

OHIO FEBRUARY BULK MAILING 2020

To: Unit Presidents
District Chairmen
Department Chairmen
Department Executive Committee
Hospital Representatives & Deputies
Past Department President

PLEASE OPEN AND READ THRU THIS MAILING. IT CONTAINS IMPORTANT DOCUMENTS.
This mailing contains valuable information regarding Department Junior Convention, Poppy Shop, & District Summer Convention as well as, the Unit End of Year Report Kit and Unit Data Forms. Please share with all members.

- **President's Message – All members**
- **Membership (buff) – Membership Chairman and All Members**
- **Public Relations (tan)- All members**
- **Announced Candidates Form**
- **Americanism (pink)**
- **Constitution & Bylaws (lilac)-How to Write Standing Rules/How to Write a Resolution**
- **Leadership (green) – All Members**
- **Legislative (pink)**
- **Chaplain (golden)**
- **PPP (lilac)**
- **Call to Department Junior Convention (white):**
 - Rules and Order of Business
 - Awards Information
 - Registration Form
 - Delegate & Alternate Forms
- **BGS (white)**
- **Facebook Fundraisers-Instructions**
- **Poppy Program & Poppy Shop Information (cherry) – All Members**
 - Little Miss Poppy Application
 - Tour Information
 - Housing for Poppy Shop
- ***UNIT DATA FORM (ivory) Unit Membership or Treasurer-Deadline April 1st, 2020 This is a mandatory form that must be completed annually so we have the correct information on your Dues Renewal. If you change your dues after this deadline National will charge us a fee (\$30.00 currently) and we will pass that fee along to your unit.***
- **KIT OF REPORTS PACKET: Unit Chairmen and President- Deadline: April 15th**
- ✓ **District Call to Convention – all members**
 - District Summer Convention Call (white)
 - Convention Representation by Units (white)
 - Delegates-At-Large per District (pink)
 - Department and District Convention Delegate Certification Form (2) (blue)
 - Department and District Convention Alternate Certification Form (2) (yellow)
 - District Convention Alternate to Delegate Certification (white)

District Call
To
Convention
Documents



Kristen Little
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216-265-9611 (home)
440-781-1327 (cell)



Greeting Auxiliary Members,

I know that our Auxiliary Units have been working very hard on their programs and RACE (ing) for our Veterans. Please continue to read your plans of actions and watch for any updates that might come out. Start watching for deadlines as there are a few that come earlier than others. Thank you to everyone that sent in mid-year reports to their chairmen. Without Units reporting National will not know about all the excellent work that Ohio does.

I would like to thank everyone that attended mid-winter conference in Columbus. There were over 200 in attendance. I had a great time celebrating our centennial with CDNVP Ruth Gott and hope you did too. Thank you to the Units and District for the "Gifts of Love" that were given to me during the membership program.

Poppy Shop is just around the corner and I hope that many units will send their Miss and Master Poppy's to be recognized. You will have a change to tour the Ohio Veteran's Home and see where the poppies are made. Additional information is included in this mailing.

Please review the information about having a Face book Fundraiser in this bulk mailing. This has been brought to our attention by National and they provided us with the guidelines. Units need to be aware of these guidelines and inform their members.

We are on the back stretch and it's time to refuel to make a surge for membership. I know that Ohio can reach goal if each member and all units work to renew, retain and seek out new members. Remember the guidelines for membership have changed to open up eligibility. Seek out these potential new members and tell them the story of why you joined and explain what our programs do. This might just spark an interest in someone.

Keep RACE(ing),

Kristen



Membership

Mid-Year reports were interesting. After reading them I thought it would be beneficial to include these positive words.

Ideas are a dime a dozen, People who put them into action are priceless! You my friends are priceless! You are doing so much to serve in your communities, for our Veterans, Active duty military and for our children. It seems you don't have time for one more thing, and that is why we need you to continue to ask all eligible people to join. We need this great work each of you do to continue.

Besides if you are like me you have learned that many hands make for a lighter load. Delegation for some of us might not be in our nature but it is the way to help pass on our legacy of service. Working with the Juniors I have seen first hand how much energy they have and how excited they get when they are able to help others. Let's share our mission.

The units that have not achieved goal had one recurring theme: too many members who were once active can no longer help and members are dying so it seems we can't continue. Recently I read that one of Arnold Palmer's favorite quotes was:

**If you think you are beaten, you are.
If you think you dare not, you don't.
If you like to win but think you can't
it's almost certain that you won't.
Life battles don't always go to the
Stronger woman or man,
But sooner or later, those who win
Are those who think they can.**

Dear friends, We can. WE CAN MAKE GOAL. Do not be discouraged. Instead be persistent. Have you read through the Membership Plan of Action? Please complete the One week of Caring and Sharing, and send it in. Make plans to contact all member who haven't renewed.

Let each of them know how important they are to our American Legion Auxiliary.

Over the years I have been privileged to meet governors, senators, congressman, hear entertainers and even US Presidents in person but of all those I have seen and heard, being in the room hearing Mother Teresa speak was an experience I will never forget and one I will always treasure. I wanted to share something she shared with us:

(Kent Keith wrote a poem but Mother Teresa added to it and said:)

Do It Anyway

People are often unreasonable, irrational, and self-centered.

Forgive them anyway.

If you are kind, people may accuse you of selfish, ulterior motives.

Be kind anyway.

If you are successful, you will win some unfaithful friends and some genuine enemies.

Succeed anyway.

If you are honest and sincere people may deceive you.

Be honest and sincere anyway.

What you spend years creating, others could destroy overnight.

Create anyway.

If you find serenity and happiness, some may be jealous.

Be happy anyway.

The good you do today, will often be forgotten.

Do good anyway.

Give the best you have, and it will never be enough.

Give your best anyway.

In the final analysis, it is between you and God. It was never between you and them anyway.

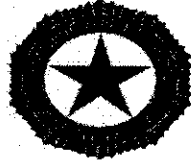
I trust each of you will continue doing all you can for our American Legion Auxiliary.

We are a :



***A Community of Volunteers
Serving Veterans, Military,
and their Families***

“THE CENTENNIAL ADVOCATE”



“RACE through OHIO for VETERANS”

While

“Celebrating a Century of Service”

With Mid-Winter behind us, we’re getting close to the end of the RACE.

All the Department Chairman spoke on how Members, Units and Districts have been promoting the America Legion Auxiliary with upcoming events, shared ideas, suggestions and inspiration to get our reports/narratives in by April 15.

April 15 means the RACE is going into the final laps, hopefully we have no caution flags to delay the RACE. Please read your Public Relations Plan of Action for the many awards for members, units, districts and District Presidents. You can email or mail me your reports earlier than the April 15 deadline. If you write a narrative don’t forget to include the National Report and Award Sheet. I would like to send National a great report on the great Department of Ohio and have President Kristen receive our award at National Convention on the platform. Who will be waving the CHECKERED FLAG and doing BURN-OUTS.

Congratulations again to Willoughby Unit 214 President Sue Fratino and P.R. Chairman Martha Setlock, they were awarded a Certificate and gift card for submitting the most PR items by December 31, 2019.

GOOD LUCK IN REPORTING!!



AMERICAN LEGION
AUXILIARY

Serving veterans, their families and their communities

From the Office of:

Kelly Gibson

Executive Director/Department Secretary
Department of Ohio, Inc.

TO: Candidates for Department Office

FROM: Kelly Gibson, Department Secretary

DATE: February 2020

SUBJECT: CANDIDATES FOR 2020-2021 DEPARTMENT OFFICES

A Member wishing to be an announced candidate for Department Office must complete and return this form along with their Letter of Intent, to Department Headquarters by May 1st of the year of elections. Unit Presidents are asked to share this information and make this form available to all members upon request.

Announced Candidate for the Office of: _____

Name of Candidate: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email: _____ Cell Phone: _____

Unit Name: _____ Unit #: _____ District #: _____

Endorsed by Unit? Yes _____ Date: _____ No: _____

Endorsed by District? Yes _____ Date: _____ No: _____

Signature of Candidate: _____ Date: _____

Return to Department Headquarters by May 1, 2020:

American Legion Auxiliary
PO Box 2760
Zanesville, OH 43702

AMERICANISM

Renee Kohl, Chairman
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330-802-2845

Mary Ann Dull, Vice Chairman
407 Phillips Ave.
Ashland, OH 44805
Alamadlady54@yahoo.com
419-651-0156

Patricia Logan Plaque – April 15th – Awarded to the UNIT that has the most outstanding Americanism Program. Due to your District Chairman

Best All Around Americanism Program Certificates – April 15th – Awarded to Units that have promoted and carried out the best year-round Americanism program. Due to your District Chairman

Mary Walker Plaque – June 1, 2020 – To the Unit that contributes the most money per capital to the A&G Test Trip Fund. Due to Department Headquarters

Americanism Spirit Essay Plaque – April 1st – to the Unit Americanism Chairman submitting the best narrative entitled “How can we address the health and wellbeing of our Veterans, Military, and their Families?” Due to Mary Ann Dull

Norma Frazier Plaque – April 1st – Schools displaying the most outstanding Americanism program throughout the year. Due to Vice Chair Mary Ann Dull

The All American School Awards are due by April 15th ... Also to Mary Ann Dull. Please be sure to have cover sheets with these too. They are in your plan of action.

The Pledge Allegiance

L T Z W B D I Y T R E B I L A I X I Q O G T W K
 X Y W H P T F Q W C W Y R B I N J R S N R K F W
 N E W Y O R K N H O T W Z V L D U C O D U Y K A
 G L M O F G F J I W Z K S T E I R J X D J A M B
 R B N Z A G Z U T I J C E D C V E W L L H D N S
 Z E U L B U I F E M T R Y J Z I Z Y T Y B Y D L
 G O U D W N C I M Y K U A M N S S O D W J R X H
 H N C H K F I O O E G X H H R A J W B G U O O B
 D I E K T E T I W C G L T G L B O P D B S L R K
 G Y F V Q Z O I F A L W D X W L S C I G T G E C
 H K T H J K I Z L L T U D K G E V B T X I G D H
 F L A G J L R R A P V N Z T T N W H Z T C J P Q
 N X V S Z V T H G H H J A M E R I C A H E S L E
 E Q H Y W F A T D T J T J X A E G D E L P N O Q
 D J Y C E K P P A R C U N I T E D S T A T E S Y
 H W Q O R Y Z I Y I J A U E C N A I G E L L A K
 J B D J R J F Y R B Q T C X L F R D K N G G Q W
 F J Y M A L L E B X G K T G L R W A C A L A M X
 Y F U Y T H K F R M G N W H E A B I I T P E T Z
 T B N I J O M F N K D G M F S N Z A T I Y A L Z
 L K E T I C H W D G W P T P R C X E A O J X D P
 E D L J L O Q F S B X L U J H I P M U N F H Z U
 N Q E Z I T M Q I G Z H N L G S I I A T R Y F M
 M V G T I J S O T P S I R R O M T N U O M W F G

| | | | |
|--------------|-------------|---------------|------------|
| allegiance | america | bellamy | birthplace |
| blue | Flag | flag day | francis |
| glory day | indivisible | justice | liberty |
| mount morris | nation | new york | patriotic |
| pledge | red | united states | white |

CONSTITUTION & BYLAWS

CYNDI UNDERWOOD

Happy Spring Everyone!!!

A units Constitution and Bylaws are the very **life** of each unit. They keep us on track with Auxiliary programs, **eliminate confusion** on procedures and **most** importantly remind us of **who** we are, **who** is eligible to belong and **how** we gained that eligibility. They are our Identity! We do not write our constitution and bylaws to be a rule maker, or to have control. These our comfortable guidelines to assist and instill practices for the good of the Auxiliary.

That is what we are all about!!

I have included this month, guidelines for **Standing Rules** and for **Writing a Resolution**. Use the guidelines to start and if you need additional help, contact me.

All Constitutions for this year should be to me by April 1st in order to be read, corrected and approved before the end of the year. The GRAND PRIX RACES WILL BE HELD ON MY FLOOR ON FRIDAY. (Subject to change) At Department Convention in Toledo. REMEMBER TO BRING YOUR CARS WITH YOU.!

Questions, call or email me.



HOW TO WRITE STANDING RULES

Committee:

Constitution & Bylaws

Contact Information for Questions:

constitution&bylaws@ALAforVeterans.org or your department Constitution & Bylaws chairman

Step-by-Step Instructions:

- Start with a specific need that relates to the administration of your department, district or unit (e.g., awards you present, budget for convention attendees, voting body).
- Write the Standing Rule. See “Guidelines for Writing Standing Rules” on the next page.
- Present it at a department, district or unit meeting.
- A standing rule can be adopted with majority vote at any regular meeting with advance notice, unless otherwise stipulated in the bylaws. Without advance notice, a standing rule requires a 2/3 vote for adoption.
- The Standing Rules document should be kept up-to-date, and each new Standing Rule should record the date it was adopted.

GUIDELINES FOR WRITING STANDING RULES

Standing Rules are those rules and regulations which relate to the details of the administration of an organization for the guidance of an assembly. Standing Rules are usually adopted in the form of a resolution, and require a majority vote to pass with previous notice at any regularly scheduled meeting, and a 2/3 vote in the affirmative to pass without prior notice.

The following points are intended to be a helpful guide for writing or updating Standing Rules. Not every topic or item will apply in every instance, and some things may not be listed.

The (NAME AND NUMBER) of the _____ District, American Legion Auxiliary, hereby adopts the Constitution & Bylaws as prescribed by the American Legion Auxiliary, Department of _____.

The most recent edition of *Robert's Rules of Order*, in all questions not governed by articles of the National, (department/district/unit) Constitution & Bylaws, shall govern this (department/district/unit).



1. State time (day and hour) of meeting, place of meeting and information on notification of meeting. Are you meeting all twelve (12) months?
2. Dues – Senior, Junior, Gold Star Mothers, Life Members.
3. Process for selecting Life Members.
4. Election
 - a. When will election be held?
 - b. Secretary and/or Treasurer – elected or appointed?
 - c. A nominating committee – yes or no? Elected per the most recent edition of *Robert's Rules of Order, Newly Revised*.
5. Election of delegates for department convention, fall conference, district meetings – when and how selected.
6. Installation of officers – when, where, who is in charge.
7. Equipment – rules for loaning, maintenance, etc.
8. Finances
 - a. Rent
 - b. Utilities
 - c. Working funds for officers, chairmen, poppy purchases, ALA Girls State, Veterans Affairs & Rehabilitation, etc.
 - d. Annual gifts for district president's visit, retiring officers, etc.
 - e. Flowers and/or gifts for illness, death, etc.
 - f. Expenses for delegates to department convention, fall conference, district meetings, etc. (registration fee, mileage, per diem)
 - g. How bills are paid and who signs the checks
 - h. Contest prizes – how much for poppy, essay contests, etc.
 - i. Department and district mandatory funds
 - j. Arrangements for special dinners – funerals, etc.
 - k. Annual donations to special programs or charities
9. The fiscal year of this department/district/unit will be _____.
10. Audit – when and by whom.
11. This paragraph should appear at the end of your Standing Rules: "Standing Rules are adopted by a majority vote and may be amended by two-thirds (2/3) vote at any meeting, or if notice has been given, by a majority vote." Standing



Rules are usually adopted from time to time, as they are needed, in the form of resolutions.

12. The date of the meeting at which these Standing Rules were approved MUST be shown. ALSO – The signature of the Constitution & Bylaws chairman and president or secretary MUST appear on the bottom of the list.

Date Approved

President or Secretary

Constitution & Bylaws Chairman



HOW TO WRITE A RESOLUTION

Committee:

Constitution & Bylaws

Contact Information for Questions:

constitution&bylaws@ALAforVeterans.org or your department Constitution & Bylaws chairman

Step-by-Step Instructions:

- A resolution is a written, formal motion. Resolutions are used because the motion may be presented in written form with some of the reasons included in the document. If written well, the resolution makes it easier for members to consider the proposal. Importance, length and complexity of the motion, and size and formality of the assembly are major considerations in using resolutions.
- A resolution has two sections - the resolving clauses and the reasons. Resolving clauses tell the specifics of the proposal. The main reasons a motion should be adopted are included in the "Whereas" clauses. Neither section should include more clauses than are absolutely necessary. Simple, but specific is best.
- When developing a written motion or resolution, consult with members who can be of assistance to improve the wording and whose support will assist in its adoption.
- The two sections of a resolution can be written in either order, but many believe it is better to write the main motion first and then write the reasons it should be adopted. This way, you first determine what is to be done. Focus on the most crucial specifics essential in the motion. Say it in one or two sentences. A third sentence could include who is responsible and a timeline.
- Once the main motion is determined, develop three to five statements to support the adoption of it. These are worded as "Whereas" clauses. These points should be the most important and least controversial arguments for the motion. Less than three points may not make the case depending on the motion, and more than five may get too complicated and confuse the issue. Again, it is important to stay focused on the points that are strictly necessary. Leave other points for the discussion.
- When the resolution is finally written, it begins with the "Whereas" clauses and ends with the resolved clauses. *Robert's Rules of Order, Newly Revised* prescribes the proper format, capitalization and punctuation. Again, it is a good idea to consult with members who can be of assistance, as well as the most recent edition of *Robert's Rules of Order, Newly Revised*, to ensure your resolution is correctly formatted.

See the sample resolution in Support Tools at www.ALAforVeterans.org.



American Legion Auxiliary

In the Spirit of Service Not Self for Veterans, God and Country



RACE FOR LEADERSHIP SUCCESS 2020



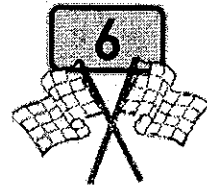
LEADERSHIP

PAM BATES, DEPARTMENT CHAIRMAN

pamelabates9@gmail.com

937-974-2316

WELL...was I surprised...NO ONE MET THIS CHALLENGE
SO HERE IT IS AGAIN ...any takers???



MATCH THE QUALITIES OF A GOODWILL AMBASSADOR

UNIT MEETING ACTIVITY (one set of answers per Unit.

First Unit to submit the correct answers receive a prize. Must submit with answers: Unit Name; District #; Unit President; All members' names that participated; address to send prize for those who participated. Two Category Winners: Email and Snail Mail

1. Represents the ALA in a business-like manner.
2. Is sincere and enthusiastic.
3. Is well-versed in programs, purpose and policies.
4. Exhibits trustworthiness and honesty.
5. Is able to handle various situations, including training, mediation, and/or negotiation for desired results.
6. Is true to the cause.
7. Is making choices through compromise and collaboration.
8. Accepts ideas of others, able to adapt without conflict.
9. Shares information and knowledge to increase others' strengths and abilities.
10. Can be counted on to see through to completion.
11. Is easily understood, uses appropriate language and mannerisms.
12. Is able to include various cultures, languages, religious afflicatins, race, gender, age groups, and education levels.

- a. Commitment/Dependability b. Decision-Making c. Effective Communication/Good Listening
 d. Integration of Diverse Populations e. Integrity/Ethics f. Knowledge
 g. Leadership Skills h. Loyalty i. Mentoring j. Openmindedness/flexibility
 k. Passion/Positive Attitude l. Professionalism

HOW TO COMPLETE A REPORT & WRITE A NARRATIVE STORY



End Year Reports

- Review & read the OHIO Programs Action Plan (formerly Plan of Action) for your program to determine objectives to accomplish during the year. They were mailed to the Unit President to distribute to the Unit Chairman or you can find them online at www.alaohio.org or you can request an email copy from the Department Chairman. To locate this information go to the Programs Action Plan – What Can You Do? – Ideas for the member and the unit.
- It is **IMPORTANT** to read thoroughly and completely as each program has different criteria. Some require dollar values; number of volunteers; number of veterans served (be specific - “many” is not numerical); impact reports some require totally different information. One size does not fit all.
- Compile data, total numbers, activities from your members and treasurer and then determine where the information fits the Ohio Programs Action Plan objectives.
- If an activity crosses several Programs, decide to use the numbers on one or distribute them across the Programs that are involved.
- Write the narrative, and forward it by deadline to the individual who is to receive the report. This is listed in the Programs Action Plan.
- If we as department chairmen do not receive information from our units, we cannot report “What Ohio Does” for the programs.

WRITING YOUR UNIT NARRATIVE STORY

- The word narrative often panics people. Don’t let it! You are really writing a story about what your unit did or if it’s a member specific award, what they did for the program.
- Think of a member you have not seen for a long time. Here’s your chance to tell that member what has been happening in the unit for the year.
- Review and read the OHIO Programs Action Plan awards...there will be two types you can submit – National and Department. Each has different criteria. Some require impact reports in order to be considered. **READ CAREFULLY!**
- Where to start:
 - Plan ahead - check the Programs Action Plan and decide what the unit would like to accomplish and what goals the unit needs to accomplish to achieve any awards. Remember most units cannot do all the programs. Pick and choose what your unit does best.
 - Try and keep a journal of what your unit and members have done through the year.
 - Go to the Programs Action Plan – What Can You Do? – Ideas for the member and the unit.
 - When you find the “What Can You Do” section, you will see there are subtitles on what to accomplish...go to the ideas for members and unit under that subtitle. Then decide if the unit has accomplished any of those activities.
 - Once you have gone through all the subtitles and determine the activities the unit has accomplished start writing...who, what, when, where and how.
 - Be very specific in your writing. Try to write in the 3rd person...not my or I, but the unit, chairman or member. If the award is member specific, you will have to mention the name.
 - Keep in mind that the Department Chairman, are looking for the criteria specific to their program. If in doubt what to write, contract the Department Chairman and ask for advice.
 - Trust me...you will not get it right on the first writing...it may take 3 or more times...start early...write then walk away...come back reread and rewrite...suggest you put a Revision on each copy just in case you removed something and now you want it back.



Legislative Report



Department Presidents theme is "R.A.C.E. (Respect, Advocate, Care and Education) for Veterans and I continue to stress that the Legislative program is an important way to ADVOCATE. Included in the first mailing was the nomination form for members to serve on the National Legislative Council and I am still in need of additional volunteers to serve. Have you subscribed to the Legion's *Legislative Update* and *Legislative Action Alerts*? If not, please consider doing so. Remember to answer the questions when signing on to The American Legion Facebook page. The ALA Legislative Facebook page is another great resource available to all members.

The American Legion Legislative Agenda for the Second Session of the 116th Congress is now on the Legion's website. This was updated as of February 11, 2020 and contains the most up to date information. It can be downloaded and then copied for your members. This site can be accessed by anyone, no login is required.

Thanks to the 13 units that sent me a mid-year report. They presented information from the Legion legislative communications at their meetings to keep those without internet access or skills up to date on the issues. That information was also included in Unit and District newsletters. This was very important as it appears that some of our most active 'communicators' are more seasoned members who write letters to their legislators.

Remember to keep copies of all correspondence to legislators and send them to me. Our April 15th deadline is fast approaching and I hope to receive year-end reports from every unit. The Emma McBane Plaque will be awarded to the unit with the best all-around Legislative program based on the Annual Report Form and a Narrative. Entries for the National Award must include the National cover sheet and be sent to our own Susan Masten, the Central Division Legislative chairperson. Let's fill her mailbox!

I look forward to attending the Legion Commission meetings in Washington, D.C. in March and returning with more information to share with you.

Diann Long - Legislative Chairman
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216-267-4711

CHAPLAIN

Carol T. Robinson
937-602-9365
abernia@aol.com

Can you believe this reporting year is almost over? Yes, year-end reporting is due April 15, 2020. The year-end report is a narrative of the Chaplain's duties/accomplishments from May 1, 2019, to April 1, 2020, along with the Department report form and the National Coversheet.

Just a few reminders –

A Chaplain report is required for your Unit Citation of Merit

Don't forget to complete the Department Report Form. Attach a narrative that answers the following questions: (Don't just say I did this or that, give me numbers, times and what you did)

- ✓ Attended meetings and performed opening and closing prayers
- ✓ Sent sympathy, get well or thinking of you cards to the members or members' family
- ✓ Visited shut-in or nursing homes/hospital members or veterans
- ✓ Made a prayer book for judging
- ✓ Submitted prayers or devotional readings for President Kristen's book
- ✓ Did you partner with the Legion for memorial services or the 4 Chaplains Service
- ✓ Did you incorporate music in the Chaplain's program whenever possible

Yes, you can submit photos with your narrative!

The Ruth Adams Plaque – Best Year-Round Chaplain Report Due April 15, 2020

Entries must be in narrative form, doubled spaced, and not to exceed 1,000 words.

The narrative may be either typed, computer-generated or neatly handwritten or hand-printed on 8 ½ X 11 paper and bound in a softcover folder. All entries must have a cover page in the following

format: Name and number of Unit

District number

Name and address of Unit Chaplain

Word Count

Subject of the narrative "Best Year-Round Chaplain Report"

Please note, the National Report and Award Cover Sheet must accompany the request. ***"For a department award or to submit a year-end department narrative report, please complete this section."***

Certificates will be given for the following:

- Senior Prayer Book – see Plan of Action for rules and deadline.
- Junior Prayer Book – see Plan of Action for rules and deadline
- Each Unit or member who submits the most prayers for President Kristen's prayer book.

Due to a few changes and my error in reporting at mid-winter, please share this information with your chaplain. Contact me with any questions.

GOD LOVES YOU!

PAST PRESIDENTS PARLEY

WANTS YOU



DONATE TO:

PPP NURSES' SCHOLARSHIP

NOMINATE:

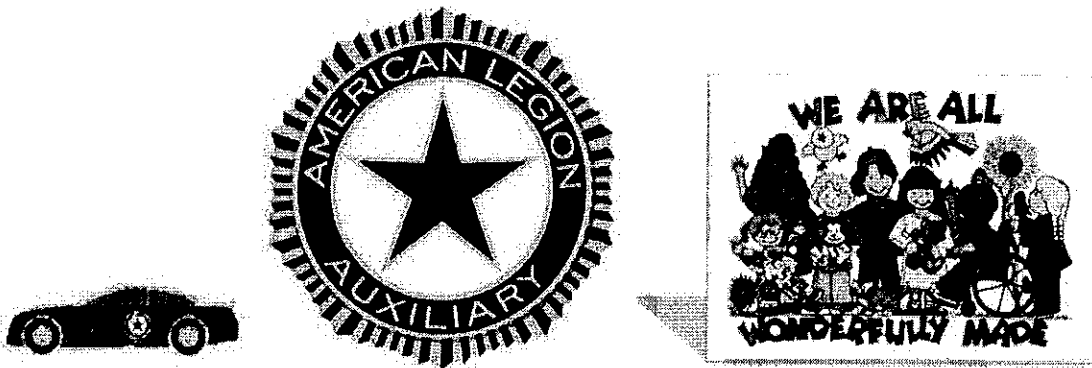
SALUTE TO SERVICEWOMEN AWARD

UNIT MEMBER OF THE YEAR AWARD

CHECK PLAN OF ACTION FOR CRITERIA

Shirley Maurer

PPP Chairman



Junior Activities End of Year Conference

The End of the Year Conference for Junior Activities will be held at the upstairs hall of the Victor Stier American Legion Post 450 in Milford Ohio (450 Victor Stier Drive, Milford, OH 45150).

An optional sleepover/fun night will kick off at 7 PM Friday, April 17, 2020 (we welcome latecomers up till 9 PM). The sleepover/fun night will allow everyone the opportunity to spend time together in an informal manner. Anyone staying overnight at the Post will need to bring the proper bedding to be as comfortable as possible (air mattress, sleeping bag, blanket, pillow, etc.). Anyone wanting to bring some sharable snacks is welcome to do so. Additionally, if you have more donations to complete the baby totes, please bring with you, as we hope to complete Samantha's Special Project.

Breakfast will be served downstairs (in the clubroom) Saturday morning, April 18, 2020 and the actual Conference will begin at 11 AM, allowing for time for everyone to pick-up their bedding and to reset the room for the Conference. The Conference should be over by 2 PM. Please make sure attendees bring appropriate clothing for the Conference (the awards, pictures and election process indicate a nicer attire is appreciated).

For those of you who might not want to sleepover and would like to make reservations for Friday evening at a nearby hotel, there is a Holiday Inn Express at 301 Old Bank Road in Milford phone number is (513) 831-7829. Holiday Inn Express is right off the Milford exit and only 1.6 miles from the Post (less than a 10-minute drive). There is also a Hilton Garden Inn Cincinnati Northeast 6288 Tri Ridge Blvd, Loveland, OH 45140 phone number is (513) 576-6999. Hilton Garden Inn is about 5.7 miles (less than a 15-minute drive) from the Post and right off 275 at the Wards Corner exit. For some reason, the quoted group room rates offered were not as good as what was online, so there are no reserved rooms.

The delegate/alternate and registration forms are being mailed by Department, so please be sure to send in by the required deadline.



AMERICAN LEGION AUXILIARY

Department of Ohio, Inc.
PO Box 2760
Zanesville, Ohio 43702-2760
(740) 452-8245

Juniors

DEPARTMENT JUNIOR CONVENTION RULES AND ORDER OF BUSINESS April 17, 2020

The Convention meetings shall be called to order at the designated time.

The Chair may deviate from the printed program when necessary.

The audience shall remain seated during the business of the Convention, unless participating in the program. No one shall be permitted to enter or leave the Convention hall during the presentation of awards, when a speaker has the floor, or during voting.

A member wishing to address the Convention shall rise, address the Chair and, when recognized, shall give her name, Unit, and District number before stating her business.

Only registered Delegates, or authorized Alternates acting as Delegates, seated in the assigned location, are eligible to vote.

An alternate replacing a delegate unable to attend the convention shall have her senior advisor notify the third member of the Department Junior Activities Committee, who is in charge of the registration committee.

All Junior and Senior members shall observe appropriate conduct and dress during Department Junior Convention.

The District Junior Activities Chairman or the Senior District President shall be the adult advisor for the District Delegation.

The Credentials Committee shall report at such times as directed by the Chair.

Each District Junior President shall poll her delegation and announce the voting strength upon District Roll Call prior to voting. This number cannot be more than that reported by the Credentials Committee.

No one will be permitted to enter or leave the Convention Hall during voting time. Delegates must remain in their District, not leaving the section in which their District is located, except for dire emergency. Delegates will lose their vote if not in the proper voting section when voting by ballot occurs.

Nominations for Honorary Junior Officers shall be made from the floor by her District's Honorary Junior President.

The current edition of "Robert's Rules of Order Newly Revised" shall be the parliamentary authority on all points not covered by these rules.

**AMERICAN LEGION AUXILIARY
Department of Ohio, Inc.**

**2020 DEPARTMENT AND DISTRICT JUNIOR CONVENTION
DELEGATE/ALTERNATE CERTIFICATION FORM**

District # _____ Unit # _____ Unit Name _____

Advisor Name _____

Address _____

City, State, ZIP _____

Phone Number _____ Junior Membership Currently _____

The number of delegates is based on Junior membership as of the District Jr. Convention Date or February 28th, whichever date occurs first. Unit Junior groups with ten (10) or less members are entitled to a maximum of three (3) delegates. Unit Junior groups with more than ten (10) members are entitled to three (3) delegates for the first ten (10) members plus one (1) additional delegate for each additional five (5) members. Delegates must be at least 6 years of age. Department Junior President, Vice President, and District Junior Presidents are Delegates At Large.

| DELEGATE AT LARGE NAME | BIRTH DATE | AGE |
|------------------------|------------|-----|
|------------------------|------------|-----|

| | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

| DELEGATE NAME | BIRTH DATE | AGE |
|---------------|------------|-----|
|---------------|------------|-----|

| | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |

| ALTERNATE NAME | BIRTH DATE | AGE |
|----------------|------------|-----|
|----------------|------------|-----|

| | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |

I, _____, Unit Junior Activities Advisor, certify that the above Juniors are in good standing and are duly selected to be delegates to the 2020 Department and District Conventions.

Send one copy to Carmella Fugate, by April 1, 2020 and one copy to your District Chairman (see Plan of Action) one week prior to District Convention. Please keep a copy for your record.

Junior and Unit Advisor Deadlines

| Due Date | Who creates | Who submits | What it is | Send to | When/where awarded |
|-----------|-------------------------|------------------------|--------------------------|---------------------|-------------------------|
| 4/1/2020 | Unit Juniors & Advisor | Unit Jr. Advisor | Jr. Member of the Year | Carmella Fugate | Jr. Dept. Conv. |
| 4/1/2020 | Junior Member | Junior Member | Americanism Spirit | Lori Shields | Jr. Dept. Conv. |
| 4/1/2020 | Junior Member | District Chairperson | Conference Cover | Carmella Fugate | Jr. Dept. Conv. |
| 4/1/2020 | Junior Member | Junior Member | Jr. Craft Book | Kathleen Richardson | Jr. Dept. Conv. |
| 4/1/2020 | Junior Member | Junior Member | Jr. History Story | Dayna Beyer | Jr. Dept. Conv. |
| 4/1/2020 | Junior Member | District Chairperson | Ohio County Travelogue | Lori Shields | Jr. Dept. Conv. |
| 4/1/2020 | Junior Member | Junior Member | Jr. Prayer Book | Carol T. Robinson | Jr. Dept. Conv. |
| 4/1/2020 | Junior Member | Junior Member | Jr. Scrapbook | Dayna Beyer | Jr. Dept. Conv. |
| 4/15/2020 | Unit Jr. Advisor | Unit Jr. Advisor | Americanism Program | Kathleen Richardson | Sr. Dept. Conv. |
| 4/15/2020 | Unit Juniors & Advisor | Unit Jr. Advisor | Best Media Coverage | Carmella Fugate | Sr. Dept. Conv. |
| 4/15/2020 | Unit Jr. Advisor | Unit Jr. Advisor | Best Overall Jr. Program | Carmella Fugate | Sr. Dept. Conv. |
| 4/15/2020 | Local school/Jr. Member | Unit Jr. Advisor | Poppy Poster Contest | Karen Peel | Sr. Dept. Conv. |
| on going | Junior Members | Jr. Advisor/Sr. Member | PATCH PROGRAM | Lori Shields | to be determined |

MARTHA VAN HORNE REVOLVING PLAQUE - determined at Jr. Dept. Convention by total round-trip miles by Juniors attending
ERWINA EHRESMAN DEPARTMENT ATTENDANCE AWARD - determined by percentage attending Jr. Dept. Convention, participation

JUNIOR CITATION OF MERIT - equal or surpass previous year's membership as of 5/31/19, participation in ALA Programs, in 4 Auxiliary Programs, and submission of Unit year-end report
and submission of Unit year-end report

MEMBERSHIP GOAL RIBBON - equal or surpass previous year's membership as of 5/31/19

Carmella Fugate
 550 Clark St
 Milford, OH 45150
 Email -carmella.fugate@yahoo.com

Lori Shields
 54 Barlow Rd
 Hudson, OH 44236
 Email – wtshields107@gmail.com

Kathleen Richardson
 9305 Flora Drive
 Streetsboro, OH 44241
 Email – kats889@aol.com

Department Historian
 Dayna Beyer
 6013 Garber Road
 Bellville, OH 44813

Department Chaplain
 Carol T. Robinson
 8483 Woodgrove Dr
 Centerville, OH 45458

Department Poppy
 Karen Peel
 2216 25th St SW
 Akron, OH 44314



American Legion Auxiliary
Buckeye
Girls State

American Legion Auxiliary

Buckeye Girls State
Post Office Box 2760
Zanesville, Ohio 43702-2760

vicky@alaohio.org
www.buckeyegirlsstate.org
(740) 452-8245 fax (740)452-2620

BUCKEYE GIRLS STATE District Orientation Schedule – Spring 2020

| District | Date | Host Unit Number | Location | Registration Time | Orientation Convenes | Additional Information | BGS Staff Member to Assist with the Orientation |
|----------|----------------|-----------------------------------|--|-------------------|----------------------|------------------------|---|
| 1 | April 26, 2020 | William F. Helmke Unit #340 | St. Peter's Lutheran Church 710 Joe E. Brown Ave. Holgate, OH 43527 | 2:00 p.m. | 2:30 p.m. | | Gwen S. Zulch Colleen Phillips |
| 1 | April 5, 2020 | Whitehouse Unit #384 | 6910 Providence Street Whitehouse, OH 43571 | 1:30 p.m. | 2:00 p.m. | | Gwen S. Zulch Colleen Phillips |
| 2 | April 29, 2020 | William Paul Gallagher Unit #96 | 711 S. Shore Dr. Lima, OH 45804 | 6:30 p.m. | 7:00 P.M. | | Shirley Maurer Diana Hausfeld |
| 2 | May 3, 2020 | Celina Unit #210 | 2510 St. Rt. 703 Celina, OH 45822 | 1:00 p.m. | 1:30 p.m. | | Shirley Maurer Diana Hausfeld |
| 3 | April 26, 2020 | Fairborn Unit #526 | Fairborn Senior Center 325 N. 3 rd St. Fairborn, OH 45324 | 2:30 p.m. | 3:00 p.m. | | Carol T. Robinson |
| 4 | May 3, 2020 | Mt. Washington Unit #484 | 1837 Sutton Ave. Cincinnati, OH 45230 | 12:00 p.m. | 1230 p.m. | | Carmella Fugate |
| 5 | April 18, 2020 | Commodore Denig Unit #83 | 3615 S. Hayes Ave. Sandusky, OH 44870 | 1:30 p.m. | 2:00 p.m. | | Linda Close |
| 5 | April 19, 2020 | Ehret-Parsel Unit #447 | 112 Trux St. Plymouth, OH 44865 | 1:30 p.m. | 2:00 p.m. | | Linda Close |
| 5 | April 26, 2020 | Irvln Hiskey Unit #535 | 77 Bell St. Bellville, OH 44813 | 1:30 p.m. | 2:00 p.m. | | Linda Close |
| 5 | April 30, 2020 | Fiebirch Unit #397 | 2713 State Rd. Vermilion, OH 44089 | 6:00 p.m. | 6:30 p.m. | | Rene Reese |
| 6 | April 18, 2020 | Levi Phillips Unit #85 | 85 S. Sixth St. Newark, OH 43055 | 10:00 a.m. | 10:30 a.m. | | Vicky Buck |
| 7 | April 5, 2020 | Charles H. Eyre Unit #633 | 17825 St. Rt. 247 Seaman, OH 45679 | 1:30 p.m. | 2:00 p.m. | | Vicky Buck |
| 8 | May 17, 2020 | Fairfield Unit #11 | 279 Canal St. Lancaster, OH 43130 | 12:00 p.m. | 1:00 p.m. | | Vicky Buck |
| 9 | April 18, 2020 | Howland American Legion Post #700 | 8273 High St. NE Howland, OH 44484 | 9:30 a.m. | 10:00 a.m. | | Rene Reese |
| 10 | April 26, 2020 | Lowell D. Oberly Unit #667 | 224 N. Wood St. NE East Canton, OH 44730 | 1:00 p.m. | 1:30 p.m. | Foltz Community Center | Beth Toalston Martha Lee Thatcher |
| 11 | May 3, 2020 | Forest L. Mumford Unit #71 | 74 S. Main St. Roseville, OH 43777 | 1:30 p.m. | 2:00 p.m. | | Carole Sowards |
| 12 | May 3, 2020 | Southway Post Unit #144 | 3253 S. High St. Columbus, OH 43307 | 1:45 p.m. | 2:00 p.m. | | Vicky Buck |
| 13 | April 26, 2020 | Brook Park Unit #610 | 19944 Sheldon Rd Brook Park, OH 44142 | 12:30 p.m. | 1:00 p.m. | | Diann Long |
| 14 | May 3, 2020 | Kent Unit #496 | 1945 Mogadore Rd Kent, OH 44240 | 1:30 p.m. | 2:00 p.m. | | Karen Peel |



American Legion Auxiliary

Buckeye Girls State
Post Office Box 2760
Zanesville, Ohio 43702-2760

vicky@alaohio.org
www.buckeyegirlsstate.org
(740) 452-8245 fax (740) 452-2620

Registration Staff Application for Buckeye Girls State 2020

For registration duties on the first day of Buckeye Girls State, June 14, 2020.

Registration – Part-time position to assist with Delegate Registration including the check-in and welcoming process. Activity takes place on the first day (Sunday) of the session.

Training begins at 11:30 am in the gym of the
McPherson Academic and Athletic Complex.

Please complete and return by **May 1, 2020** to the above address.

Please print legibly.

Name _____

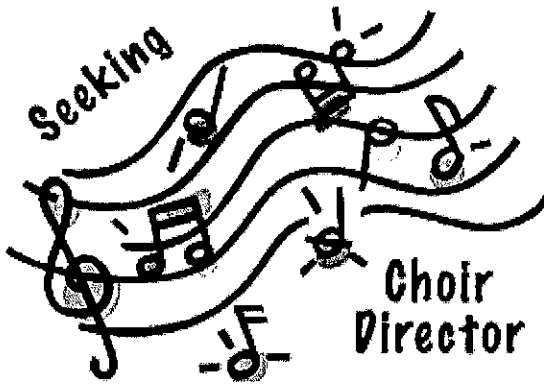
Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

E-mail _____

Signature _____ Date _____



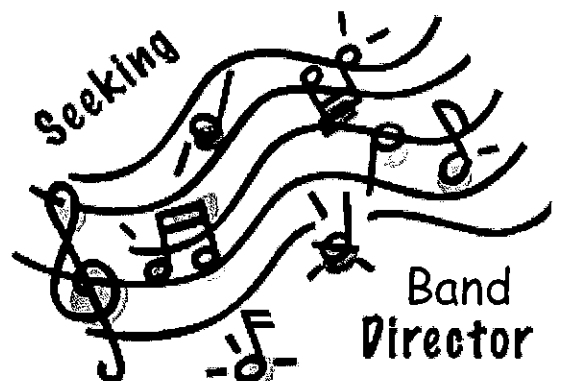
Help Wanted

*Buckeye Girls State
Band Director
Choir Director*

We need your help if you are a band or choir director.

We need you for the entire week of Buckeye Girls State
June 14-20, 2020
at University of Mt. Union
Alliance, OH

For more information email
Karen Peel, Director of Music & Rec.
Karen.peel@SK2holdings.com



Hosting a Facebook Fundraiser

You probably have seen several of your Facebook friends hosting fundraisers for their birthday. These fundraisers are a great way to raise money for a cause you are passionate about. Not only are you raising money, you are spreading awareness about the cause to your friends. However, before you host a fundraiser, be sure you are soliciting for funds correctly.

Who can receive donations?

Fundraisers on Facebook are only allowed for 501(c)(3) organizations. For example, your unit cannot receive funds directly from Facebook donations. The only entity associated with the American Legion Auxiliary that may receive funds is the American Legion Auxiliary Foundation because it is a 501(c)(3) public benefit corporation. These funds will go to a general fund for the ALA Foundation.

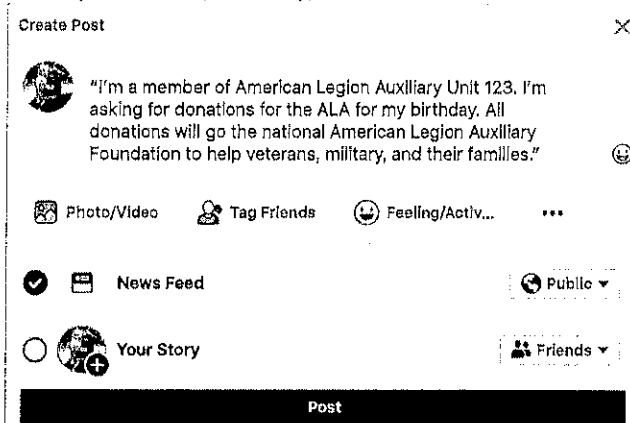
What needs to be included in the post?

Make it clear who will receive the funds. When you select "American Legion Auxiliary Foundation," the funds will go directly to the American Legion Auxiliary Foundation because the ALA Foundation is a registered and verified 501(c)(3) nonprofit. These funds will not go directly to your unit. For example, your post should say, "I'm a member of American Legion Auxiliary Unit 123. I'm asking for donations for the ALA for my birthday. All donations will go the national American Legion Auxiliary Foundation to help veterans, military, and their families."

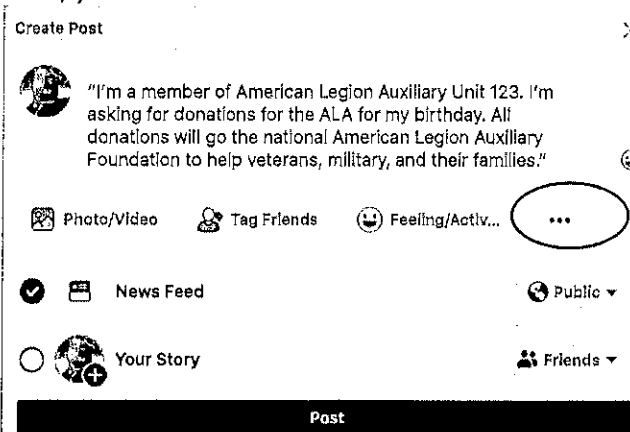
How to host a fundraiser

Once you've decided to create a Facebook fundraiser on your personal page, where do you start? Follow this guide for an example of how to post. *Disclaimer: This is the process as of publication. Facebook settings may be altered, or the look may vary depending on mobile versus desktop.

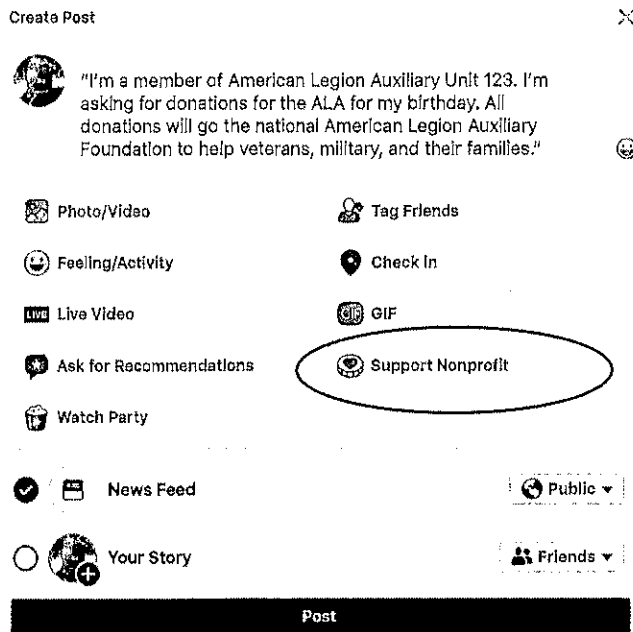
1. To create your post, write something like "I'm a member of American Legion Auxiliary Unit 123. I'm asking for donations for the ALA for my birthday. All donations will go the national American Legion Auxiliary Foundation to help veterans, military, and their families."



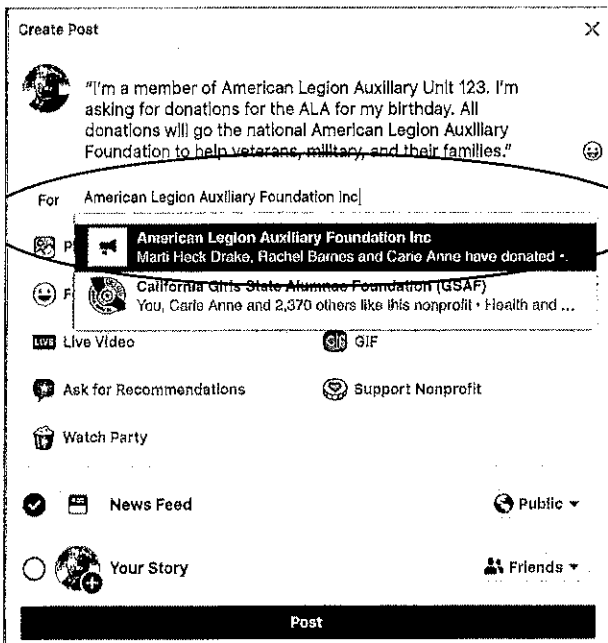
2. Next, you will click the three dots.



3. Select Support Nonprofit.



4. Enter "American Legion Auxiliary Foundation Inc" in the search bar and click on "American Legion Auxiliary Foundation Inc" on the menu.



5. Click post and you are done!

POPPY
KAREN PEEL – CHAIRMAN

I would like to start off by saying thank you to the Units that sent me a Mid-Winter Poppy report. It sure helped to make my job of writing my report easier.

Poppy Shop will be March 29, 2020 at the Ohio Veterans Home. I hope that you are all planning to attend. If you have not attended a Poppy Shop – you should come. I promise you will not be disappointed. The parade of Little Miss and Master Poppy is always grand! They are so adorable! I will need the applications for Little Miss and Master Poppy returned to me by March 13, 2020.

The Poppy Usage and Corsage Contest was a great success! We have so much talent in the Department of Ohio. I am extremely jealous!

The winners of the contest were:

Poppy Usage Contest – Seniors:

1st Place – 100th Birthday Cake – Betty Taylor, Unit 471 – District 7

2nd Place – Poppy with Race Car – Louise Cichon, Unit 214 – District 9

3rd Place – Poppy Wreath – Mary Ann Dull, Unit 88 – District 5

4th Place – Poppy Basket – Vicki Carson, Unit 566 – District 14

Poppy Usage Contest – Juniors:

Poppy Corsage Contest – Seniors:

1st Place – Joyce Chaney, Unit 85 – District 6

2nd Place – Rhonda Davis, Unit 397 – District 5

3rd Place – Norma Mounts, Unit 331 – District 14

4th Place – Vicki Carson, Unit 566 – District 14

Poppy Corsage Contest – Juniors:

1st Place – Abigail Pierce, Unit 144 – District 12

2nd Place – Melody Myers, Unit 183 – District 1

Centennial Poppy Special Project:

1st Place – Vicki Carson, Unit 566 – District 14

2nd Place – Joyce Chaney, Unit 85 – District 6

Congratulations everyone!

We have some deadlines coming up quickly:

- Unit Poppy Award – Best Poppy Program in each class – April 15, 2020.
- Shelley Riggs Plaque – Best All Around Poppy Program – Unit must submit a scrapbook and narrative – April 15, 2020.
- Poppy Poster Contest – April 15, 2020
- “Green” report forms with a narrative – April 15, 2020.

Please read all the directions in the Plan of Action. Don't forget to include the National Report and Award Cover Sheet.

Thank you for all that you do for our veterans and military!

Love, Karen

POPPY SHOP OPEN HOUSE



Sunday March 29, 2020

Ohio Veterans' Home
Sandusky, Ohio

- ▶ Poppy Shop Open House is open to all American Legion Family Members, including American Legion, American Legion Auxiliary, Sons of the American Legion, 40 et 8, 8 et 40 and their families and friends.
- ▶ Participants in the Little Miss (ages 2-6), Junior Miss (ages 7-17) and Master Poppy (ages 2-17) will parade in their *poppy attire* as part of the program.
- ▶ All participants in the *poppy parade* must complete an application. These applications must be returned on or before March 13, 2020 to:

Karen Peel, 2216 25th St SW, Akron, OH 44314-2202

karen.peel@SK2holdings.com

Hotel accommodations may be at:

Sleep Inn
5509 Milan Rd
Sandusky, Ohio 44870
419-625-6989

Use Group Name: American Legion Auxiliary
Group rate: \$79.99 plus tax and fees

POPPY SHOP OPEN HOUSE APPLICATION

For

Miss Poppy, Master Poppy, Mr. & Mrs. Poppy



Lest We Forget.

POPPY SHOP OPEN HOUSE
SUNDAY March 29, 2020
Ohio Veterans' Home – Sandusky

This application must be completed and mailed to:

Karen Peel
2216 25th St SW
Akron, OH 44314-2202
karen.peel@SK2holdings.com

DEADLINE
March 13, 2020

► Please remember that Poppy attire is to be worn by all participants ◀

Name: _____

Sponsoring Unit, Post, SAL: _____

School, grade & age: _____

(if participant is a child)

Parents: _____

(if participant is a child)

Hobbies, extracurricular activities, sports or accomplishments:

Thank you for taking the time to complete this application. It helps in preparation of the program and ensures that each participant receives proper recognition.



Sleep Inn, 5509 Milan Rd, Sandusky, Ohio 44870 (419) 625-6989

Rooms are available Friday March 27th and Saturday March 28th at a discounted rate of 79.99 plus tax

When making reservations please reference that you are with the American Legion Auxiliary, group number 3941562.

Featured Amenities

- Premium Free WiFi
- Free Hot Breakfast
- Restaurant
- Fitness Center
- Indoor Pool



AMERICAN LEGION AUXILIARY

Department of Ohio, Inc.

PO Box 2760

Zanesville, Ohio 43702-2760

(740) 452-8245

heather@alaohio.org

UNIT DATA FORM - - DIRECT BILLING

MANDTORY!!! MUST BE COMPLETED WITH OR WITHOUT CHANGES

(Please type or print using blue or black ink. Total Dues amount should be the total amount paid by each member and will be reflected on the Renewal notice.)

“I understand that the dues amount listed below will be printed on the 2021 Membership Renewal Notices mailed to each senior member of our Unit by our National organization. The name and address below will be printed on each Membership Renewal Notice designating where members are to mail their dues.”

“It is also understood that any change in the amount of dues made after April 1st, 2020 will not be reflected in 2021 Membership Renewal Notice.”

Unit # _____ District # _____

2021 Senior Member Unit Dues

| | |
|--------------------|----------|
| Unit Portion | \$ _____ |
| Department Portion | \$11.00 |
| National Portion | \$12.00 |

Total Senior Member Unit Dues: \$ _____ (renewal notice)

2021 Junior Member Unit Dues

| | |
|--------------------|----------|
| Unit Portion | \$ _____ |
| Department Portion | \$3.75 |
| National Portion | \$2.50 |

Total Junior Member Unit Dues: \$ _____ (renewal notice)

(Name of individual to receive membership dues) (Member ID #)

(Address where membership dues are to be sent)

(City) (State) (Zip Code)

(Telephone Number) (Unit Email if Available)

(Signature) (Title) (Date)

**Return completed form by April 1st, 2020 to:
AMERICAN LEGION AUXILIARY
PO BOX 2760
ZANESVILLE, OHIO 43702-2760
(740) 452-8245 heather@alaohio.org**

KIT OF REPORTS

THE FOLLOWING ATTACHED DOCUMENTS ARE YOUR REPORT FORMS FOR THE 2019-2020 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

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, 2020. Let's be 100% reporting!**



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

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

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

Unit #: _____ Full official unit name: _____

Name of state where you are a member: _____

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

Nominating Member (if different from above): _____

Nominator's Phone number: (____) _____

Nominator's Email address: _____

National committee sponsoring award: _____

Name of the award you are applying for: _____

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

Unit #: _____ Full official unit name: _____

Name of department: _____

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

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

Email address: _____

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

Name of department: _____

Name of department chairman: _____

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

Chairman's email address: _____

YEAR-END IMPACT REPORT FORMS

2019-2020

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 in belonging to the world's largest patriotic women's organization, 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 her unit president. This probably happens in April, but check with your unit.
2. The unit president (or her 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.ALAforVeterans.org

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

Turn in to Unit President by April 15th, 2020

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 12 months from MAY 1, 2019 TO APRIL 30, 2020.

- 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 child care 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: \$ _____

5. Mileage

Line 16 Miles driven in providing my above ALA service (not attending regular meetings): _____

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 1st, 2020

American Legion Auxiliary

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 12 months from MAY 1, 2019 TO APRIL 30, 2020.

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* | <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 | Unit | 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. Mileage

| | | Obtain Total From | Total |
|---------|---|--------------------------|--------------|
| Line 21 | Total miles driven in providing ALA service | Member Form Line 16 | |

6. Scholarships Presented/Awarded by Our Unit

| | Scholarships | Obtain from | Total |
|---------|--|---------------------|--------------|
| Line 22 | Number of unit scholarships presented/awarded | Unit Records | |
| Line 23 | Total dollar amount of unit scholarships | Unit Records | \$ |
| Line 24 | 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 15th, 2020

American Legion Auxilliary

**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 12 months from MAY 1, 2019 TO APRIL 30, 2020.

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

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 | <i>Unit Form Line 19</i> | |
| Line 20 | Total dollars spent | <i>Unit Form Line 20</i> | \$ |

5. Mileage

| | | Obtain Total From | Total |
|---------|--|------------------------------|--------------|
| Line 21 | Total miles driven by members in ALA Service | <i>Unit Form Line 21</i> | |

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

| | Scholarships | Obtain Total From | Units | + | District or County | = | Total |
|---------|--|------------------------------|--------------|----------|-------------------------------|----------|--------------|
| Line 22 | Total number of scholarships presented or awarded | <i>Unit Form Line 22</i> | | | | | |
| Line 23 | Total dollar amount of scholarships | <i>Unit Form Line 23</i> | \$ | | \$ | | \$ |
| Line 24 | Total dollar amount donated to department scholarships | <i>Unit Form Line 24</i> | \$ | | \$ | | \$ |

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!

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 care-giver (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!



Ohio Unit Plan of Action



AMERICANISM

CHAIRMAN

Renee Kohl
 13 W Prospect St
 Hudson, Ohio 44236
 (330) 650-1967 (home)
 (330) 802-2845 (cell)
 Email – rckohl@aol.com

VICE CHAIRMAN

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

CITATION OF MERIT



REQUIREMENT

REPORT DUE TO DISTRICT

April 15, 2020 to

CHAIRMAN BY:

DISTRICT CHAIRMAN

(Essay Contest)

****April 1, 2020****

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

Your District Americanism Chairman

(address shown 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) 305-8644 | tyh@bright.net |
| 03 | 776 | TINA | WHITE | 2058 S BELLVIEW DR | BELLBROOK | 45305-1620 | (937) 776-5764 | ala763president@gmail.com |
| 04 | 194 | MICHELLE | COSSMAN | 5653 STONE TRACE DR.E | MASON | 45040 | (513) 754-1933 | mcossman@zoomtown.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 | sfreelan@columbus.rr.com |
| 09 | 151 | CHRISTINE | BETTS | 463 MILL ST | CONNEAUT | 44030 | (440) 265-8161 | tinakins49@hotmail.com |
| 10 | 70 | RUBY | WITHROW | 1020 CRAWFORD ROAD | WELLSVILLE | 43968 | (330) 532-6026 | r.witherow@comcast.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 | 43213 | (614) 7801-9778 | None |
| 13 | 610 | LOUISE | AIGNER | 6115 SMITH RD | BROOKPARK | 44142 | (216) 396-8968 | laigner109@yahoo.com |
| 14 | 281 | SHARONI | MCCLAIN | 1334 FOREST GLEN DR | CUYAHOGA FALLS | 44221-4846 | (330) 571-1664 | smcccl84119@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, 2020 Narrative Deadline: April 15, 2020

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 narrative in order to receive credit for an award submission or Citation of Merit. Narrative - there is no word count requirement. Simple or elaborate stories will be accepted as a report.

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

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

Answer the following Questions in your narrative

- 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 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.

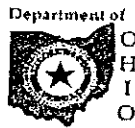


Ohio Unit Plan of Action



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, 2020

Department Report Form

This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit a narrative in order to receive credit for an award submission or Citation of Merit. Narrative - there is no word count requirement. Simple or elaborate stories will be accepted as a report.

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

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

Narrative 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.

Optional-A copy of your Unit ALA Impact Form (Only necessary if the Plan requires it of Action Directions)

Narrative Deadline: April 15, 2020

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 Department Chairman.

MAIL TO DEPARTMENT CHAPLAIN

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



Ohio Unit Plan of Action



CHILDREN & YOUTH

CHAIRMAN

Darlene Leiter
239 Lyndale Ave
Ashland, Ohio 44805
(419) 289-2794 (home)

VICE CHAIRMAN

Deborah Meyer
90 N Lincoln St
Minster, Ohio 45865-1053
(419) 5628-3339 (home)

CITATION OF MERIT



REQUIREMENT

Email – darleiter@yahoo.com

Email – debmeyer69@yahoo.com

REPORT DUE TO DISTRICT

April 15, 2020 to

CHAIRMAN BY :

DISTRICT CHAIRMAN

DISTRICT CHAIRMAN SEND TO DEPARTMENTS CHAIRMAN

BY MAY 1, 2020

Your District Children & Youth Chairman

(address shown below)

District Children and Youth Chairmen

| | | | | | | | | |
|----|-----|-----------|---------------|-------------------------|---------------|------------|----------------|-------------------------------|
| 01 | 553 | MARYBETH | PARKER | 3311 MAPLEWAY DR | TOLEDO | 43614 | (419) 385-6531 | mbparker58@yahoo.com |
| 02 | 444 | SARA | MAURER | 09428 STATE ROUTE 219 | NEW KNOXVILLE | 45871 | (419) 753-2730 | dmaurer@nktelco.net |
| 03 | 776 | KIMBERLEY | HARDNICK | 6745 HERITAGE PARK BLVD | DAYTON | 45424 | (937) 237-5391 | kimhard7@aol.com |
| 04 | 450 | JUDI | MAUPIN | 3194 BEECH RD | BETHEL | 45106-9458 | (513) 560-0534 | judi@aol.com |
| 05 | 447 | JANE | YEAGER | 17 E HIGH ST | PLYMOUTH | 44865 | (419) 989-2125 | janeyeager2000@yahoo.com |
| 06 | 085 | JOYCE | CHENEY | 11520 BOLEN RD NE | NEWARK | 43055 | (740) 345-7650 | joycec100@windstream.net |
| 07 | 633 | STACY | HUMPHREY | 1811 INLOW AVE | PEEBLES | 45660 | (937) 822-1360 | mtnstacy@yahoo.com |
| 08 | 283 | TAMMY | DEROSIER | 5258 DEEDS RD | PATASKALA | 43062 | (740) 927-4614 | cartha59@aol.com |
| 09 | 601 | DEBBIE | BRACALE | 5730 HERITAGE AVE | MADISON | 44057 | (440) 428-7637 | None |
| 10 | 131 | BONNIE | GRIMM | 38108 BUTCHER RD | LEETONIA | 44431 | (330) 831-6451 | bonniegrimm12@gmail.com |
| 11 | 064 | SUZANNE | WAGNER | 211 VANBERGEN AVE | MARIETTA | 45750 | (740) 374-8814 | suewagner4575@yahoo.com |
| 12 | 430 | BOBBIE | HALL-REFINATI | 1554 MANOR DR | COLUMBUS | 43232 | (614) 620-1088 | bobbiehall@sbcglobal.net |
| 13 | 091 | DONELLA | KLINE | 26963 ELIZABETH LN | OLMSTED TWP | 44138 | (440) 235-5399 | dkline@chnhousingpartners.org |
| 14 | 685 | KATHLEEN | RICHARDSON | 9305 FLORA DR | STREETSBORO | 44241 | (330) 842-7650 | None |

Narrative Deadline: April 15, 2020

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 narrative in order to receive credit for an award submission or Citation of Merit. Narrative - there is no word count requirement. Simple or elaborate stories will be accepted as a report. Please complete the following. Be sure to give the complete name of your Unit: _____ | | | | |
| District | Unit # | Membership Goal | Membership Total As of Report | |
| Name of Person Completing Report: | | | Unit Chair. | Unit Pres. |
| Phone # | Email | Membership ID (if available) | | |
| Specific Award Name (if applicable) | | | | |

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 promote educate children and youth about the U.S. Constitution from the aspect of patriotism and Americanism? _____

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 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



COMMUNITY SERVICE

CHAIRMAN

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

Email – shipley813@yahoo.com

VICE CHAIRMAN

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

Email – ronaldcooper901@gmail.com

CITATION OF MERIT



REQUIREMENT

**REPORT DUE TO DISTRICT
CHAIRMAN BY :**

**April 15, 2020 to
DISTRICT CHAIRMAN**

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

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

District Community Service Chairmen

| | | | | | | | | |
|----|-----|------------|-----------|---------------------|---------------|------------|----------------|------------------------------|
| 01 | 240 | BECKY | DIPPMAN | 3186 S. RIVER RD | PEMBERVILLE | 43450 | (419) 409-6032 | dippman@amplex.net |
| 02 | 387 | RUTH | BROOKHART | 718 N FRANKLIN ST | NEW BREMAN | 45869 | (419) 629-2238 | crbrookhart@nktelco.net |
| 03 | 526 | SUSAN | MASTEN | 419 YOUNG DR | FAIRBORN | 45324-5749 | (937) 409-2338 | Gclef419@yahoo.com |
| 04 | 484 | MARGIE | HOMINY | 490 HENNEPIN DR | MAINEVILLE | 45039-7332 | (440) 823-2515 | mhominy@yahoo.com |
| 05 | 257 | DEB | SUTTERLIN | 950 TWP RD 2506 | PERRYSVILLE | 44864 | (330) 465-9230 | d5alapresident@gmail.com |
| 06 | 254 | REBECCA | LONG | 2951 GALLANT RD | RADNOR | 43066 | (614) 314-3746 | racinfan18@yahoo.com |
| 07 | 633 | STACY | JAMES | 135 COLUMBIA ST | SEAMAN | 45679 | (937) 798-3179 | jstacy858@gmail.com |
| 08 | 011 | APRIL | ICE | 1989 TWP RD 184 SW | JUNCTION CITY | 43748 | (740) 605-4333 | icewomanishere@hotmail.com |
| 09 | 214 | MARTHA | SETLOCK | 38504 COURTLAND DR | WILLOUGHBY | 44094 | (440) 951-2227 | mwalunissetlock41@gmail.com |
| 10 | 067 | AIMEE | DITMARS | 926 PEPPERWOOD DR | WOOSTER | 44691 | (330) 697-4422 | asprang@live.com |
| 11 | 495 | D. LORETTA | MATHENY | 814 CARLISLE AVE | BELPRE | 45714 | (740) 525-8263 | lorettamat60@gmail.com |
| 12 | 532 | JÉANNE | HERDERICK | 711 CHESTERSHIRE RD | COLUMBUS | 43204 | (614) 598-0367 | jeanne.m.herderick@gmail.com |
| 13 | 703 | DANIELLE | ZAREMBA | 11337 BLOSSOM AVE | PARMA HTS | 44130 | (216) 534-4509 | daniellezaremba1@gmail.com |
| 14 | 685 | CINDY | MASOWICK | 9320 ROOT DR | STREETSBORO | 44241 | (330) 714-3873 | cjtdgy@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 narrative in order to receive credit for an award submission or Citation of Merit. Narrative - there is no word count requirement. Simple or elaborate stories will be accepted as a report.

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

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

NARRATIVE INFORMATION

Narrative must be typed written in narrative form.

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

Narrative may include photographs and news articles.

Answer the following Questions or include answers in your narrative

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

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

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

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

Program Summation:

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

The National Cover Sheet is included on the backside of this form.

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



Ohio Unit Plan of Action



HISTORY

HISTORIAN

CITATION OF MERIT



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

Email – mrsdaynabeyer@gmail.com

REQUIREMENT

REPORT DUE: April 15, 2020

Department Report Form

This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit a narrative in order to receive credit for an award submission or Citation of Merit. Narrative - there is no word count requirement. Simple or elaborate stories will be accepted as a report.

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

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

Narrative 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, 2020

Narrative Deadline: April 15, 2020

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, 2020

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

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

- How did you train members in 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 | 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 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

Judy Leddy

85 Marilla Rd

Columbus, Ohio 43207

(614) 783-9063 (cell) (614) 444-4459 (home)

CITATION OF MERIT



REQUIREMENT

Email – jal85@aol.com

REPORT DUE: April 15, 2020

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

NARRATIVE INFORMATION

Narrative must be typed written in narrative form.

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

Narrative may include photographs and news articles.

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 chair 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

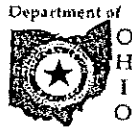


POPPY

CHAIRMAN

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

CITATION OF MERIT



REQUIREMENT

Email – karen.peel@sk2holdings.com

REPORT DUE : April 15, 2020

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

- Narrative 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

Martha Setlock
 38504 Courtland Drive
 Willoughby, Ohio 44094
 (440) 951-2227 (home)
 (440) 219-9982 (cell)
 Email –
 mwalunissetlock41@gmail.com

VICE CHAIRMAN

Sue Schofield Fratino
 7565 Lambton Court
 Mentor, Ohio 44060
 (440) 354-1838 (home)
 (440) 759-4961 (cell)
 Email –
 ssoeoy17@gmail.com

Department Hospital Director

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

CITATION OF MERIT



REQUIREMENT

REPORT DUE TO April 15, 2020 to
DISTRICT CHAIRMAN BY: DISTRICT CHAIRMAN

**DISTRICT CHAIRMAN SEND TO DEPARTMENT CHAIRMAN
 BY MAY 1, 2020
 Your District VA & R Chairman
 (address shown below)**

District VA&R Chairmen

| | | | | | | | | |
|----|-----|----------|----------------------|-------------------------|-------------|------------|----------------|----------------------------|
| 01 | 587 | PAM | BRENNEMAN | 1467 GAGE RD | TOLEDO | 43612 | (419) 283-5655 | pam52@buckeye-express.com |
| 02 | 387 | DEBORAH | MEYER | 90 N LINCOLN AVE | MINSTER | 45865 | (419) 628-3339 | debmeyer69@gmail.com |
| 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) 861-2125 | 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 | nix710@roadrunner.com |
| 07 | 757 | PATRICIA | OLAKER | 207 CEDARWOOD TERRACE | CHILLICOTHE | 45601-1778 | (740) 653-8056 | |
| 08 | 011 | TAMMY | DILLON | 734 PIERCE AVE | LANCASTER | 43130 | (740) 653-8056 | tomtammy49@columbus.rr.com |
| 09 | 214 | SUE | SCHOFIELD FRATINO | 7565 LAMBTON CT | MENTOR | 44060 | (440) 354-1838 | ssoeoy17@gmail.com |
| 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 | lvdomer@yahoo.com |
| 13 | 627 | KIM | BUNCH | 3018 LINCOLN AVE | PARMA | 44134 | | |
| 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 narrative in order to receive credit for an award submission or Citation of Merit. Narrative - there is no word count requirement. Simple or elaborate stories will be accepted as a report.

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

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

Narrative 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

Patricia Taylor
4561 Pennyston Ave
Huber Heights, Ohio 45424
(937) 277-0305 (home)
(937) 823-0943 (cell)
Email – taylorpat251@yahoo.com

REPORT DUE: April 15, 2020

Department Report Form

This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit a narrative in order to receive credit for an award submission or Citation of Merit. Narrative - there is no word count requirement. Simple or elaborate stories will be accepted as a report.

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

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

Narrative 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.

Optional-A copy of your Unit ALA Impact Form (Only necessary if it is required based the Plan of Action Directions)

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, 2020

Narrative Deadline: April 15, 2020

MAIL TO DEPARTMENT AEF CHAIRMAN

Patricia Taylor
4561 Pennyston Ave
Huber Heights, Ohio 45424



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, 2019

Year-Report Due:

May 1, 2020

SEND REPORTS TO :

Department BGS Director,
(address above)

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

Director

Rene' Reese

Department President

Kristen Little

Department 1st Vice President

Colleen Phillips

Director of Counselors

Gwenda Schroeder-Zulch

Director of Government

Diann Long

Director of Health

Deb Schrolucke

Director of Music and Recreation

Karen Peel

Director of Public Relations

Linda Close

Department Secretary/Executive Director

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

2019– 2020 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.

Department Report Form

This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit a narrative in order to receive credit for an award submission or Citation of Merit. Narrative - there is no word count requirement. Simple or elaborate stories will be accepted as a report.

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

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

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

- How many delegates did your Unit sponsor at ALA Buckeye Girls State 2019? _____
- 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. _____

- How many unit volunteers worked at ALA Buckeye Girls State 2019? _____
- Did your unit donate to the ALA Buckeye Girls State Endowment Fund? Amount \$ _____
- How did your unit recognize your 2019 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 or Raised | Total Number of Patriotic/Veteran Programs/Events |
|----------------------------|--------------------------------|---------------------------------|-------------------------------|---|
| | | | \$ | |



Department of Ohio Plan of Action



CONSTITUTION & BYLAWS

CHAIRMAN

Cyndi Underwood
1915 Gingerich St NW
Hartville, Ohio 44632
(330) 256-0700 (cell)

Email – cyndiunderwood73@gmail.com

Mid-Year Report Due: December 5, 2019

REPORT DUE: April 15, 2020

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

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? _____
- Has your unit sponsored any Constitution & Bylaws activities? _____
- If so, what were those activities? _____
- 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? _____

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 ◆ 1915 Gingerich St NW ◆ Hartville, Ohio 44632 ◆



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, 2020 (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 narrative in order to receive credit for an award submission or Citation of Merit. Narrative - there is no word count requirement. Simple or elaborate stories will be accepted as a report.

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

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

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.

Optional-A copy of your Unit ALA Impact Form (Only necessary if it requires it based on the Plan of Action Directions)

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, 2020

Narrative Deadline: April 15, 2020

MAIL TO DEPARTMENT EDUCATION CHAIRMAN



Ohio Unit Plan of Action



JUNIOR ACTIVITIES

District Junior Activities Chairman

CHAIRPERSON

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

2nd MEMBER

Lori Shields
 54 Barlow Rd
 Hudson, Ohio 44236
 (330) 352-7550 (cell)
 Email – wtshields107@gmail.com

3rd MEMBER

Kathleen Richardson
 9305 Flora Drive
 Streetsboro, OH 44241
 (cell) (330) 842-7650
 Email – kats889@aol.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
 CHAIRMAN BY :**

**April 15, 2020 to
 DISTRICT CHAIRMAN**

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

**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 | 3175 BROOKLYN AVE | SIDNEY | 45366 | (937) 489-1792 | howmaw71@gmail.com |
| 03 | 526 | SUE | MASTEN | 419 YOUNG DR | FAIRBORN | 45324-5749 | (937) 876-8343 | gclef419@yahoo.com |
| 04 | 450 | CARMELLA | FUGATE | 550 CLARK ST | MILFORD | 45150 | (513) 260-9516 | carmella.fugate@yahoo.com |
| 05 | 118 | REBECCA | HOBSON | 390 N LAKE ST | AMHERST | 44001 | (440) 984-9951 | rebecca.hobson.71@gmail.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 | taylors604@hotmail.com |
| 08 | 78 | SHANTI | KORNMILLER | 9900 STATE ROUTE 664 N | LOGAN | 43138 | (740) 270-4004 | shankornmiller@yahoo.com |
| 09 | 214 | MICHELLE | ZAYAKOSKY | 7400 JOHNNYCAKE RIDGE RD | MENTOR | 44060 | (226) 337-3178 | post214michellez@gmail.com |
| 10 | 436 | CONNIE | MORTON | 11022 KENT AVE NE | HARTVILLE | 44632 | (330) 877-1237 | cjsmorton@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 | mlmoh6140@gmail.com |
| 13 | 610 | LOUISE | AIGNER | 6115 SMITH RD | BROOKPARK | 44142 | (216) 396- 89868 | laigner109@yahoo.com |
| 14 | 566 | KATHY | BURKHAMMER | 885 POLK AVE | AKRON | 44314 | (234) 738-8552 | lovelyangels of 2@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 narrative in order to receive credit for an award submission or Citation of Merit. Narrative - there is no word count requirement. Simple or elaborate stories will be accepted as a report. Please complete the following. Be sure to give the complete name of your Unit: _____ | | | | |
| District | Unit # | Membership Goal | Membership Total As of Report | |
| Name of Person Completing Report: | | | Unit Chair. | Unit Pres. |
| Phone # | Email | Membership ID (if available) | | |
| Specific Award Name (if applicable) | | | | |

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 picture and new articles showing juniors involved in their activities.

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



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, 2020

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.

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

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

Answer the following Questions and fill in the boxes at the bottom and include details in your narrative.

- Did the unit conduct meetings in accordance with the Auxiliary Handbook. YES _____ NO _____
 If YES, please explain what you did. _____

- At Unit meetings, were members engaged and encouraged to participate. YES _____ NO _____
 If YES, please explain how. _____

- Did you share the following at the Unit meeting?

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

| 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, 2020

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

Answer the following Questions in your narrative

Please share how your department 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.

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.

Narrative Deadline: April 15, 2020

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, 2020

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

Narrative 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.

Mail to Department Past Presidents Parley Chairman:

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



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, 2020

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

Narrative 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 Deadline: April 15, 2020

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 has your Unit done promoting Celebrating Century of Service?? _____

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.



AMERICAN LEGION
AUXILIARY

Serving veterans, their families and their communities

From the Office of:

Kelly Gibson
Secretary/Executive Director
Department of Ohio, Inc.

February 17, 2020

To: Unit Presidents

The enclosed mailing includes the **2020 District Summer Convention Call** and other important information regarding District Convention to be shared with all members:

- ✓ **2020 District Summer Convention Call (white)**
- ✓ **Convention Representation by Units (white)**
- ✓ **2020 Delegates-At-Large per District (pink)**
- ✓ **2020 Department and District Convention Delegate Certification Form (2) (blue)**
- ✓ **2020 Department and District Convention Alternate Certification Form (2) (yellow)**
- ✓ **2020 District Convention Alternate to Delegate Certification (white)**

2020 District Convention Call – Please share the District Convention Call with all members.

Convention Representation by Units – This table calculates the number of Delegates and Alternates the Unit is entitled to and is based on the number of members whose current dues have been received in Department Headquarters by 10:00 AM, May 31, 2020.

2020 Delegates-At-Large – This is a list of all Delegates-At-Large who are automatic delegates to District and Department Convention. **They are not to be included as a Unit delegate.**

2020 Department and District Convention Delegate Certification Form – After election of Unit Delegates and Alternates, please complete this form and return one copy to Department Headquarters by **June 1, 2020** (see address below) and one copy to the District President (see address on Delegate-At-Large list). Do not include Delegates-At-Large on this form. The Unit President must sign this form in certification. **Delegates must be certified prior to Convention. I repeat, Delegates must be certified prior to Convention.**

2020 Department and District Convention Alternate Certification Form – After election of Unit Delegates and Alternates, please complete this form and return one copy to Department Headquarters by **June 1, 2020** (see address below) and one copy to the District President (see address on Delegate-At-Large list). The Unit President must sign this form in certification. **Alternates must be certified prior to Convention. Again, Alternates must be certified prior to Convention.**

2020 District Convention Alternate To Delegate Certification – If a Delegate is being replaced with an Alternate, the Alternate must bring this completed form to District Convention and present to the Registration Committee with her 2019 Membership Card. Only the Unit President or District President may certify.

Sincerely

Kelly Gibson
Department Secretary/Executive Director

Cc: Department Executive Committee
Department Chairmen/Committee
District Chairmen
Hospital Representatives & Deputies
Past Department Presidents

| District | Date | Reg. Time | Meeting Begins | City | Host Unit/Meeting Place | Hostess | Address and Directions | Guest Speaker | Lunch | Reserve By Date | Send Reserve to | Address | Phone/Email |
|----------|---------|-----------|----------------|---------------|-------------------------|-----------------|--|----------------|--------------|-----------------|-------------------|---|--|
| 1 | 6/6/20 | 8:30 AM | 9:30 AM | Pemberville | Post 183 | Anne Michel | 405 E Front St, Pemberville, OH 44450 | | Yes \$6.00 | 5/31/20 | Anne Michel | 15300 S River Rd, Pemberville, OH 44450 | (419)287-4727 anne.michel1954@gmail.com |
| 2 | 5/31/20 | 9:00 AM | 10:00 AM | Bellefontaine | Post 173 | Ruth Peters | 120 Colton Ave, Bellefontaine, OH 43311 | | N/C | 5/21/20 | Ruth Peters | 205 N Hayes St, Bellefontaine, OH 43311 | (937) 539-8161 rpeters3704@twc.com |
| 3 | 6/6/20 | 9:00 AM | 10:00 AM | New Carlisle | Post 286 | Sharon Pletcher | 2251 N. Dayton-Lakeview Rd, New Carlisle, OH 45344 | | Yes \$6.00 | 5/31/20 | Sharon Pletcher | | (937) 845-1120 tootsip@yahoo.com |
| 4 | 6/7/20 | 12:00 PM | 1:00 PM | Mason | Post 194 | Marsha Giehl | 401 Reading Rd, Mason OH | | Light Snacks | 5/25/20 | Joe Barr Unit 194 | P.O. Box 424, Mason, OH 45040 | (513)398-6566 aux194@embarqmail.com |
| 5 | 4/25/20 | 9:00 AM | 10:00 AM | New London | Post 292 | Nancy Longbrake | 185 N Main St, New London, OH 44851 | | Yes | | | 169 New London Ave, New London, OH 44851 | (567) 215-7386 nlongbrake@neo.rr.com |
| 6 | 5/3/20 | 9:00 AM | 10:00 AM | Hebron | Post 285 | | 108 N. Water St, Hebron, OH 43025 | | No | N/A | | | |
| 7 | TBD | | | | | | | | | | | | |
| 8 | TBD | | | | | | | | | | | | |
| 9 | 5/9/20 | 9:30 AM | 10:00 AM | Madison | Post 112 | Debbie Vargo | 6671 Middle Ridge Rd, Madison, OH 44057 | none | N/C | | Louise Cichon | | (440) -391-9857 leichen8541@sboglobal.net |
| 10 | 6/3/20 | 9:00 AM | 10:00 AM | Leetonia | Post 131 | Bonnie Grimm | 540 E Main St, Leetonia, OH | | Yes \$5.00 | 5/27/20 | Bonnie Grimm | 38108 Butcher Rd, Leetonia, OH 44431 | (330) 831-6451 bonniegrimm12@gmail.com |
| 11 | 6/6/20 | 9:00 AM | 10:00 AM | Roseville | Post 71 | Rebecca Cole | 74 S. Main St, Roseville, OH 43777 | | Yes \$7.00 | 5/29/20 | Rebecca Cole | 74 S. Main St Lot 8, Roseville, OH 43777 | rcole4@columbus.rr.com |
| 12 | 5/16/20 | 9:00 AM | 10:00 AM | Columbus | Post 430 | Amy Parker | 3227 E Livingston St., Columbus, OH 43227 | | Yes \$6.00 | 5/10/20 | Linda Hatfield | 3227 E. Livingston Ave. Columbus, OH 43227 | lehatfield1944@yahoo.com |
| 13 | 6/7/20 | 11:00 AM | 11:30 AM | Newburgh Hts | Post 627 | Kimberly Bunch | 3935 E 42nd St, Newburgh Hts, OH, 44105 side door | | Yes | 5/31/20 | Kimberly Bunch | 3935 E 42nd St, Newburgh Hts, OH 44105 | (216) 401-8842 kimmi6219@sboglobal.net |
| 14 | 6/6/20 | 9:00 AM | 10:00 AM | Streetsboro | Unit 685 | Cindy Masowick | 10001 Aurora-Hudson Rd, Streetsboro, OH 44241 | Cindy Masowick | Yes \$10.00 | 6/1/20 | Cindy Masowick | 10001 Aurora-Hudson Rd, Streetsboro, OH 44241 | (330) 650-9594 |

Unit Presidents please share with Unit Members and RSVP to the person listed for your District's Conference. Should you have any questions please contact your District President.



AMERICAN LEGION AUXILIARY

Department of Ohio, Inc.

PO Box 2760

Zanesville, Ohio 43702-2760

(740) 452-8245

CONVENTION REPRESENTATION BY UNITS

Each Unit shall be entitled to one (1) Delegate and one (1) Alternate for the first ten (10) members and one (1) additional Delegate and Alternate for each additional fifty (50) members, or major fraction, whose current dues have been received in Department Headquarters by **10:00 AM, May 31, 2020**. See table below to determine number of delegates and alternates permitted.

| | | | | | |
|------------|----------|----|---------------|----|------------|
| 10- 35 | Members: | 1 | Delegate and | 1 | Alternate |
| 36- 85 | Members: | 2 | Delegates and | 2 | Alternates |
| 86- 135 | Members: | 3 | Delegates and | 3 | Alternates |
| 136- 185 | Members: | 4 | Delegates and | 4 | Alternates |
| 186- 235 | Members: | 5 | Delegates and | 5 | Alternates |
| 236- 285 | Members: | 6 | Delegates and | 6 | Alternates |
| 286- 335 | Members: | 7 | Delegates and | 7 | Alternates |
| 336- 385 | Members: | 8 | Delegates and | 8 | Alternates |
| 386- 435 | Members: | 9 | Delegates and | 9 | Alternates |
| 436- 485 | Members: | 10 | Delegates and | 10 | Alternates |
| 486- 535 | Members: | 11 | Delegates and | 11 | Alternates |
| 536- 585 | Members: | 12 | Delegates and | 12 | Alternates |
| 586- 635 | Members: | 13 | Delegates and | 13 | Alternates |
| 636- 685 | Members: | 14 | Delegates and | 14 | Alternates |
| 686- 735 | Members: | 15 | Delegates and | 15 | Alternates |
| 736- 785 | Members: | 16 | Delegates and | 16 | Alternates |
| 786- 835 | Members: | 17 | Delegates and | 17 | Alternates |
| 836- 885 | Members: | 18 | Delegates and | 18 | Alternates |
| 886- 935 | Members: | 19 | Delegates and | 19 | Alternates |
| 936- 985 | Members: | 20 | Delegates and | 20 | Alternates |
| 986- 1035 | Members: | 21 | Delegates and | 21 | Alternates |
| 1036- 1085 | Members: | 22 | Delegates and | 22 | Alternates |
| 1086- 1135 | Members: | 23 | Delegates and | 23 | Alternates |
| 1136- 1185 | Members: | 24 | Delegates and | 24 | Alternates |
| 1186- 1235 | Members: | 25 | Delegates and | 25 | Alternates |

Members of the Department Executive Committee (Department President, Department 1st Vice, Department 2nd Vice, National Executive Committeewoman, Department Secretary/Treasurer, District Presidents) **and all Past Department Presidents in good standing are Delegates-At-Large and are not to be counted as Unit Delegates.**



**AMERICAN LEGION AUXILIARY
Department of Ohio, Inc.**

**2020 DISTRICT CONVENTION
ALTERNATE TO DELEGATE CERTIFICATION**

If your Unit is replacing a Delegate with a previously registered Alternate, the Alternate is to bring this completed form and her 2020 Membership Card to the Registration Table at District Convention. Only the Unit President or District President may certify.

I, _____
(President's Name) (Title)

certify that

(Alternate Name) (Membership ID #)

is replacing

(Delegate Name) (Membership ID #)

as Delegate to the 2020 American Legion Auxiliary District Convention.

_____, _____
(President's Signature) (Date)

UNIT # _____ DISTRICT # _____

**AMERICAN LEGION AUXILIARY
Department of Ohio, Inc.**

2020 Delegates-At-Large

| | | | |
|--------------------|--|------------|--|
| District 1: | Jane Ridenour 17070 Mercer Rd Bowling Green, OH 43402 | 45 | District President |
| | Denise Conrad | 183 | Past Department President |
| | Vi Grzybowski | 545 | Past Department President |
| | Miriam Junge | 340 | Past Department President |
| | Gwenda Schroeder-Zulch | 183 | Past Department President |
| | Gloria Verbeke | 332 | Past Department President |
| | Colleen Phillips | 262 | Department 1st Vice President |
| District 2: | Shirley Maurer 06247 St. Rt. 219 New Knoxville, OH 45871 | 241 | District President/Past Dept. Pres. |
| District 3: | Juanita Ballard 2333 Duncan Dr #7 Fairborn, OH 45324 | 776 | District President |
| | Pamela Bates | 526 | Past Department President |
| | Sue Masten | 526 | Past Department President |
| | Phyllis Nickoson | 526 | Past Department President |
| | Helen Peeples | 643 | Past Department President |
| | Carol T. Robinson | 776 | Past Department President |
| District 4: | Marsha Giehls 118 South West St. Mason, OH 45040 | 194 | District President |
| | Donna Ray | 72 | Past Department President |
| District 5: | Deborah Sutterlin 950 Twp Rd 2506 Perrysville, Ohio 44864 | 257 | District President |
| | Linda Close-Swanger | 326 | Past Department President |
| | Kathy Heichel | 535 | Past Department President/NEC |
| | Desiree Stoy | 535 | Past Department President |
| District 6: | Charlotte Frazier 645 Edgewood Dr. Newark, OH 43055 | 85 | District President |
| | Pat Riley | 417 | Past Department President |
| District 7: | Sandra Grooms 135 Columbia St. Seaman, OH 45679 | 633 | District President |

**AMERICAN LEGION AUXILIARY
Department of Ohio, Inc.**

2020 Delegates-At-Large

| | | | |
|---------------------|---|------------|--|
| District 8: | Jodie Keels 626 N Maple St Lancaster, Ohio 43130 | 11 | District President |
| | Kelly Gibson | 58 | Department Secretary/Executive Director |
| District 9: | Louise Cichon 35976 Hiawatha Blvd Eastlake, Ohio 44095 | 214 | District President |
| | Martha Setlock | 214 | Past Department President |
| District 10: | Vacant | | |
| | Martha Lee Thatcher | 221 | Past Department President |
| | Beth Toalston | 667 | Past Department President |
| District 11: | Carol Sowards 420 Zanesville Rd Roseville, Ohio 43777 | 71 | District President |
| | Shelley Riggs | 29 | Past Department President |
| | Doris Wainwright | 389 | Hon. Past Department President |
| District 12: | Ann Garren 3744 Abney Rd. Columbus, OH 43777 | 144 | District President |
| | Vicky Buck | 614 | Past Department President |
| District 13: | Louise Aigner 6115 Smith Rd Brookpark, Ohio 44142 | 610 | District President |
| | Rene' Reese | 610 | Past Department President |
| | Shirley Skerness | 343 | Past Department President |
| | Kristen Little | 610 | Department President |
| District 14: | Patricia Miller 400 May Ave. Cuyahoga Falls, OH 44221 | 449 | District President |
| | Karen Peel | 449 | Past Department President |
| | Cyndi Underwood | 496 | Past Department President |
| | Marilyn Warner | 209 | Past Department President |
| | Cindy Masowick | 685 | Department 2nd Vice President |

AMERICAN LEGION AUXILIARY
PO Box 2760
Zanesville, Ohio 43702-2760

DISTRICT # _____

UNIT # _____

UNIT NAME _____

2020 DEPARTMENT AND DISTRICT CONVENTION DELEGATE CERTIFICATION FORM

Delegates and Alternates are elected by each Unit to represent the Unit at Department and District Conventions. Please complete this form and return one copy to Department Headquarters by June 1st (see address above) and one copy to your District President at least one week prior to District Convention. Keep a copy for your records. Do not include Delegates-At-Large on this list. Please type or print.

| MEMBER ID # | DELEGATE NAME | ADDRESS | CITY | ST | ZIP | PHONE # |
|-------------|---------------|---------|-------|-------|-------|---------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 11. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 12. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 13. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 14. _____ | _____ | _____ | _____ | _____ | _____ | _____ |

I, _____, Unit President, certify that the above members are in good standing and are duly elected as Delegates to the 2020 American Legion Auxiliary, Department of Ohio, Department and District Conventions.

AMERICAN LEGION AUXILIARY

PO Box 2760

Zanesville, Ohio 43702-2760

DISTRICT # _____

UNIT # _____

UNIT NAME _____

2020 DEPARTMENT AND DISTRICT CONVENTION ALTERNATE CERTIFICATION FORM

Delegates and Alternates are elected by each Unit to represent the Unit at Department and District Conventions. Please complete this form and return one copy to Department Headquarters by June 1st (see address above) and one copy to your District President at least one week prior to District Convention. Keep a copy for your records. Do not include Delegates-At-Large on this list. Please type or print.

| MEMBER ID # | ALTERNATE NAME | ADDRESS | CITY | ST | ZIP | PHONE # |
|-------------|----------------|---------|-------|-------|-------|---------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 11. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 12. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 13. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 14. _____ | _____ | _____ | _____ | _____ | _____ | _____ |

I, _____, Unit President, certify that the above members are in good standing and are duly elected as Alternates to the 2020 American Legion Auxiliary, Department of Ohio, Department and District Conventions.