(513) 260-9516	carmella.fugate@yahoo.com
05	535	KATHY	HEICHEL	513 ROSS RD	BELLVILLE	44813	(567) 303-2851	dkheichel@aol.com
06	085	MIRIAM	MILLER	1104 LAWNVIEW AVE	NEWARK	43055	(740) 344-1453	None
07	471	BETTY	TAYLOR	25 WILSON ST	PORTSMOUTH	45662-5778	(740) 250-3249	taylor604@hotmail.com
08	078	SHANI	KORNMILLER	9900 ST RT 664 N	LOGAN	43138	(740) 270-4004	shanikornmiller@yahoo.com
09	214	MICHELLE	ZAYAKOSKY	7400 JOHNNYCAKE RIDGE RD	MENTOR	44060	(216) 337-3178	post214michellez@gmail.com
10	436	CONNIE	MORTON	11022 KENT AVE NE	HARTVILLE	44632	(330) 877-1237	cismorton@hotmail.com
11	495	FLO	HARPOLD	533 WIRT ST	BELPRE	45714	(740) 423-7766	None
12	614	MARY LEE	MERCIER	3674 COLONIAL DR	HILLIARD	43026	(614) 579-3382	mlmoh614@gmail.com
13	610	LOUISE	AIGNER	6115 SMITH RD	BROOKPARK	44142	(216) 337-1411	laigner109@yahoo.com
14	566	KATHY	BURKHAMMER	885 POLK AVE	AKRON	44314	(234) 738-8552	lovemyangels2@yahoo.com

Ohio Unit Plan of Action

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 this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. 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 # _____	Unit Membership Goal _____	Unit 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) _____					

Please consider answering the questions below and include them in your Unit's Narrative/Story about your program.

1. How has participation in the Patch Program increased enthusiasm amount the Juniors?

2. What are the various Service projects in which Junior were involved? Has Participation in the service projects increased as the year has progressed? _____
3. What Type of Volunteer hours did Junior members perform? _____
4. What ways did your senior members mentor the Junior Members? _____
5. How does our unit plan to increase Junior member participation in meetings and activities?

Please include pictures and news articles showing juniors involved in their activities.

Program Summation:

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			\$	

The National Cover Sheet is included as the next 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.



Department of Ohio Plan of Action



LEADERSHIP

CHAIRMAN

Pam Bates
 2122 Willow Run Circle
 Enon, Ohio 45323
 (937) 974-2316 (cell)
 Email – pamelabates9@gmail.com (preferred communication)
Report & Narrative can be emailed
NARRATIVES DUE: April 15, 2021

Department Report Form

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Phone #	Email	Membership ID (if available)			
Specific Award Name(if applicable)					

NARRATIVE AWARDS shall be judged based on your Unit's usage of the What Can You do Sections 1-5 of this POA AND filling out the boxes below and describing in your narrative how you accomplished them. **REMEMBER:** That your Unit Mid-Year and End-of-Year reports and narrative need to pertain to the who, what, where and how of Leadership. (See award instructions)

DID YOU SHARE THE FOLLOWING DOCUMENTS AT YOUR UNIT MEETINGS?

Buckeye Messenger	Bulk Mailing	District Newsletter	Constitution & Bylaws	Policies and Procedures	Plan of Action

MEMBER/S ATTENDANCE AT MEETINGS BELOW

Average Number of Members attending a Unit Meeting	Number of Members attending District Meetings	Number of Members Attending School of Instruction (SOI)	Number of Members Attending SOI Leadership Workshop	Number of Members Attending Mid-Winter (MW) Conference	Number of Members Attending MW Leadership Workshop



Ohio Unit Plan of Action



MEMBERSHIP

CHAIRMAN

Colleen Phillips
 C-032 Co Rd 8B
 Hamler, Ohio 43524-9785
 (419) 274-4001 (home)
 (419)-439-0526 (cell)
 Email – ckphillips43524@gmail.com

REPORT DUE : April 15, 2021

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Phone # _____	Email _____	Membership ID (if available) _____			
Specific Award Name(if applicable) _____					

Answer the following Questions in your narrative

Please share how your Unit is using membership tools and other Auxiliary programs to engage, retain and recruit members, which tools were most effective, and which incentives were most effective. _____

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Narrative Deadline: April 15, 2021

MAIL TO DEPARTMENT MEMBERSHIP CHAIRMAN

Colleen Phillips, C-032 Co Rd 8B, Hamler, Ohio 43524-9785



Department of Ohio Plan of Action



PAST PRESIDENTS PARLEY

CHAIRMAN

Shirley Maurer
 06247 St Rt 219
 New Knoxville, Ohio 45871
 (419) 753-2486 (home)
 (419) 733-3397 (cell)
 Email – pmaurer@nktelco.net

REPORT DUE : April 15, 2021

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Mail to Department Past Presidents Parley Chairman:

Shirley Maurer, 06247 St Rt 219, New Knoxville, Ohio 45871



Department of Ohio Plan of Action



PUBLIC RELATIONS

CHAIRMAN

Cindy Masowick
9320 Root Dr
Streetsboro, Ohio 44241
(330) 650-9594(work)
(330) 714-3873 (cell)
Email – cjidgy@gmail.com

REPORT DUE: April 15, 2021

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Narrative Deadline: April 15, 2021

Answer the following Questions or include answers in your narrative

- How has your Unit website and/or Facebook page inspired units to develop social media at the local level? _____
- Has your unit been mentioned in local media promotion of mission-related activities? What type of promotions have they received? _____
- Did your Unit do any Public Service Announcements? How were they received? _____
- How does your Unit keep an active and updated media contact list? _____
- How did your Unit use Social Media to promote the ALA Brand? _____
- What specific activities have you done to help build brand loyalty? _____

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