

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 assist 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.ALAforVeterans.org

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

Send to Your Unit President by April 15, 2022

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: _____ Unit President by 4 / 15 / 2022
(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 1st, 2022

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 ⁺	Unit ⁺	Total
Line 1	Total hours members volunteered	Member Form Line 1		N/A	
Line 2	Total dollars spent	Member Form Line 2	\$	\$	\$
Line 3	Total number of veterans/military assisted	Member Form Line 3			
Line 4	Total number of "Veterans in Community Schools" presentations facilitated	Member Form Line 4			
Line 5	Value of in-kind donations received*	Unit Records	N/A	\$	\$
Line 6	Number of poppies or poppy items distributed	Unit Records	N/A		
Line 7	Dollars raised from popples	Unit Records	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 ⁺	Unit ⁺	Total
Line 8	Total hours members volunteered	Member Form Line 5		N/A	
Line 9	Total dollars spent	Member Form Line 6	\$	\$	\$
Line 10	Number of military families served	Member Form Line 7			

3. Our ALA Service for Youth

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

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	<i>Member Form Line 14</i>		N/A	
Line 20	Total dollars spent	<i>Member Form Line 15</i>	\$	\$	\$

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: District President _____ by 5 / 1 / 2022
 (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 ALL DISTRICTS

Send to Your Department Secretary by May 15, 2022

**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	Unit Form Line 1	
Line 2	Total dollars spent	Unit Form Line 2	\$
Line 3	Total number of veterans/military assisted	Unit Form Line 3	
Line 4	Total number of "Veterans in Community Schools" presentations facilitated	Unit Form Line 4	
Line 5	Value of in-kind donations received*	Unit Form Line 5	\$
Line 6	Total number of poppies or poppy items distributed	Unit Form Line 6	
Line 7	Total dollars raised from poppies	Unit Form Line 7	\$

*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	Unit Form Line 8	
Line 9	Total dollars spent	Unit Form Line 9	\$
Line 10	Total number of military families served	Unit Form Line 10	

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: Department Secretary by 5 / 15 / 2022
 (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!

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 counts as service hours under Section 1.*
- 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!

**END OF YEAR REPORT AWARD
CHECK SHEET**

NARRATIVE FOR ANNUAL REPORT *CITATION OF MERIT DOUBLE CHECK POA FOR SPECIFICS	DUE	TO WHOM DOUBLE CHECK MIGHT BE CHANGES/NAMES ADDRESSES	DEPT & NATIONAL COVER SHEETS ATTACHED & SPECIFIED	ALL GOOD CHECK MARK
UNIT IMPACT REPORT *	1-May	DISTRICT PRESIDENT		
AMERICANISM*	15-Apr	DISTRICT CHAIRMAN		
AM. SPIRIT ESSAY PLAQUE	1-Apr	DEPT. VICE CHAIR		
NORMA FRAZIER PLAQUE/SCHOOL	1-Apr	DEPT. CHAIR		
PATRICIA LOGAN PLAQUE	15-Apr	DISTRICT		
MARY WALKER PLAQUE	1-Jun	HQTS		
AEF	15-Apr	DEPT. CHAIR		
ARDITH COOPER PLAQUE	1-Jun	HQTS		
BUCKEYE GIRLS STATE	15-Apr	BGS DIRECTOR		
CHAPLAIN *	15-Apr	DEPT. CHAIR		
SENIOR PRAYER BOOK	15-Apr	DEPT. CHAIR		
JUNIOR PRAYER BOOK	1-Apr	DEPT. CHAIR		
RUTH ADAMS PLAQUE	15-Apr	DEPT. CHAIR		
CHILDREN & YOUTH *	15-Apr	DISTRICT CHAIRMAN		
MIRIAM JUNGE PLAQUE	15-Apr	DISTRICT CHAIRMAN		
YOUTH HERO/GOOD DEED	Ongoing	DEPT SECRETARY		
LETA ZELLER PLAQUE	1-Jun	HQTS		
CERTIFICATES	15-Apr	DEPT. CHAIR		
COMMUNITY SERVICE *	15-Apr	DISTRICT CHAIRMAN		
ANNA MAE BECKLEY PLAQUE	15-Apr	DISTRICT CHAIRMAN		
MARY PARKER PLAQUE	15-Apr	DEPT. VICE CHAIR		
SPIRIT OF COM. PLAQUE	15-Apr	DEPT. VICE CHAIR		
UNIT MEMBER COMM. SERVICE	15-Apr	DEPT. CHAIR		
CONST. & BY LAWS	15-Apr	DEPT. CHAIR		
EDUCATION	15-Apr	DEPT. CHAIR		
AGNES MERRITT PLAQUE	15-Apr	DEPT. CHAIR		
BETTY ROBASKIEWICZ PLAQUE	1-Jun	HQTS.		
HISTORY*	15-Apr	DEPT. CHAIR		
SENIOR HISTORY NARRATIVE	15-Apr	DEPT. CHAIR		
SENIOR SCRAPBOOK	15-Apr	DEPT. CHAIR		
JUNIOR HISTORY NARRATIVE	1-Apr	DEPT. CHAIR		
JUNIOR SCRAPBOOK	1-Apr	DEPT. CHAIR		
BEST ALL AROUND SENIOR PLAQUE	15-Apr	DEPT. CHAIR		
CERTIFICATES	15-Apr	DEPT. CHAIR		
JUNIORS	15-Apr	DISTRICT CHAIRMAN		
MERRY LYN PLAQUE	1-Apr	DEPT. CHAIR		
DOROTHY McCULLOUGH PL.	15-Apr	DEPT. 3RD CHAIR		
HELEN SLOAN PLAQUE	15-Apr	DEPT. CHAIR		
AMERICANISM SPIRIT PLAQUE	1-Apr	DEPT. 2ND CHAIR		
JUNIOR CRAFT BOOK	1-Apr	DEPT. 3RD CHAIR		
BEST MEDIA COVERAGE	15-Apr	DEPT. CHAIR		
<i>1&2 JUDGED AT DIST. JR. CONF.</i>	<i>BY</i>	<i>SENT TO</i>		
1-CONFERENCE COVER	1-Apr	DEPT. CHAIR		
2-TRAVELOGUES	1-Apr	DEPT. 2ND CHAIR		
JR. HIST. & SCRAPBOOKS	1-Apr	DEPT. HIST. CHAIR		
PRAYER BOOKS	1-Apr	DEPT. CHAPLAIN		
POPPY POSTERS	15-Apr	DEPT. POPPY CHAIR		
JUNIOR PATCH PROGRAM	Ongoing	DEPT. 3RD. CHAIR		
MARTHA VAN HORNE PL.	TBD	REG/JR. COMM.		
ERWINA EHRESMAN AWARD	TBD	REG/JR. COMM.		
LEADERSHIP	15-Apr	DEPT. CHAIR		

**END OF YEAR REPORT AWARD
CHECK SHEET**

NARRATIVE FOR ANNUAL REPORT *CITATION OF MERIT DOUBLE CHECK POA FOR SPECIFICS	DUE	TO WHOM DOUBLE CHECK MIGHT BE CHANGES/NAMES ADDRESSES	DEPT & NATIONAL COVER SHEETS ATTACHED & SPECIFIED	ALL GOOD CHECK MARK
MOST OUTSTANDING OVERALL	15-Apr	DEPT. CHAIR		
UNIT MEMBER OF THE YEAR	15-Apr	DEPT. CHAIR		
CHECK POA FOR OTHER AWARDS	15-Apr	DEPT. CHAIR		
LEGISLATIVE*	15-Apr	DEPT. CHAIR		
EMMA McBANE PLAQUE	15-Apr	DEPT. CHAIR		
CERTIFICATES	15-Apr	DEPT. CHAIR		
MEMBERSHIP	15-Apr	DEPT. CHAIR		
100% UNIT AWARD	11-Nov	HQTS.		
10 NEW IN 2022	13-May	HQTS.		
NEW UNIT AWARD	31-Jul	HQTS.		
JANES BATES PLAQUE	31-May	HQTS.		
PATRICIA RILEY PLAQUE	31-May	HQTS.		
DOLORIS KILGORE PLAQUE	31-May	HQTS.		
JACKIE BAYER PLAQUE	31-May	HQTS.		
CHECK ALL DATES IN POA FOR INCENTIVES				
NATIONAL SECURITY*	15-Apr	DEPT. CHAIR		
AVONELLE CLINGER PLAQUE	15-Apr	DEPT. CHAIR		
PHYLLIS NICKOSON PLAQUE	15-Apr	DEPT. CHAIR		
PAST PRESIDENTS PARLEY	15-Apr	DEPT. CHAIR		
PAST PRESIDENTS PARLEY PLAQUE	15-Apr	DEPT. CHAIR		
JO HRABAK PLAQUE	1-Jun	HQTS		
SALUTE TO SERVICEMEMBER	15-Apr	DEPT. CHAIR		
POPPY*	15-Apr	DEPT. CHAIR		
SHELLEY RIGGS PLAQUE/SCRAPBOOK	15-Apr	DEPT. CHAIR		
MISS POPPY SCRAPBOOK	15-Apr	DEPT. CHAIR		
UNIT POPPY AWARD	15-Apr	DEPT. CHAIR		
PUBLIC RELATIONS	15-Apr	DEPT. CHAIR		
CHECK POA FOR NATIONAL AWARDS	15-Apr	DEPT. CHAIR		
ANNE ESHELMAN PLAQUE-DIST. PRESIDENTS ONLY	15-Apr	DEPT. CHAIR		
MARIE MOORE PRESS BOOK PLAQUE	15-Apr	DEPT. CHAIR		
DORIS WAINWRIGHT PRESS BK PLAQUE	15-Apr	DEPT. CHAIR		
NANCY SALLOT PRESS BOOK PLAQUE	15-Apr	DEPT. CHAIR		
UNIT NEWSLETTER AWARD	15-Apr	DEPT. CHAIR		
VETERANS AFFAIRS & REHAB.*	15-Apr	DISTRICT CHAIRMAN		
BLANCHE KLEIN PLAQUE	15-Apr	DISTRICT CHAIRMAN		
SUE FRIEDRICH PLAQUE	15-Apr	DEPT. CHAIR		
MARIE MOORE FUND PLAQUE	1-Jun	HQTS		
OLIVER RUFFNER PLAQUE	15-Apr	HOSP. DIRECTOR		
VOLUNTEEN AWARD	15-Apr	HOSP. DIRECTOR		
CHECK POA FOR OTHER AWARDS - CHECK DATES AND WHERE IT IS SENT				
Do not forget that Children & Youth and VA&R have assessments if nothing else reported.		.25 for CH&YTH .75 for VA&R		

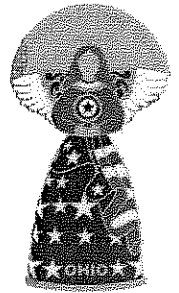
**END OF YEAR REPORT AWARD
CHECK SHEET**

NAME OF SCHOLARSHIP AWARDS AND PROGRAM	DEPARTMENT DUE DATE	DELIVER TO CHECK ADDRESS	NATIONAL DUE DATE	DONE
EDUCATION				
Children of Warriors National President Scholarship - Online Only	1-Mar to Unit	15-Mar to Dept. Chair	1-April to Central Div. Chair	
Non-Traditional Student Scholarship	1-Mar to Unit	15-Mar to Dept. Chair	1-April to Central Div. Chair	
Spirit of Youth Scholarship	1-Mar to Unit	15-Mar to Dept. Chair	1-April to Central Div. Chair	
Junior Member Loyalty Scholarship	1-Mar to Unit	15-Mar to Dept. Chair	1-April to Central Div. Chair	
Continuing Education Grant	1-Dec	Dept. Chair	N/A	
Department President Scholarship	15-Mar	Dept. Chair	N/A	
Women Veteran's Scholarship	1-May	Dept. Chair	N/A	
PAST PRESIDENTS PARLEY				
Nurses' Scholarship	1-Mar to Unit	15-Mar to Dept. Chair	N/A	



Ohio Unit Plan of Action

AMERICANISM



CITATION OF MERIT



REQUIREMENT

CHAIRMAN

Mary Ann Dull
 407 Phillips Ave.
 Ashland, Ohio 44805-3856
 (419) 651-0156(cell)
 Email - alamadlady54@yahoo.com

VICE CHAIRMAN

Barb Arndt
 1996 Co. Rd. 170
 Marengo, OH 43334-9662
 (419) 560-5897
 Email - barndt501@twc.com

REPORT DUE TO DISTRICT
 CHAIRMAN BY:

APRIL 15, 2022

**DISTRICT CHAIRMAN SEND REPORT TO DEPARTMENT
 CHAIRMAN BY MAY 1, 2022**

Your District Americanism Chairman is listed below.

District Americanism Chairmen

01	587	ELIZABETH	GRAY	7531 MONROE RD	LAMBERTVILLE	MI	48144	(734) 856-2647 (419) 261-1243	erg060647@hotmail.com
02	387	DEBORAH	MEYER	90 N LINCOLN ST	MINSTER	OH	45865	(937) 441-6497	debmeyer69@gmail.com
03	763	TINA	WHITE	2058 S BELLEVIEW DR	BELLBROOK	OH	45305- 1620	(037) 776-5764	ala763president@gmail.com
04	450	CARMELLA	FUGATE	550 CLARK ST	MILFORD	OH	45150- 1210	(513) 831-2125 (513) 260-9516	carmella.fugate@yahoo.com
05	257	LYNNE	BABB	219 N MT VERNON AVE	LOUDONVILLE	OH	44842	(419) 994-4236	babblynn@gmail.com
06	417	JEAN	LISTON	17417 DENNIS RD	MT STERLING	OH	43143	(740) 207-6527	cabinlady8491@yahoo.com
07	062	PEGGY	PARK	PO BOX 32	CHILLICOTHE	OH	45601- 0032	(740) 654-5751	NONE
08	283	TAMMY	DEROSIER	5258 DEEDS RD	PATASKALA	OH	43062	(740) 927-4614	cartha59@aol.com
09	151	CHRISTINE	BETTS	463 MILL ST	CONNEAUT	OH	44030	(440) 265-8161	tinakins49@hotmail.com
10	499	LINDA	PORTER	1080 COUNTRY CLUB DR UNIT 18	WOOSTER	OH	44691	(330) 345-7393 (330) 641-8570	llscrp@sssnet.com
11	077	MARY	PADGETT	PO BOX 273	NEFFS	OH	43940	(740) 671-9956	mlucy01@aol.com
12	144	JUDY	DANCH	2223 RAVINE WOODS DR	GROVE CITY	OH	43123	(614) 871-9559	jdgrovecity@yahoo.com
13	421	CYNTHIA	BOEHNLEIN	6669 ROCHELLE BLVD	PARMA HTS	OH	44130	(440) 212-5150	cboehnlein55@gmail.com
14	449	KAREN	PEEL	2216 25TH ST SW	AKRON	OH	44314- 2202	(330) 962-0738	karen.peel@sk2holdings.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 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 Deadline: April 15, 2022

Answer the following Questions in your narrative.

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.

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

- Did your Unit support The American Legion with their Americanism program and how? _____

- How did your Unit promote patriotic holidays? _____

- How did your Unit promote the flag program? _____

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	\$

Ohio Unit Plan of Action



American Legion Auxiliary National Americanism Report and Award Cover Sheet

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: _____

Please see instructions on previous page about where to send this form.



Ohio Unit Plan of Action

CHAPLAIN

CHAIRMAN

Sharon McClain
1322 Forest Glen Dr.
Cuyahoga Falls, OH 44221
(330) 923-9746 (home)
(330) 571-1664 (cell)
Email: smccl84119@yahoo.com



CITATION OF MERIT



REQUIREMENT

Year-End Report Due: April 15, 2022

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 Deadline: April 15, 2022

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.

- During the year, how many Unit members volunteered in helping with Memorial Services? _____
(example: attended memorial services of deceased members, serving wake meals, etc.)
How many of the Junior members participate in religious services at their meeting or church? _____
- What is the total number of prayer books, prayers, and devotions that were given to Veterans and where were they taken? (example: CBOCs, clinics, nursing homes, hospitals, VAMCs) _____
- How many of your Unit members, both Juniors and Seniors, sent a prayer for President Colleen's Prayer Book? _____
- How much money did your Unit spend throughout the year on prayer books, devotions, etc.? (examples: materials, stamps, ink, etc.) and what were some of those items? _____

MAIL TO DEPARTMENT CHAPLAIN

Sharon McClain
1322 Forest Glen Dr.
Cuyahoga Falls, OH 44221



Ohio Unit Plan of Action

CHILDREN & YOUTH



CHAIRMAN

Deborah Meyer
90 N. Lincoln St.
Minster, OH 45865
(419) 628-3339 (home)
(937) 441-6497 (cell)

VICE CHAIRMAN

Patricia Miller
400 May Ave.
Cuyahoga Falls, OH 44221
(330) 928-4448 (home)
(330) 212-1411

CITATION OF MERIT



REQUIREMENT

Email -- debmeyer60@gmail.com

Email -- pattym54@yahoo.com

REPORT DUE TO DISTRICT

April 15, 2022 to

CHAIRMAN BY :

DISTRICT CHAIRMAN

DISTRICT CHAIRMAN SEND TO DEPARTMENTS CHAIRMAN

BY MAY 1, 2022

Your District Children & Youth Chairman

(address shown below)

District Children and Youth Chairmen

<u>01</u>	<u>265</u>	BETSY	HICKS	14603 CO RD J	WAUSEON	OH	43567	(419) 354-4461	betsyhicks@sismail.net
<u>02</u>	<u>387</u>	KIM	SEAVER	711 OAKWOOD DR	MINSTER	OH	48865	(937) 726-3173	Kseaver30@gmail.com
<u>03</u>	<u>707</u>	KRISTA	CARPENTER	115 LOWRY DR.	WEST MILTON	OH	45383	(937) 216-8788	kristacarpenter115@gmail.com
<u>04</u>	<u>194</u>	SUSAN	SEWELL	6967 HIDDEN RIDGE DR	WEST CHESTER	OH	45069	(513) 518-1233	sewell1954@yahoo.com
<u>05</u>	<u>397</u>	RITA	HART	2335 CLAUD RD	VERMILLION	OH	44089	(440) 213-1306	rhart@mercy.com
<u>06</u>	<u>254</u>	ANGELA	JAMES	531 KING GEORGE AVE	GAHANNA	OH	43230	(614) 290-2907	oriominic@yahoo.com
<u>07</u>	<u>633</u>	STACY	HUMPHREY	1811 INLOW AVE	PEEBLES	OH	45660	(937) 798-1439	mntstacy@yahoo.com
<u>08</u>	<u>011</u>	JODIE	KEELS	626 N MAPLE ST	LANCASTER	OH	43130	(740) 415-8844	flok2991@gmail.com
<u>09</u>	<u>214</u>	MARIBETH	SHANKMAN	287 E 235TH ST	EUCLID	OH	44123	(216) 408-6284	scarfitup@att.net
<u>10</u>	<u>131</u>	ALYCE	BARNES	44609 Y & O RD	WELLSVILLE	OH	43968	(330) 383-8941	alyce.barnes@gmail.com
<u>11</u>	<u>389</u>	LEEANN	STAN	603 ULLMAN ST	BEVERLY	OH	45715	(740) 509-5271	leeannstan@gmail.com
<u>12</u>	<u>144</u>	KAY	HAYMAN	2649 MCCOMB RD	GROVE CITY	OH	43123	(614) 537-4359	kaybh@juno.com
<u>13</u>	<u>091</u>	STACEY	LEHMANN	3288 W 144TH ST	CLEVELAND	OH	44111	(440) 465-3868	stacey_m15@hotmail.com
<u>14</u>	<u>566</u>	JENNIFER	ROBINSON	PO BOX 453	LAKEMORE	OH	44250	(234) 312-7714	NONE

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)					

Answer the following Questions in your narrative.

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.

- What activities did your Unit initiate to protect, care for and support children and youth, particularly those of veterans and military families? How did you serve the homeless children in your community? In your narrative, please include activities, money spent and hours of the volunteers.

- Did your Unit identify children and youth to nominate for the Youth Hero Award and the Good Deed Award? How did you honor those who you nominated? _____

- Did your Unit participate in the Kids of Deployed are Heroes 2 (KDH2) honoring Military children who might be experiencing a separation from one or both parents due to deployment? Explain what your Unit did. _____

- How did your Unit support the American Legion Children & Youth Program? _____

1. Our ALA Service for Youth

	Service for Children & Youth	Obtain Total From	Member	Unit	Total
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	\$	\$	\$

Ohio Unit Plan of Action



American Legion Auxiliary National Children & Youth Report and Award Cover Sheet

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#: _____

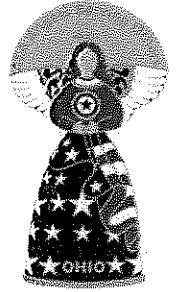
Chairman's email address: _____

Please see instructions on previous page about where to send this form.



Ohio Unit Plan of Action

COMMUNITY SERVICE



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

VICE CHAIRMAN
 Roseanne Paquette
 5359 Cresthaven #6
 Toledo, OH 43614
 (419) 509-1500 (cell)
 Email – roseanne@adray-grna.com

CITATION OF MERIT



REQUIREMENT

REPORT DUE TO DISTRICT CHAIRMAN BY :	April 15, 2022 to DISTRICT CHAIRMAN
---	--

DISTRICT CHAIRMAN SEND TO DEPARTMENT CHAIRMAN BY MAY 1, 2022

Your District Community Service Chairman (address shown below)

District Community Service Chairmen

01	541	HEATHER	LEWIS	19974 RD I 18	CLOVERDALE	OH	45827	(419) 890-5098	cntrynurselpn@gmail.com
02	470	JOYCE	MUHLENKAMP	4550 KUHN RD	CELINA	OH	45822-9252	(419) 852-2082	muhlenkampjoy@gmail.com
03	776	JUANITA	BALLARD	2333 DUNCAN DR APT 7	FAIRBORN	OH	45324-5749	(937) 426-2523 (937) 260-3685	thirddistpres18@gmail.com
04	199	SUE	WHITHAM	106 FLINTSTONE DR	HARRISON	OH	45030	(513) 535-0879	sue_sellers2002@yahoo.com
05	292	NANCY	LONGBRAKE	169 NEW LONDON AVE	NEW LONDON	OH	44851	(567) 215-7386	nlongbrake@neo.r.com
06	097	BARB	ARNDT	1996 CO RD 170	MARENGO	OH	43334	(419) 560-5897	barndt501@twc.com
07	633	STACY	BURCHETT	227 FORREST AVE	SEAMAN	OH	45679-9751	(937) 798-3179	stacy858@gmail.com
08	011	APRIL	ICE	1989 TWP RD 184 SW	JUNCTION CITY	OH	43748	(740) 987-6216 (740) 605-4333	icewomanishere@hotmail.com
09	007	RENEE	SILVAROLI	29511 RIDGE RD	WICKLIFFE	OH	44092	(440) 944-4782 (440) 781-5744	rchosen@sbcglobal.net
10	551	DONNA	LEMON-WEAVER	8287 TWP RD 561	HOLMESVILLE	OH	44633	(330) 390-0041	tcwdkl@gmail.com
11	768	LISA	SNODGRASS	PO BOX 115	BEALLSVILLE	OH	43716	(740) 359-6291	ljs549@me.com
12	430	BETH	MCKEE	548 ROBINWOOD AVE	WHITEHALL	OH	43213	(614) 231-5772	stx930@icloud.com
13	610	KRISTEN	MCLAUGHLIN	17324 INDEPENDENCE CT	BROOK PARK	OH	44142	(440) 781-1327	kli721@yahoo.com
14	464	SANDY	BOROVICKA	6680 RICHARD RD	HUDSON	OH	44236	(216) 906-0635	srborovicka@yahoo.com

Ohio Unit Plan of Action

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	\$	\$	\$

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

Answer the following Questions or include answers in your narrative

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, news articles, flyers, Facebook posts, and Unit newsletters.

- What is the total number of volunteers your Unit had for the year? (This cannot exceed the number of paid Senior Members.) _____
- What is the total number of Junior Volunteers your Unit had for the year? _____
- What is the total amount of DOLLARS RAISED your Unit had for the year? _____
- How did your Unit recruit community volunteers (non-members) to assist with ALA Community Service activities, events and/or projects? _____

- How did your Unit engage Junior Members and/or High School Students (with or without service hour requirements to graduate) in ALA Community Service activities, events 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 the most successful? What were any challenges you had? _____

- What types of Community Service activities, events, or projects were done in Unit? _____

Ohio Unit Plan of Action



American Legion Auxiliary National Community Service Report and Award Cover Sheet

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: _____

Please see instructions on previous page about where to send this form.



Ohio Unit Plan of Action

HISTORY

HISTORIAN

CITATION OF MERIT



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



REQUIREMENT

Email – mrsdaynabeyer@gmail.com

REPORT DUE: April 15, 2022

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.

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.

- How many senior and junior members and volunteers helped serve and/or participate in the year's activities and events? Give a brief description of the kinds of activities and events that were had. _____

- How many veterans were served and how many patriotic activities and events were planned and or presented. Select two activities or events that were most memorable and showed the spirit of serving and write a short story on them. _____

- Share a story that involved members being installed or a special presentation during a unit meeting with a guest speaker or special ceremony or recognition of an auxiliary member. _____

Ohio Unit Plan of Action

- What was the total amount of funds raised from all activities and events? How and where were the funds distributed i.e., presented by check or in person and to what program and or charity? _____

- How much was the cost/spent and donated to do the programs, activities, and events? _____

- Did your unit interview, video tape and post on You Tube and the ALA National History Facebook page senior and junior members stories for the “Members Remember Project”. Please elaborate on what was learned about your member(s). _____

- How is your unit archiving their history? Are you incorporating the unit’s history into a Cavalcade of Memories to show other members and the public on the unit’s service in the community? Consider having an open house and invite inactive members and the public for a tea to share with them the past history gathered in the cavalcade. _____

- Who was the honored veteran interviewed for the Veterans Service Project by your junior member(s)? Summarize what was learned about the veteran’s service i.e., when and where he served, his or her branch of service, and was the entire package submitted to Washington DC Library of Congress. Share a brief summary story on LegiontownUSA. _____

- What was the significant goal that the woman veteran or non-veteran achieved and what was learned about her during Women History Month of March? Submit your story to Facebook and to the American Legion Auxiliary Magazine. _____

- What was your goal quota membership, and did you reach goal? Any new or old members you would like to highlight? _____

MAIL TO DEPARTMENT HISTORIAN

Dayna Beyer
6013 Garber Rd.
Bellville, OH 44813



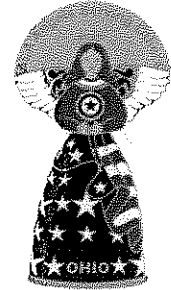
Ohio Unit Plan of Action

LEGISLATIVE

CHAIRMAN

Cindy Boehnlein
6669 Rochelle Blvd.
Parma Heights, OH 44130
(440) 212-5150 (cell)

Email – cboehnlein55@gmail.com



CITATION OF MERIT



REQUIREMENT

REPORT DUE: April 15, 2022

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 in your narrative.

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.

- Did your members subscribe to the American Legion Legislative Action Alerts? _____
If so, how many? _____
- 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, etc.) did members attend in your communities? _____
- How did members develop relationships with their elected officials? Please describe: _____
- Please describe how members were able to connect with their local, state and US officials and what were their successes? _____
- Did your members write, email, or call their representatives on an American Legion priority? _____
How many members? _____ How many responses? _____

Ohio Unit Plan of Action



American Legion Auxiliary Legislative Service Report and Award Cover Sheet

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: _____

Please see instructions on previous page about where to send this form.



Department of Ohio Plan of Action

NATIONAL SECURITY

CITATION OF MERIT

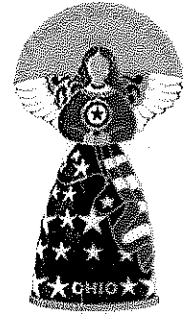


REQUIREMENT

CHAIRMAN

Gloria Verbeke
PO Box 126
McClure, OH 43534
(419) 748-8470

Email – gverbeke@bright.net



REPORT DUE: April 15, 2022

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 in your narrative.

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.

- What National Security activities and/or projects were done by your Unit that were not near a military installation? _____

- When preparing care packages to send to our troops, how did you utilize the community? Please explain. _____

- Please check off the other things listed under National Security you're your Unit participated in. Please give a brief explanation of the activities.
 - Present Blue Star and Gold Star Banners? _____
 - Did your Unit recognize MIA families following notification of remains? _____

Department of Ohio Plan of Action

- Host a blood drive? _____
- _____
- Write letters to the troops? _____
- _____
- Have a POW/MIA chair at meetings? _____
- _____
- Recognize ROTC and JROTC cadets? _____
- _____
- How did your Unit participate and recognize family during National Military Appreciation Month? Local Military Appreciation Recognition? _____
- _____
- _____
- Wear RED on Friday in honor of our deployed service members? _____
- _____
- _____

2. Our ALA Service for Military Families

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

Department of Ohio Plan of Action



American Legion Auxiliary National Security Report and Award Cover Sheet

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: _____

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

Address _____

Phone number: (____) _____

Email address: _____

Department National Security Chairman: _____

Address: _____

Phone number: (____) _____

Email address: _____

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: _____



Department of Ohio Plan of Action

POPPY

CITATION OF MERIT



REQUIREMENT

CHAIRMAN

Sue Schofield-Fratino
7565 Lambton Ct.
Mentor, OH 44060
(440) 759-4961 (cell)

Email – sscoey17@gmail.com



REPORT DUE : April 15, 2022

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)			

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

Line 6	Number of poppies or poppy items distributed	Unit Records	N/A		
Line 7	Dollars raised from poppies	Unit Records	N/A	\$	\$

Answer the following Questions in your narrative.

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.

- How many poppies were distributed by your Unit throughout the year and where were these poppies distributed? _____

- How many poppy items were sold throughout the year, and what were these items? _____

- What was the amount of money that was raised by your Unit for the Poppy Fund? _____

Department of Ohio Plan of Action

- How did your Unit celebrate National Poppy Day? _____

- How did you share the Poppy Story with the community? _____



Have a great year and take our *challenge* now to have a successful Poppy Program!

Department of Ohio Plan of Action



American Legion Auxiliary National Poppy Report and Award Cover Sheet

See the Annual Supplement to the Programs Action Plan to determine where to send this form.
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: _____



Ohio Unit Plan of Action

VETERANS AFFAIRS & REHABILITATION

CITATION OF MERIT



REQUIREMENT

CHAIRMAN

Shirley Maurer
 6247 St. Rt. 219
 New Knoxville, OH 45871
 (419) 753-2486 (home)
 (419) 733-3397 (cell)
 Email – pmaurer@nktelco.net

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

REPORT DUE TO April 15, 2022 to
DISTRICT CHAIRMAN BY: DISTRICT CHAIRMAN

DISTRICT CHAIRMAN SEND TO DEPARTMENT CHAIRMAN

BY MAY 1, 2022

Your District VA & R Chairman
 (address shown below)



District VA&R Chairmen

01	320	PATTI	WATSON	1150 ELCO AVE	MAUMEE	OH	43537	(419) 309-3362	pattiwatson09@yahoo.com
02	355	NATALIE	MESCHER	236 OAKWOOD DR	FORT LORAMIE	OH	45845	(937) 638-6213	natalie_m2010@hotmail.com
03	184	ROBYN	COOPER	901 W HIGH ST	PIQUA	OH	45356	(937) 773-0165 (937) 214-6307	ronaldcooper901@gmail.com
04	194	MICHELLE	COSSMAN	5653 STONE TRACE DR	MASON	OH	45040-8314	(513) 368-5952	mcossman@zoomtown.com
05	292	DARLENE	LEITER	329 LYNDALE AVE	ASHLAND	OH	44805	(419) 289-2794	darleiter@yahoo.com
06	085	LOLA	NIXON	44 CURTIS AVE	NEWARK	OH	43055	(740) 345-1567 (740) 877-2164	nix7lo@roadrunner.com
07	757	PATRICIA	OLAKER	207 CEDARWOOD TERRACE	CHILlicothe	OH	45601-1778	(740) 775-3389	NONE
08	011	TAMARA	DILLON	734 PIERCE AVE	LANCASTER	OH	43130	(740) 974-7642	tomtammy49@columbus.rr.com
09	214	SUSAN	SCHOFIELD-FRATINO	7565 LAMBTON CT	MENTOR	OH	44060	(440) 759-4961	bfratino@yahoo.com
10	436	JULIE	MARTIN	12574 ISLANDVIEW AVE NW	UNIONTOWN	OH	44685	(330) 699-6268	msjulleamartin@gmail.com
11	071	REBECCA	COLE	74 S MAIN ST LOT 8	ROSEVILLE	OH	43777	(740) 704-1221	rcole4@columbus.rr.com
12	614	JANE	DOMER	5252 GRANDON DR	HILLIARD	OH	43026	(614) 876-6781 (614) 653-2710	jvdomer@yahoo.com
13	627	KIMM	BUNCH	10600 FAIRLAWN DR	PARMA	OH	44130	(216) 401-8842	kimmieb219@sbcglobal.net
14	281	DOTTI	ALLRUTZ	736 ELEANORA DR	CUYAHOGA FALLS	OH	44223	(330) 671-1882	dsia14@aol.com

Ohio Unit Plan of Action

Answer the following Questions in your narrative.

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.

- How did your Unit support local veterans? How many senior members participated and how many Juniors? Please include the total number of hours. _____

- Describe how members earned their Service to Veterans hours. _____

- How did your Unit help support the VA Hospitals and the hospital representatives in order for them to help our veterans? How many hours did they spend on helping the veterans? Please include the dollar amount. _____

- What can we do as a group to help our VA hospitals? _____

- Tell about all the things that your Unit has done for the VA & R program this year. _____

- List your assessment amount in the narrative and include on this form. Please include your dollars spent.

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

	Service for Veterans/Military	Obtain Total From	Member ⁺	Unit ⁺	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*	Unit Records	N/A	\$	\$

Ohio Unit Plan of Action



American Legion Auxiliary National VA & R Report and Award Cover Sheet

**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: _____



Department of Ohio Plan of Action

AUXILIARY EMERGENCY FUND

CHAIRMAN

Pam Brennemen
1467 Gage Rd
Toledo, OH 43612
(419) 283-5655
Email -- pam7352@buckeye-express.com



REPORT DUE: April 15, 2022

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)					

Report Deadline: April 15, 2022

Narrative Deadline: April 15, 2022

Answer the following Questions in your narrative.

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.

- How did your Unit educate the members regarding this program? _____

- How were your members informed as to where the AEF resources could be found? _____

- What fundraising ideas did you Unit provide? _____



Ohio Unit Program Action Plan

American Legion Auxiliary Buckeye Girls State

DIRECTOR

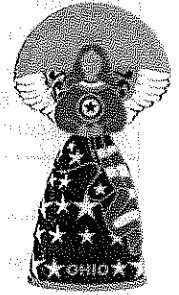
Gwen Schroeder-Zulch
PO Box 242
Jerry City, OH 43437-0242
(419) 494-7366

Email – gweniesue@yahoo.com

COORDINATOR

Vicky Buck
PO Box 2760
Zanesville, Ohio 43702-2760
(740) 452-8245 (work)

Email – vicky@alaohio.org



Year-Report Due:

April 15, 2022

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

Gwen Schroeder-Zulch
Colleen Phillips
Cindy Masowick
Kristen McLaughlin
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!

Ohio Unit Program Action Plan

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 and/or include answers in your narrative.

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.

- How did your Unit promote the ALA Buckeye Girls State program in your schools and community?

- How did your Unit recognize your 2021 delegates to ALA Buckeye Girls State?

- What unique ways did your Unit fundraise to help finance your Buckeye Girls State delegates?

- How has your Unit improved your BGS Girls State program this year? Please give details of what worked or what needs more improvement.

3. Our ALA Service for Youth

	Service for Children & Youth	Obtain Total From	Member	Unit	Total
Line 11	Total hours for ALA Girls State	<i>Member Form Line 8</i>	N/A	N/A	
Line 12	Dollars spent for ALA Girls State	<i>Unit Records</i>	N/A	\$	\$



Department of Ohio Plan of Action

CONSTITUTION & BYLAWS

CHAIRMAN

Carol T. Robinson
8483 Woodgrove Dr.
Centerville, OH 45458
(937) 602-9365 (cell)

Email – abernia@aol.com



REPORT DUE: April 15, 2022

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 in your narrative.

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.

- When was the last annual review of your Unit Constitution, Bylaws, and Standing Rules at the Unit level? _____
- Please list the date of the last approval of your Unit Constitution, Bylaws, and Standing Rules by the Department Constitution & Bylaws Chairman? _____
- Does your Unit hold meetings in accordance with your Bylaws? _____
- Was the Department template useful? Please explain. _____
- After the update of your Constitution and Bylaws, how did you inform your members? _____
- Do all members of your Unit have a copy of the Unit Constitution, Bylaws, and Standing Rules? _____



Ohio Unit Plan of Action

EDUCATION

CHAIRMAN

Diann Long
17402 Independence Ct.
Brook Park, OH 44142-3533
(216) 267-4711 (home)

Email – ken17402@yahoo.com



REPORT DUE: April 15, 2022

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 in your narrative.

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.

- Did members/unit participate in Teacher Appreciation Week or National Education Week? _____
How? _____
- Did your Unit participate in Give 10 to Education Program? _____ Number of members participating: _____ Value of donations: _____
What type of donations were made? _____
- Did your Unit schedule a Veterans in Community Schools Program? If so, how were they presented?

- Did Unit actively support veterans' association on campus? How? Amount of money spent or value of donations: _____

Ohio Unit Plan of Action

- Did your Unit offer scholarships? If so, how were the winners recognized? How were scholarships promoted?

- How many scholarship applications did your Unit receive? _____ Unit: _____
 Department: _____ National: _____

5. Scholarships Presented/Awarded by Our Unit

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

Ohio Unit Plan of Action



American Legion Auxiliary National Education Report and Award Cover Sheet

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: _____

Please see instructions on previous page about where to send this form.



UPDATED - Ohio Unit Plan of Action - UPDATED



JUNIOR ACTIVITIES

District Junior Activities Chairman

CHAIRPERSON

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

2nd MEMBER

Karen Peel
2216 25th St. SW
Akron, OH 44314-2202
(330) 962-0738 (cell)
Email – karen.peel@sk2holdings.com

3rd MEMBER

Jacqueline Moore
3866 Darlington Rd.
Darlington, PA 16115-2110
(330) 957-7215
Email – jackie_moore@comcast.net

Honorary Jr. President

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

Honorary Jr. Chaplain

Lila Underwood
2213 Bryn Mawr Dr.
Stow, OH 44224-2703

Honorary Jr. Vice President

Alexis Terrell
1143 Bevan St.
Barberton, OH 44203-4402

**REPORT DUE TO DISTRICT
CHAIRMAN BY :**

**April 15, 2022 to
DISTRICT CHAIRMAN**

DISTRICT CHAIRMAN SEND TO DEPARTMENT CHAIRMAN

BY MAY 1, 2022

**Your District Junior Activities Chairman
(address shown below)**

<u>01</u>	587	SANDY	MACK	5931 YARMOUTH AVE	TOLEDO	OH	43623	(419) 348-1761	mack593.sm@gmail.com
<u>02</u>	210	REBECCA	FETTERS	3893 CARMEL CHURCH RD	CELINA	OH	45822	(419) 586-3731 (419) 305-8644	tyh@bright.net
<u>03</u>	776	CAROL T	ROBINSON	8483 WOODGROVE CT	CENTERVILLE	OH	45458-1853	(937) 436-1983 (937) 602-9365	abernla@aol.com
<u>04</u>	194	MARSHA	GIEHLS	118 SOUTHWEST ST	MASON	OH	45040	(513) 398-6566	aux194@embarqmail.com
<u>05</u>	447	JANE	YEAGER	17 E HIGH ST	PLYMOUTH	OH	44865	(419) 989-2125	janeyeager2000@yahoo.com
<u>06</u>	085	MIRIAM	MILLER	1104 LAWNVIEW AVE	NEWARK	OH	43055	(740) 344-1453 (740) 403-3291	mimilmiller1906@gmail.com
<u>07</u>	471	BETTY	TAYLOR	25 WILSON ST	PORTSMOUTH	OH	45662-5778	(740) 250-3249	taylor6040@hotmail.com
<u>08</u>	376	JANICE	ICE	1989 TWP RD 184 SW	JUNCTION CITY	OH	43748	(740) 987-6216	icewomanishere@hotmail.com
<u>09</u>	214	MICHELLE	ZAYAKOSKY	7400 JOHNNYCAKE RIDGE RD	MENTOR	OH	44060	(216) 337-3178	post214michellez@gmail.com
<u>10</u>	436	CONNIE	MORTON	11022 KENT AVE NE	HARTVILLE	OH	44632	(330) 877-1237 (330) 354-6001	cjsmorton@hotmail.com
<u>11</u>	495	FLO	HARPOLD	533 WIRT ST	BELPRE	OH	45714	(740) 423-7766	NONE
<u>12</u>	614	MARY LEE	MERCIER	3674 COLONIAL DR	HILLIARD	OH	43026	(614) 579-3382	mimoh6140@gmail.com
<u>13</u>	572	PEGGY	O'NEILL-BARON	2208 TAMPA AVE	CLEVELAND	OH	44109	(216) 554-7954	ponbaron@gmail.com
<u>14</u>	566	KATHY	BURKHAMMER	885 POLK AVE	AKRON	OH	44314	(234) 738-8552	lovemyangelsof2@yahoo.com

UPDATED - Ohio Unit Plan of Action - UPDATED

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 in your narrative.

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.

- What did your Unit do to maintain/obtain new Junior members? _____

- How did your Juniors participate in Unit activities? What were the Juniors' duties for those activities? _____

- What did your Unit do to mentor the Junior members leading them into Senior membership? _____

- How did your Unit/Juniors participate in the Star Spangled Kids program? _____

- What did your Unit do to promote the Conference Covers for the 70th Department Junior Convention with your Juniors? _____

- How did your Unit promote the Americanism Essay contest with your Juniors? _____

- How did your Unit promote the Poppy Posters Contest? _____

UPDATED - Ohio Unit Plan of Action - UPDATED



American Legion Auxiliary National Junior Activities Report and Award Cover Sheet

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: _____

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: _____



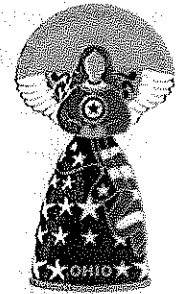
Department of Ohio Plan of Action

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, 2022



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: _____

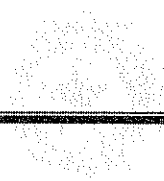
District	Unit #	Unit Membership Goal	Unit Membership Total As of Report		
Name of Person Completing Report:			Unit Chair.		Unit Pres.
Phone #	Email	Membership ID (if available)			
Specific Award Name(if applicable)					

Answer the following questions and also include the Key Program Statements' Action Steps in your narrative.

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.

- Did you share and review the following documents at your unit meetings?
 - The Action Plan _____
 - Buckeye Messenger _____
 - Bulk Mailing _____
 - District Newsletter _____
 - Constitution and Bylaws _____
 - Policies and Procedure _____
 - Standing Rules _____
 - Unit Guide Book (2021) _____
- How many members attended the following which promotes leadership development?
 - Average number per unit meeting _____
 - Number of members who attended District Meetings _____
 - Number of members who attended School of Instruction (SOI) _____
 - Number of members who attended the SOI workshop _____
 - Number of members who attended Mid-Winter Conference _____
 - Number of members who attended MW Workshop _____
- How many members took the National Senior Auxiliary Basic Course? _____

Department of Ohio Plan of Action



- How many members took the National ALA Academy courses or webinars? _____
- What did you do that was unique to Leadership? _____

- How did you incorporate Leadership characteristics within your Unit meetings, fundraisers, and veteran and community activities? _____

Department of Ohio Plan of Action



American Legion Auxiliary National Leadership Report and Award Cover Sheet

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: _____

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

Address _____

Phone number: () _____

Email address: _____

Department Leadership Chairman: _____

Address: _____

Phone number: () _____

Email address: _____

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: _____



Ohio Unit Plan of Action

MEMBERSHIP

CHAIRMAN

Cindy Masowick
9320 Root Dr.
Streetsboro, OH 44241-5540
(330) 714-3873 (cell)
Email – cjidgy@gmail.com



REPORT DUE : April 15, 2022

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)			

Answer the following Questions in your narrative.

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.

- Please share how your Unit is using membership tools – other Auxiliary programs to engage, retain and recruit members. _____

- How did your Unit recruit male spouses? Please explain. _____

Narrative Deadline: April 15, 2022

MAIL TO DEPARTMENT MEMBERSHIP CHAIRMAN



Department of Ohio Plan of Action

PAST PRESIDENTS PARLEY

CHAIRMAN

Kathy Heichel

513 Ross Rd.

Bellville, OH 44813

(567) 303-2851 (cell)

Email – dkheichel@aol.com



REPORT DUE : April 15, 2022

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 in your narrative.

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.

- When was you Past Presidents Parley established? _____
- In your Past Presidents Parley, how many members do you have? _____
- How many of your Past President Parley members have participated in activities? _____
- What activities have your Past Presidents Parley done during the past year? _____

- How much money has your Unit contributed to the Nurse's Scholarship? _____

Mail to Department Past Presidents Parley Chairman

Department of Ohio Plan of Action



American Legion Auxiliary National Security Report and Award Cover Sheet

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: _____

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

Address: _____

Phone number: (____) _____

Email address: _____

Department National Security Chairman: _____

Address: _____

Phone number: (____) _____

Email address: _____

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: _____



Department of Ohio Plan of Action

PUBLIC RELATIONS

CHAIRMAN

Jane Ridenour
17070 Mercer Rd.
Bowling Green, OH 43402-9799
(419) 352-5054 (home)
(419) 409-0572 (cell)
Email – prezjane@yahoo.com



REPORT DUE: April 15, 2022

Answer the following Questions in your narrative.

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.

- How did your Unit maintain communication with your membership? _____

- How did your Unit promote the ALA and its mission within your community? _____

- What type of response have you received from the community (i.e., new members, volunteers, attendance at events, etc.). _____

- How does your Unit create/maintain an active/updated media contact list? _____

Department of Ohio Plan of Action



American Legion Auxiliary National Public Relations Report and Award Cover Sheet

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: _____