

# KEHA Manual

## Appendix

**Contents:** This section contains many useful forms and information sheets for use by KEHA groups on all levels. Included is the form for submitting dues to the State Treasurer, along with the County/Area Information Sheets to submit following County and Area Annual Meetings or anytime there is a change in officers or chairmen. The KEHA Program of Work Report Forms are included in this section. Credential forms along with a contests and awards chart are also included here. This section also includes forms specific to the annual KEHA State Meeting along with pages outlining responsibilities to be assigned to areas and for voting delegates.

**NOTE: DUPLICATE THESE PAGES AS NEEDED. KEEP THESE AS ORIGINALS.**

# KEHA MANUAL

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*Please note:* The dates in parentheses indicate the year of last revision for each page or group of pages. Please double-check your KEHA Manual Appendix to insure you have the latest copies of each page/group of pages.

**KEHA STATE  
AWARDS AND CONTESTS COVER SHEET**

**Due March 1**

**This form must be sent for each entry submitted to the state for judging.  
Please submit your contest entry bound and tabbed in a folder to the appropriate educational  
chairman.**

Name of contest entered \_\_\_\_\_

Category entered (check one):  Individual  Club  County  Area

County \_\_\_\_\_

Area \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## AWARDS AND CONTESTS Deadline/Contact Chart

CATEGORY	NAME OF CONTEST	ENTRY FORMS OR REQUIREMENTS	DEADLINE	AWARD	CONTACT PERSON
Leadership Development	Volunteer Service Units (V.S.U.'s)	Log Form Summary Club & Individual	Club-July 1 County – Aug. 15 Area –Sept. 15	Certificate (to be awarded by area)	Karen Yerkey 6992 Hwy 1740 Hardinsburg, KY 40143-6182
	Community Volunteerism Award	<i>See Handbook 88</i> Club & County	March 1	Plaque to 1 <sup>st</sup> Place Certificate to 2 <sup>nd</sup> & 3 <sup>rd</sup>	
	KEHA Scholarship Contributions	<i>See Handbook 87</i>	December 31	Plaque to 1 <sup>st</sup> Place Certificate to 2 <sup>nd</sup> & 3 <sup>rd</sup>	
Management & Safety	No contest will be conducted in 2018-2019				Victoria Orme 4155 McCormick Road Mt. Sterling, KY 40353
Cultural Arts & Heritage	Creative Writing/ Poetry	<i>See Handbook 40-41a</i>	March 1	Plaque (1st) Certificate (2 <sup>nd</sup> & 3rd)	Marilyn Watson 2286 Melwood Drive Henderson, KY 42420
	Creative Writing/ Memoirs	<i>See Handbook 40-41a</i>	March 1	Plaque (1st) Certificate (2 <sup>nd</sup> & 3rd)	
	Creative Writing/Short Story (1 entry per person)	<i>See Handbook 40-41a</i>	March 1	Plaque (1st) Certificate (2 <sup>nd</sup> & 3rd)	
International	Awards are available for each of the 5 goals in the program of work	<i>See Handbook 71-72 for details</i>		Plaques and/or certificates as indicated	Becky Grace Clay 7668 Ky Route 580 Oil Springs, KY 41238
Environment, Housing & Energy	Adopt-A-Highway Awards	<i>See Handbook 49a</i>	March 1	Plaque (1st) Certificate (2 <sup>nd</sup> & 3rd)	Debbie Pierce 429 Marsailles Road Versailles, KY 40383

## AWARDS AND CONTESTS, CONTINUED

CATEGORY	NAME OF CONTEST	ENTRY FORMS OR REQUIREMENTS	DEADLINE	AWARD	CONTACT PERSON
Family & Individual Development	Strengthening Families	<i>See Handbook 55</i>	March 1	Plaque (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	Leonidisa Mundelius 675 Ky Hwy 198 Stanford, KY 40484
	Ovarian Cancer: Financial Contributions	<i>See Handbook 59</i>	December 31	Certificate	To be announced August 2018. See current information at <a href="http://www.keha.org">www.keha.org</a> , State Board.
Food, Nutrition, & Health	First-time Ovarian Cancer Screenings – County Award	<i>See Handbook 59</i>	March 1	Plaque	
	Ovarian Cancer Research Fundraising Contest	<i>See Handbook 59</i>	March 1	Plaque (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	Promoting a Healthy Kentucky Project	<i>See Handbook 59</i>	March 1	Plaque (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
4-H Youth Development	Recognitions for volunteer hours with 4-H and 4-H camp scholarships	<i>See Handbook 65-66</i>	March 1	Plaque (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	Nancy Snouse 6110 Twelve Oaks Drive Ashland, KY 41102
Membership Recognition	Membership Increase	<i>Based upon dues submitted in December</i>	January 1	Certificate for counties with 25 new members. Plaque to county with largest percent of increase; Traveling trophy to highest increase by number & percentage	Lois Pressgrove 103 Highland Drive Bardstown, KY 40004
	Membership Tenure Recognitions (50, 60, 65, 70 and 75 years)	<i>See Appendix 17</i>	February 1	Certificates for membership tenure milestones listed at left.	

## OFFICER NOMINATION FORM

**Check One: County** \_\_\_\_\_ **Area** \_\_\_\_\_

NAME OF NOMINEE \_\_\_\_\_

ADDRESS OF NOMINEE \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Nomination for:(check one)**      President ( )      President-Elect ( )  
    Vice-President ( )      Secretary ( )      1<sup>st</sup> Vice-President for Program ( )  
    Treasurer ( )      2<sup>nd</sup> Vice-President for Member Resources ( )

**Personal Sketch of Nominee:**      Gender (circle one) (optional)      M      F

Age Range (optional)      15-19 ( )      20-24 ( )      25-34 ( )      35-39 ( )      40-44 ( )      45-64 ( )      65+ ( )

Hobbies \_\_\_\_\_

\_\_\_\_\_

**Offices Held in KEHA and Number of Years in Each Office:**

Offices Held:	Local Club	County	Area	State
<b>President</b>				
<b>Vice President</b>				
<b>Secretary</b>				
<b>Treasurer</b>				
<b>Educational Chairman List:</b>				
<b>Committee Chairman List:</b>				

**Other:** Community organizations in which the nominee has served as an officer (list and give offices held), committees served on, awards received:

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To be signed by the Nominee

Additional comments on this nominee from a Homemaker member or agent. (An ability to assume leadership in Homemakers programs would be of great help, especially in the area you are submitting credentials.)

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SIGNED: \_\_\_\_\_

Please do not include any information except this form and do not include additional pages. All information should be included on this form.

## STATE EDUCATIONAL CHAIRMAN NOMINATION FORM

Please do not include information not requested on this form. Do not write on the back of this form. All information should be typed or legibly printed. (Qualifications listed in Bylaws Article III Section 3.)

Send to: KEHA Secretary as listed on the current directory

**Forms should be sent by certified mail and must be postmarked no later than thirty (30) days prior to the start of the KEHA Annual Meeting.**

NAME OF NOMINEE \_\_\_\_\_

ADDRESS OF NOMINEE \_\_\_\_\_

COUNTY \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

(Check One)    Environment, Housing, Energy \_\_\_\_\_      Cultural Arts & Heritage \_\_\_\_\_  
                   Family & Individual Development \_\_\_\_\_      Food, Nutrition & Health \_\_\_\_\_  
                   4-H Youth Development \_\_\_\_\_                      International \_\_\_\_\_  
                   Leadership Development \_\_\_\_\_                      Management & Safety \_\_\_\_\_

**Offices Held in KEHA and Number of Years in Each Office:**

Offices Held:	Local Club	County	Area	State
<b>President</b>				
<b>Vice President</b>				
<b>Secretary</b>				
<b>Treasurer</b>				
<b>Educational Chairman</b> <i>Please List:</i>				
<b>Committee Chairman</b> <i>Please List:</i>				



**Personal Sketch of Nominee: (Optional)**

Gender (circle one) (optional)      M    F

Age Range (optional)    15-19 ( ) 20-24 ( ) 25-34 ( ) 35-39 ( ) 40-44 ( ) 45-64 ( ) 65+ ( )

Hobbies: \_\_\_\_\_  
\_\_\_\_\_

**Other:** Community organizations in which the nominee has served as an officer (list and give offices held), committees served on, awards received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
To be signed by the Nominee

Additional comments on this Nominee from County President or Agent. (An ability to assume leadership in Homemakers programs would be of great help, especially in the area you are submitting credentials.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_  
County President or Agent

Please do not include any information except this form and do not include additional pages. All information should be included on this form.



**Personal Sketch of Nominee: (Optional)**

Gender (circle one) (optional)      M    F

Age Range (optional)    15-19 ( ) 20-24 ( ) 25-34 ( ) 35-39 ( ) 40-44 ( ) 45-64 ( ) 65+ ( )

Hobbies: \_\_\_\_\_  
\_\_\_\_\_

**Other:** Community organizations in which nominee has served as an officer (list and give offices held), committees served on, awards received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(To be signed by the Nominee)

County Council making nomination

\_\_\_\_\_  
(To be signed by the County  
President or other officer)

Additional comments on this Nominee. (Ability to assume leadership in the Homemakers program would be of great help to the Nominating Committee.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please do not include any information that is not asked for on this form and do not attach additional Pages. All information should be included on this form.

**BONDING FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

BONDING COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

This is to certify that \_\_\_\_\_ can be bonded for  
\$300,000.00.

\_\_\_\_\_  
Bonding Company Agent Signature

\_\_\_\_\_  
Date

**Note:** This form must be attached to the State Officer Nomination Form submitted by  
candidates for Treasurer.

Date: \_\_\_\_\_

## Enrollment Form for

\_\_\_\_\_ County Extension Homemakers Association

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Name of Club \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Birth year (*Optional*): \_\_\_\_\_

Race (*Optional – check one*):      White      Black or African American  
   Asian/Pacific Islander      American Indian or Alaska Native      Other

Ethnicity (*Optional - check one*):      Hispanic      Non-Hispanic

Gender (*Optional - circle one*):      Female      Male

First year of KEHA membership: \_\_\_\_\_ Total years of membership: \_\_\_\_\_

I, (print full name) \_\_\_\_\_ hereby grant permission to the University of Kentucky, including its affiliates and subsidiaries, and Kentucky Extension Homemakers Association, Inc., to interview, photograph, and/or videotape me; and/or to supervise any others who may do the interview, photography, and/or videotaping; and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities and publications without compensation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

The Kentucky Cooperative Extension Service is required by Federal law to collect and maintain information regarding the characteristics of the people we serve. The information you supply is voluntary.

*Educational programs of the Kentucky Cooperative Extension Service serve all people regardless of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.*

## COUNTY/AREA OFFICERS DIRECTORY FORM

20\_\_\_\_\_ to 20\_\_\_\_\_

COUNTY\_\_\_\_\_ AREA\_\_\_\_\_

Check one:      \_\_\_\_\_ County Information Sheet      \_\_\_\_\_ Area Information Sheet

<b>OFFICERS &amp; EDUCATIONAL CHAIRMEN</b>	<b>NAME</b>	<b>MAILING ADDRESS &amp; EMAIL ADDRESS</b>	<b>EXPIRATION YEAR</b>	<b>AREA CODE &amp; PHONE NUMBER (Daytime)</b>
<b>PRESIDENT</b>				
<b>PRESIDENT-ELECT</b>				
<b>1<sup>ST</sup> VICE-PRESIDENT</b>				
<b>2<sup>ND</sup> VICE-PRESIDENT</b>				
<b>SECRETARY</b>				
<b>TREASURER</b>				

**COUNTY/AREA OFFICERS DIRECTORY FORM CONTINUED**

20\_\_\_\_\_ to 20\_\_\_\_\_

COUNTY\_\_\_\_\_ AREA\_\_\_\_\_

Check one: \_\_\_\_\_ County Information Sheet \_\_\_\_\_ Area Information Sheet

<b>OFFICERS &amp; EDUCATIONAL CHAIRMEN</b>	<b>NAME</b>	<b>MAILING ADDRESS &amp; EMAIL ADDRESS</b>	<b>EXPIRATION YEAR</b>	<b>AREA CODE &amp; PHONE NUMBER (Daytime)</b>
<b>CULTURAL ARTS &amp; HERITAGE</b>				
<b>ENVIRONMENT, HOUSING &amp; ENERGY</b>				
<b>FAMILY &amp; INDIVIDUAL DEVELOPMENT</b>				
<b>FOOD, NUTRITION &amp; HEALTH</b>				
<b>4-H YOUTH DEVELOPMENT</b>				
<b>INTERNATIONAL</b>				
<b>LEADERSHIP DEVELOPMENT</b>				
<b>MANAGEMENT &amp; SAFETY</b>				
<b>AREA CONTACT AGENT</b>				

**List all county presidents with address, email and telephone on an attached sheet.**

**STATEMENT OF COMPLIANCE  
NONDISCRIMINATING CONDUCT OF EXTENSION  
FAMILY AND CONSUMER SCIENCES PROGRAMS**

Homemaker Clubs are assisted by the Kentucky Cooperative Extension Service. They are organized to provide all members an opportunity to participate in educational programs enabling them to more effectively contribute to the well-being of their family and community. Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability. Additionally, as stated in the bylaws, KEHA does not discriminate by gender, race, color, age, disability, religion or national origin.

<b>Club</b>	<b>Signature of Club President</b>	<b>Date</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____



**STATEMENT OF COMPLIANCE  
NONDISCRIMINATING CONDUCT OF EXTENSION  
FAMILY AND CONSUMER SCIENCES PROGRAMS**

Homemaker clubs are assisted by the Cooperative Extension Service. They are organized to provide all members the opportunity to participate in educational programs enabling them to more effectively contribute to the well being of their family and community. Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability. Additionally, as stated in the bylaws, KEHA does not discriminate by gender, race, color, age, disability, religion or national origin.

Signed \_\_\_\_\_  
Club President

Address \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Note: County Extension Agent for Family and Consumer Sciences files this form in the County Extension Office.

The Harry Klitzner Company,  
former provider of KEHA  
membership, officer and  
anniversary pins, closed in fall  
2017 with no advanced notice.

The KEHA Board is working to  
secure a new vendor for KEHA  
pins. Updates will be shared via the  
KEHA website – [www.keha.org](http://www.keha.org).

**EXPENSE VOUCHER**  
**Kentucky Extension Homemakers Association**

<b>For Treasurers Use Only</b>
Date Paid: _____
Check Number: _____
Amount Paid: \$ _____

**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board Position:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Make Check Payable to: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Total Amount Requested: \$** \_\_\_\_\_ *(Please attach receipts of expenses)*

**Brief Explanation of Expense:** \_\_\_\_\_

\_\_\_\_\_

**Expense Category:**

- \$ \_\_\_\_\_ Dues (Circle one: CWC ACWW NVON Other: \_\_\_\_\_)
- \$ \_\_\_\_\_ Program of Work: \_\_\_\_\_ Chairman
- \$ \_\_\_\_\_ Memorial Fund (In memoriam of: \_\_\_\_\_)
- \$ \_\_\_\_\_ New Board Member Orientation
- \$ \_\_\_\_\_ Executive Committee (Specify officer budget: \_\_\_\_\_)
- \$ \_\_\_\_\_ Board Travel to Area Meetings
- \$ \_\_\_\_\_ Board Expense (Circle one: Fall Spring State Meeting)
- \$ \_\_\_\_\_ NVON Registration
- \$ \_\_\_\_\_ Archives
- \$ \_\_\_\_\_ Insurance & Taxes (Specify: \_\_\_\_\_)
- \$ \_\_\_\_\_ Public Relations (Specify: \_\_\_\_\_)
- \$ \_\_\_\_\_ Outside Organizations (Specify: \_\_\_\_\_)
- \$ \_\_\_\_\_ Development Grant (Recipient: \_\_\_\_\_)
- \$ \_\_\_\_\_ Other: \_\_\_\_\_

**If the expense above includes travel, please provide the following details.**

Date of departure: \_\_\_\_\_ Date of return: \_\_\_\_\_  
Mileage: \_\_\_\_\_ miles at \$.40 per mile = \$ \_\_\_\_\_ Lodging: \$ \_\_\_\_\_  
Number of meals: \_\_\_\_\_ Total Meal Expense: \$ \_\_\_\_\_ (Not to exceed \$30 per day)  
Parking fees: \$ \_\_\_\_\_ Air Fare: \$ \_\_\_\_\_ Taxi or ground transportation: \$ \_\_\_\_\_

All expense vouchers must be filed with the treasurer within 60 days after the expense occurs.

Checks will be cut as vouchers are received or twice a month unless otherwise notified.

***Please double-check your math and retain a copy for your records.***

To be completed by County President or Vice President

## 20\_\_ to 20\_\_ Membership Recognition Report

\_\_\_\_\_ County Extension Homemakers Association

### Number and Types of Clubs:

Traditional \_\_\_\_\_ Special Interest \_\_\_\_\_ TOTAL \_\_\_\_\_

### 50, 60, 65, 70 and 75 Year Members

Please include names of members reaching these milestones in this reporting year

NAME	NUMBER OF YEARS

### Deceased Members

List members to be included in the Memoriam at the next State Meeting

- \*
- \*
- \*
- \*
- \*
- \*

**Completed by:** Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Send completed form to: *Lois Pressgrove*  
*KEHA 2<sup>nd</sup> Vice President*  
 103 Highland Drive  
 Bardstown, KY 40004  
 loisp@bardstowncable.net

Or submit online at: [https://uky.az1.qualtrics.com/jfe/form/SV\\_1M7zmqJapfihIoZ](https://uky.az1.qualtrics.com/jfe/form/SV_1M7zmqJapfihIoZ)

**Send a copy of this form to your area vice president.**  
**Due February 1 each year**

## KEHA TREASURER'S REMITTANCE FORM

**Mail dues to the KEHA Treasurer by December 15. Dues will be delinquent on December 31.**

**Make one check payable to Kentucky Extension Homemakers Association, Inc.**

Remittances to be credited as follows:

**Name of County** \_\_\_\_\_

Area: \_\_\_\_\_

State Dues: Number of Members \_\_\_\_\_ @ \$4.00 per member \$ \_\_\_\_\_

Counties can make a contribution to any or all of the following funds:

- Coins for Change .....\$ \_\_\_\_\_
- Evans/Hansen/Weldon Scholarship .....\$ \_\_\_\_\_
- KEHA Homemaker Scholarship.....\$ \_\_\_\_\_
- Ovarian Cancer .....\$ \_\_\_\_\_
- Kentucky Academy.....\$ \_\_\_\_\_
- KEHA Clean Water Project.....\$ \_\_\_\_\_
- Other: \_\_\_\_\_ .....\$ \_\_\_\_\_

**Total Amount of Check** .....\$ \_\_\_\_\_

Treasurer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Send original form plus check to the KEHA Treasurer.**

Demographic Summary – PLEASE COMPLETE					
<i>Gender</i>		Age Group		Membership Tenure	
Male		15-19 yrs		Less than 2 yrs	
Female		20-24 yrs		2-5 yrs	
<i>Race</i>		25-34 yrs		6-10 yrs	
White		35-44 yrs		11-15 yrs	
Black		45-54 yrs		16-20 yrs	
Asian/Pacific Islander		55-64 yrs		21-35 yrs	
Am. Indian or Alaska Native		65-74 yrs		36-49 yrs	
Other		75+ yrs		50+ yrs	
<i>Ethnicity</i>					
Hispanic					
Non-Hispanic					

FOR STATE TREASURER'S USE ONLY:			
Date Received	_____	Check # _____	Amount: \$ _____
Refunds	_____		\$ _____
	(for what)		
	_____		\$ _____
	(for what)		









**Cultural Arts & Heritage Program of Work Report**  
**From July 1, 2018 to June 30, 2019**

Name of person completing this form: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**For clubs reports:** (Club reports are due to the County Cultural Arts Chairman by **July 1, 2019.**)

**Club name:** \_\_\_\_\_

**For county reports:** (County reports are due to the Area Cultural Arts Chairman by **August 15, 2019.**)

**County:** \_\_\_\_\_ **Number of clubs reporting:** \_\_\_\_\_

**For area reports:** (Area reports are due to the KEHA Cultural Arts Chairman by **September 15, 2019.**)

Please mail to Marilyn Watson, 2286 Melwood Drive, Henderson, KY 42420

**Area:** \_\_\_\_\_ **Number of Counties reporting:** \_\_\_\_\_

**Reading and Kentucky Literacy**

Did your (club/county/area) use the KEHA Book List this year? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of books read from the KEHA Book List: \_\_\_\_\_

Did your club or county participate in the reading award program? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your club or county have a Homemaker Book Club? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, would your club or county like to form a Homemaker Book Club? Yes \_\_\_\_\_ No \_\_\_\_\_

**Kentucky Covered Bridges**

Number of Homemakers who received lesson information on Kentucky Covered Bridges: \_\_\_\_\_

How many cultural arts trips (museums, ceremonies, etc.) related to Kentucky Covered Bridges, were taken this year? Individually \_\_\_\_\_ Club \_\_\_\_\_ County \_\_\_\_\_

Number of Kentucky Covered Bridges visited this year: \_\_\_\_\_

Please list the bridges toured: \_\_\_\_\_

**Applique:**

Number of members who received lesson information on wool rug hooking: \_\_\_\_\_

Number of members who learned wool rug hooking techniques: \_\_\_\_\_

Number of rugs made using wool rug hooking techniques made by members: \_\_\_\_\_

Number of members who shared wool rug hooking skills with others: \_\_\_\_\_ Number of people reached: \_\_\_\_\_

Number of cultural arts trips (museums, shops, and other sites,) related to wool rug hooking taken this year: \_\_\_\_\_

Number of classes taken and/or programs attended where wool rug hooking skills were taught? \_\_\_\_\_

**Other:**

Does your club or its individual members sell craft items to support Homemaker or other community projects?

Yes \_\_\_\_\_ No \_\_\_\_\_ Total funds generated: \_\_\_\_\_

Number and types of programs funded: \_\_\_\_\_

Please indicate the number of members in your (club/county/area) who sell craft items to supplement their household income. \_\_\_\_\_

**Comments** (use back if necessary)

***Environment, Housing and Energy Program of Work Report***  
**From July 1, 2018 to June 30, 2019**

<b>Name of person completing this form:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____
<b>For clubs reports:</b> (Club reports are due to the County Environment, Housing and Energy Chairman by <b>July 1, 2019.</b> ) <b>Club Name:</b> _____
<b>For county reports:</b> (County reports are due to the Area Environment, Housing and Energy Chairman by <b>August 15, 2019.</b> ) <b>County:</b> _____ <b>Number of Clubs reporting:</b> _____
<b>For area reports:</b> (Area reports are due to the KEHA Environment, Housing and Energy Chairman by <b>September 15, 2019.</b> Mail to Debbie Pierce, 429 Marsailles Road, Versailles, KY 40383.) <b>Area:</b> _____ <b>Number of Counties reporting:</b> _____

***Environment, Housing & Energy***

1. Number of members who took actions related to environment, housing and energy listed below between July 1, 2018 and June 30, 2019:
  - a. Implemented one or more water saving practices in the past year: \_\_\_\_\_
  - b. Adopted new landscape practices (such as installing a rain garden): \_\_\_\_\_
  - c. Grew fruits and vegetables for your family: \_\_\_\_\_
  - d. Preserved fruits and vegetables for your family: \_\_\_\_\_
  - e. Initiated or participated in an Adopt-A-Highway project: \_\_\_\_\_
  - f. Initiated or participated in a plant and/or seed swap: \_\_\_\_\_
  - g. Initiated or participated in a community beautification project: \_\_\_\_\_
  - h. Sponsored or taught a community gardening class for community members: \_\_\_\_\_
  
2. Please share information regarding the quantity of fruits and vegetables preserved through canning, freezing or drying this past year:
  - a. Quantity of fruits preserved: \_\_\_\_\_ pints \_\_\_\_\_ quarts
  - b. Quantity of vegetables preserved: \_\_\_\_\_ pints \_\_\_\_\_ quarts
  
3. Estimated dollar value of community beautification project(s): \$ \_\_\_\_\_
 

Source of funds:	<input type="checkbox"/> Monetary Donation	_____ % of total
(check all that apply)	<input type="checkbox"/> In-Kind Donation	_____ % of total
	<input type="checkbox"/> Grant(s)	_____ % of total
	<input type="checkbox"/> Other (_____)	_____ % of total
  
4. Please share a one paragraph description of an environment, housing and/or energy program conducted by your club/county. (Use back of page if needed.)

**4-H Youth Development Program of Work Report**  
**From July 1, 2018 to June 30, 2019**

<b>Name of person completing this form:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____
<b>For clubs reports:</b> (Club reports are due to the County 4-H Youth Development Chairman by <b>July 1, 2019</b> .) <b>Club Name:</b> _____
<b>For county reports:</b> (County reports are due to the Area 4-H Youth Development Chairman by <b>August 15, 2019</b> .) <b>County:</b> _____ <b>Number of Clubs reporting:</b> _____
<b>For area reports:</b> (Area reports are due to the KEHA 4-H Youth Development Chairman by <b>September 15, 2019</b> .) Mail to the current KEHA 4-H Youth Development Chairman as listed at <a href="http://www.keha.org">www.keha.org</a> , "State Board Directory".) <b>Area:</b> _____ <b>Number of Counties reporting:</b> _____

The following questions apply to all youth, not just those in 4-H Youth Development programs.

- Number of members who worked with youth during past year: \_\_\_\_\_
- Total number of volunteer hours acquired through youth development work: \_\_\_\_\_
- Number of 4-H Camp scholarships/sponsorships given by your club: \_\_\_\_\_
  - Total amount awarded: \$ \_\_\_\_\_
- Number of youth that attended 4-H camp because of these scholarships/sponsorships: \_\_\_\_\_
- Total number of youth reached: \_\_\_\_\_

What did you do with youth (teaching, mentoring, judging project, etc.)?

4-H Youth Lessons/Activities Taught: (check all that apply)

- \_\_\_ 4-H Communications - Level 1: Picking Up The Pieces: 4-H Speeches
- \_\_\_ 4-H Communications - Level 2: Putting It Together: 4-H Demonstrations
- \_\_\_ 4-H Communications - Level 3: The Perfect Fit: 4-H Mock Interviews

What have you as a Homemaker put into practice in your life as a result of these lessons?

***Family and Individual Development Program of Work Report***  
**From July 1, 2018 to June 30, 2019**

**Name of person completing this form:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**For clubs reports:** (Club reports are due to the County Family & Individual Development Chairman by **July 1, 2019**.)

**Club Name:** \_\_\_\_\_

**For county reports:** (County reports are due to the Area Family & Individual Development Chairman by **August 15, 2019**.)

**County:** \_\_\_\_\_ **Number of Clubs reporting:** \_\_\_\_\_

**For area reports:** (Area reports are due to the KEHA Family & Individual Development Chairman by **September 15, 2019**.) Please mail to: Leoni Mundelius, 675 Ky Hwy 198, Stanford, KY 40484.)

**Area:** \_\_\_\_\_ **Number of Counties reporting:** \_\_\_\_\_

**Number of individuals who:**

1. Promoted, participated or attended at least two generational events. \_\_\_\_\_ Clubs \_\_\_\_\_ Individuals
2. Promoted better family relations by having family meals together. \_\_\_\_\_ Clubs \_\_\_\_\_ Individuals
3. Planned for Family & Consumer Sciences Day on December 3, 2018 with members having a family meal together. \_\_\_\_\_ Clubs \_\_\_\_\_ Individuals
4. Became involved with, hosted or volunteered in a booth at a county fair or festival.  
\_\_\_\_\_ Clubs \_\_\_\_\_ Individuals
5. Held a meeting or lesson on saying “No” to negative stress. \_\_\_\_\_ Clubs \_\_\_\_\_ Individuals
6. Taught a lesson on improving healthy eating habits. \_\_\_\_\_ Clubs \_\_\_\_\_ Individuals
7. Became aware of signs and symptoms of diabetes. \_\_\_\_\_ Clubs \_\_\_\_\_ Individuals
8. Have blood sugar, blood pressure, cholesterol checked yearly. \_\_\_\_\_ Clubs \_\_\_\_\_ Individuals
9. Reviewed facts about medication with your health care provide when receiving new medications.  
\_\_\_\_\_ Clubs \_\_\_\_\_ Individuals
10. Attended a lesson on drug abuse or awareness (this can be prescription or street drugs).  
\_\_\_\_\_ Clubs \_\_\_\_\_ Individuals
11. Participated in exercise classes or physical activity on a regular basis. \_\_\_\_\_ Clubs \_\_\_\_\_ Individuals
12. Took time to organize clothing in closets, as well as drawers and other storage. \_\_\_\_\_ Clubs \_\_\_\_\_ Individuals
13. Taught a lesson on proper storage of vintage clothing or textiles, including quilts.  
\_\_\_\_\_ Clubs \_\_\_\_\_ Individuals
14. Constructed a new item from recycled textile materials. \_\_\_\_\_ Clubs \_\_\_\_\_ Individuals
15. Read and followed directions carefully before using stain removal products. \_\_\_\_\_ Clubs \_\_\_\_\_ Individuals
16. Documented family history and events impacting your life. \_\_\_\_\_ Clubs \_\_\_\_\_ Individuals

***Food, Nutrition and Health Program of Work Report***  
**From July 1, 2018 to June 30, 2019**

<b>Name of person completing this form:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____
<b>For clubs reports:</b> (Club reports are due to the County Food, Nutrition and Health Chairman by <b>July 1, 2018.</b> ) <b>Club Name:</b> _____
<b>For county reports:</b> (County reports are due to the Area Food, Nutrition and Health Chairman by <b>August 15, 2018.</b> ) <b>County:</b> _____ <b>Number of Clubs reporting:</b> _____
<b>For area reports:</b> (Area reports are due to the KEHA Food, Nutrition and Health Chairman by <b>September 15, 2018.</b> ) Mail to KEHA Food, Nutrition and Health Chairman. Check <a href="http://www.keha.org">www.keha.org</a> , board directory for the current information.) <b>Area:</b> _____ <b>Number of Counties reporting:</b> _____

***Food, Nutrition and Health (Area Chairs: Please list each county's number of participants.)***

1. Number of members who:
  - a. Had an annual physical / check-up \_\_\_\_\_
  - b. Had a Mammogram \_\_\_\_\_
  - c. Had an Ovarian Cancer Screening \_\_\_\_\_
  - d. Had a "first time Ovarian Cancer Screening" \_\_\_\_\_
  - e. Had a Diabetes Screening \_\_\_\_\_
  
2. Number of members who participated in:
  - a. One or more local blood drives \_\_\_\_\_
  - b. One or more local health fairs \_\_\_\_\_
  
3. Food security:
  - a. Number of members who donated to a local food bank or food pantry \_\_\_\_\_
  - b. Number of members who volunteered time at a local food bank or food pantry \_\_\_\_\_
  - c. Number of children served by a local "backpack for hunger" program \_\_\_\_\_
  
4. Did your club/county host an Ovarian Cancer Awareness Tea Party for ovarian cancer awareness and fundraising?  
 If yes, how many attended: \_\_\_\_\_. How much money was raised? \_\_\_\_\_
  - a. Did you participate in other activities to raise awareness of ovarian cancer?
  
5. Physical Activity:
  - a. Number of members that exercised regularly (20-30 minutes at least 3 times weekly) \_\_\_\_\_
  - b. Number of members who have helped implement environmental changes to support physical activity (i.e. install a walking path, bike trail, etc.) \_\_\_\_\_
  - c. Number of members that reported an improvement in overall health due to increased activity \_\_\_\_\_
  
6. Nutrition:
  - a. Number of members who gained knowledge and made healthy food choices \_\_\_\_\_
  - b. Number of members who purchased fresh foods at a local farmers market \_\_\_\_\_
  - c. Number of members who supplemented their diets with healthy foods they produced/preserved \_\_\_\_\_
  
7. On the reverse, please list 1 or 2 exciting food, nutrition and health programs you would like to see implemented.  
 Please also list up to 2 extra (not listed above) food, nutrition and health programs you are implementing now.

**International Program of Work Report**  
**From July 1, 2018 to June 30, 2019**

<b>Name of person completing this form:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____
<b>For clubs reports:</b> (Club reports are due to the County International Chairman by <b>July 1, 2019</b> .) <b>Club Name:</b> _____
<b>For county reports:</b> (County reports are due to the Area International Chairman by <b>August 15, 2019</b> .) <b>County:</b> _____ <b>Number of Clubs reporting:</b> _____
<b>For area reports:</b> (Area reports are due to the KEHA International Chairman by <b>September 15, 2019</b> .) Please mail to Becky Grace Clay, 7668 Ky Route 580, Oil Springs, KY 41238.) <b>Area:</b> _____ <b>Number of Counties reporting:</b> _____

***International Goal: Empower Women Worldwide: Encourage, Educate, Enrich.***

1. Reporting club \_\_, county \_\_ and area \_\_, total number of members who participated in a **special project** to empower women, girls and their families either locally or internationally. Please list project and briefly describe:
  
2. Number of members who participated in a CLUB \_\_\_\_\_, COUNTY \_\_\_\_\_ or AREA \_\_\_\_\_ International Program. Country(ies) Studied:
  
3. Number of members who **hosted a foreign exchange person**.  
 Country: \_\_\_\_\_ # of people impacted: \_\_\_\_\_
  
4. Please indicate participation in ACWW recommended resolutions and projects:
  - Climate Change
  - Tree Planting** project: \_\_\_\_\_ # of participants \_\_\_\_\_ # of trees planted
  - Grow Local, Support Local:**
    - \_\_\_\_\_ # of members who raised a garden
    - \_\_\_\_\_ # of members who supported a local farmer's market
    - \_\_\_\_\_ # of members who studied how far your food travels
  - Zero Hunger
  - Access to Adequate Food all Year Round** project:
    - a. Backpack Program \_\_\_\_\_ # of members participating \_\_\_\_\_ # of children served
    - b. Feeding Program \_\_\_\_\_ # of members participating \_\_\_\_\_ # of seniors served
    - How often are meals served? \_\_\_\_\_ # of children served

4. **Kentucky Academy Project:** total # of participants \_\_\_\_\_ total \$'s raised \_\_\_\_\_

5. **Coins for Change** Collections: \$ \_\_\_\_\_ # of county clubs participating: \_\_\_\_\_

6. **Clean Water and Sanitation:**

Fundraising project for Bucket Water Filters \$ raised: \_\_\_\_\_ Participants: \_\_\_\_\_

Clean Water Awareness Program Participants: \_\_\_\_\_

What did you learn?

7. Program for litter prevention and clean up and how to keep our waterways clean.

Project name: \_\_\_\_\_ total # of participants \_\_\_\_\_

What did you learn?

8. Describe other projects not listed above:

11. Will you be submitting an entry for **Contest Award Project**? Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_

***Leadership Development Program of Work Report***  
**From July 1, 2018 to June 30, 2019**

<b>Name of person completing this form:</b> _____	
<b>Phone:</b> _____	<b>Email:</b> _____
<b>For clubs reports:</b> (Club reports are due to the County Leadership Development Chairman by <b>July 1, 2019</b> .) <b>Club Name:</b> _____	
<b>For county reports:</b> (County reports are due to the Area Leadership Development Chairman by <b>August 15, 2019</b> .) <b>County:</b> _____ <b>Number of Clubs reporting:</b> _____	
<b>For area reports:</b> (Area reports are due to the KEHA Leadership Development Chairman by <b>September 15, 2019</b> .) Mail to Karen Yerkey, 6992 Hwy 1740, Hardinsburg, KY 40143-6182.) <b>Area:</b> _____ <b>Number of Counties reporting:</b> _____	

1. Trainings conducted and participation: (Check those that apply and provide participation numbers.)
  - a. Club, county or area officer training \_\_\_\_\_ Number trained: \_\_\_\_\_
  - b. Club, county or area chairman training \_\_\_\_\_ Number trained: \_\_\_\_\_
  
2. How did the training you received enable you to achieve your goals?
  
3. **EXTENSION** Volunteerism:
  - a. Hours members volunteered for **Extension** activities/events: \_\_\_\_\_
  - b. Number of people reached: \_\_\_\_\_
  
4. **KEHA** Volunteerism:
  - a. Hours members volunteered for **KEHA** activities/events: \_\_\_\_\_
  - b. Number of people reached: \_\_\_\_\_
  
5. **COMMUNITY** Volunteerism:
  - a. Hours members volunteered for **Community** activities/events: \_\_\_\_\_
  - b. Number of people reached: \_\_\_\_\_
  
6. **PERSONAL** Volunteerism:
  - a. Hours members volunteered for **Personal** activities/events: \_\_\_\_\_
  - b. Number of people reached: \_\_\_\_\_
  
7. Educational scholarships awarded. (Please do not include 4-H Camp scholarships in this section. Report those numbers and amounts via the 4-H Youth Development report.)
  - a. Club scholarships – How many? \_\_\_\_\_ Total amount given: \$ \_\_\_\_\_
  - b. County scholarships – How many? \_\_\_\_\_ Total amount given: \$ \_\_\_\_\_
  - c. Area scholarships – How many? \_\_\_\_\_ Total amount given: \$ \_\_\_\_\_
  
8. Describe one program that enabled your club, county or area to have a positive impact in your community.



**Management and Safety Program of Work Report**  
**From July 1, 2018 to June 30, 2019**

<b>Name of person completing this form:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____
<b>For clubs reports:</b> (Club reports are due to the County Management and Safety Chairman by <b>July 1, 2019</b> .) <b>Club Name:</b> _____
<b>For county reports:</b> (County reports are due to the Area Management and Safety Chairman by <b>August 15, 2019</b> .) <b>County:</b> _____ <b>Number of Clubs reporting:</b> _____
<b>For area reports:</b> (Area reports are due to the KEHA Management and Safety Chairman by <b>September 15, 2019</b> .) Mail to the current KEHA Management & Safety Chairman as listed at <a href="http://www.keha.org">www.keha.org</a> , "State Board Directory"..) <b>Area:</b> _____ <b>Number of Counties reporting:</b> _____

1. Number of members who took actions related to management and safety listed below between July 1, 2018 and June 30, 2019.
  - a. Implemented strategies to maximize their retirement dollars: \_\_\_\_\_
  - b. Learned methods to manage their holiday expenses: \_\_\_\_\_
  - c. Learned how to maximize profits and savings at yard sales & consignment shops: \_\_\_\_\_
  - d. Implemented strategies to downsize their homes: \_\_\_\_\_
  - e. Utilized methods to evaluate health insurance needs/options: \_\_\_\_\_
  
2. Please share a description of any type of program conducted by your club/county/area that related to management and safety.

**KEHA ANNUAL MEETING  
LEARNING SESSION/WORKSHOP PROPOSAL FORM**

**Send this form to:** Sharon Wood, 11 Cindy Ann Avenue, Campbellsville, KY 42718

**Deadline:** **October 15**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Title of Session (as you would like it printed):  
\_\_\_\_\_

Description of Session:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost per person attending: \_\_\_\_\_ Cost for additional kits: \_\_\_\_\_

Please provide your preferred number of attendees. \_\_\_\_\_ Minimum \_\_\_\_\_ Maximum

Please indicate if you will need any of the following:

Tables \_\_\_\_\_ Screen \_\_\_\_\_ Electricity \_\_\_\_\_

I will furnish my own display, supplies, AV equipment, etc. Please let us know what you will be bringing so we may assign the proper space.

\_\_\_\_\_  
\_\_\_\_\_

KEHA will not be held responsible for injury, damage, accidents, theft, or breakage, to materials or persons presenting at the KEHA Annual Meeting. I understand and will comply with the above terms and regulations set forth in this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_

Would you be willing to share your presentation and/or handouts to be posted on the KEHA website ([www.keha.org](http://www.keha.org)) following your session? \_\_\_\_\_ Yes \_\_\_\_\_ No

**KEHA ANNUAL MEETING**

***HOMEMAKER SHOWCASE***

Send this form to: Sharon Wood  
KEHA 1st Vice-President  
11 Cindy Ann Avenue  
Campbellsville, KY 42718  
gswood4@windstream.net

Deadline: **March 15**

Each area is allowed to bring up to two displays that highlight a specific program that has been successful within their area. These may be county projects but each area may select only two. Each state educational chairman can also submit one showcase display.

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Area \_\_\_\_\_

Title of Display \_\_\_\_\_

Description of Display:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## KEHA STATE MEETING RESPONSIBILITIES

Assigned to Areas by KEHA 1st Vice-President/Program at Fall Board Meeting

### A REGISTRATION/ANNUAL MEETING INFORMATION

- STATE BOARD CONTACT PERSON – KEHA 1<sup>ST</sup> Vice President/Program and KEHA Treasurer
- See that all registration materials, name tags, tickets for meals and seminars, etc. are printed and placed in registration envelopes for distribution at annual KEHA meeting.
- Provide workers for registration table all days of meeting. Working in shifts is recommended with the following needed per shift each day. First day: 3-4 per shift; Second day: 2 per shift; Third day: 1-2 per shift
- Work with the Host Area Planning Committee.

### B VOTING DELEGATES' PACKETS/INFORMATION

- STATE BOARD CONTACT PERSON – KEHA Secretary
- Prepares printed ballots for all candidates in coordination with the KEHA State Secretary.
- Prepares voting delegate packets with needed material for business meeting, including voting delegate cards and copies of the rules of convention (master copy available from the KEHA Parliamentarian). Delegates will be given the packets when they register at the state meeting.
- State Advisor works with KEHA State Secretary to determine materials voting delegates will need prior to the state meeting (i.e. candidate credentials, proposed bylaw changes) and helps with sending information to county FCS agents at least two weeks prior to KEHA Annual Meeting. FCS agents give this information to their county voting delegates.

### C BUSINESS SESSION/VOTING DELEGATE REGISTRATION

- STATE BOARD CONTACT PERSON – KEHA State Parliamentarian
- Provides workers for the voting delegate area at the registration tables.
- Have voting delegates sign the county register and hand each one a voting delegate packet for their county with business session materials. (Each delegate must pick up their own packet.) Persons needed: 2-3 people at all times when the registration tables are open. Shifts of volunteers suggested.
- Provides individuals to serve as hostesses and pages during business session. Persons needed: 4 to 6
- KEHA State Parliamentarian meets with assigned area president prior to business session for instruction. Time to be set by the parliamentarian. KEHA State Parliamentarian has the following items for the business session: sign-in sheets for delegates and ballot baskets. KEHA State Secretary provides motion forms.
- Area President assigned serves as roll call chairman and head teller.

### D CULTURAL ARTS Assigned to 3-4 Areas (specific duties assigned by KEHA Cultural Arts Chairman)

- STATE BOARD CONTACT PERSON – KEHA Cultural Arts Chairman
- Assist with check-in and set up of Cultural Arts display items. Persons needed: 16-18
- Assist judges with recording scores, attaching ribbons as needed. Set items for display after judging. Persons needed: 20-22
- Provide hostesses to watch over exhibits during viewing hours. Persons needed 14-16 working shifts in of 1 to 2 hours.
- Provide hostesses to assist with pick-up of items at the close of exhibits. Persons needed: 14-20

## **E AWARDS LUNCHEON**

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program.
- Provide table decorations, including head table, (favors optional) for awards luncheon. Budget amount: \$500. Decorations to serve as door prizes.
- Provide hostesses to take tickets at door.
- Provide hostesses to meet and seat special guests (list to be provided by KEHA 1st VP/Program).
- Assist KEHA Board with distribution of materials. Persons needed: 10-12

## **F OPENING BANQUET**

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program.
- Provide table decorations, including head table, (favors optional) for meal function. Budget amount: \$500. Decorations to serve as door prizes.
- Assist KEHA Board with distribution of materials.
- Provide hostesses to take tickets at door and to meet and seat special guests. Persons needed:10-15

## **G GENERAL SESSION(s)**

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program.
- Master Farm Homemaker Board Representative and Advisor give assistance.
- Determine and arrange for stage/head table decorations. Budget amount: \$300.
- Provide hostesses at door to assist with seating of special guests.
- Provide hostesses to help with distribution of materials.
- Persons needed 8-12

## **H LEARNING SESSIONS/WORKSHOPS**

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program.
- Work with KEHA 2nd Vice President to prepare presenter gifts using KEHA merchandise. Budget amount: \$300.
- Provides hostesses at each learning session/workshop to introduce speaker and assist with the needs of speaker/presenter.
- Hostesses take tickets and monitor doors as speaker is presenting. Persons needed: 1-2 per session

## **I SILENT AUCTION/BASKET RAFFLE/HOMEMAKER SHOWCASE**

- Develops and provides bid sheets for silent auction items and oversees bidding.
- Provides individuals to collect and arrange items.
- Develops and provides contributors with a receipt for tax deduction purposes.
- Provides tickets for raffles baskets, collection bags for tickets and workers to sell tickets. Budget amount: \$100 for tickets and supplies.
- Coordinates drawing and announcement of raffle basket winners.
- Assists in collection of silent auction money and distributes the items to respective bidders.
- Asks KEHA State Treasurer to be present at collection of money.
- Sends invitation/information to solicit homemaker showcase exhibitors to area presidents. Date due to KEHA 1st Vice President: March 1st.
- Works with the KEHA 2nd Vice President for extra tables for KEHA grant recipients and the deceased member memorial display.
- Provides table cards for Homemaker Showcase participants.
- Provides persons to check-in displays and hostesses to staff the showcase area.
- Persons needed: 15-20 scheduled in shifts (Demand is heaviest during check-in/set-up and check-out.)
- STATE BOARD CONTACT PERSON – KEHA 1st Vice-President/Program and Treasurer.

## **J QUILT SQUARE DISPLAY AND AUCTION**

- Work with the KEHA 1st Vice President to arrange set-up of display boards and insure that all needed supplies for display are available.
- Develop and provide bid sheets for quilt squares.
- Provide persons to receive and display quilt squares. Persons needed: 2-3 per shift
- Provide persons to monitor the quilt square display during viewing and bidding. Persons needed: 1-2 per shift
- Provide persons to close the auction, take down the display and collect payment from successful bidders. Persons needed: 4-6 during the designated time

## **AREA HOST COMMITTEE**

### **TRADE SHOW**

- Send letters to prospective participants. (Examples in the trade show notebook. Notebook to be given to KEHA State 1st Vice-President at the end of the annual state meeting.)
- Coordinate with KEHA State 1st Vice-President to insure that space is used adequately and that the number of vendors is appropriate for the space available.
- Provide leaflet listing vendors (for hostess table) and place cards for booths.
- Send confirmation letters and set-up instructions to vendors.
- Have hostesses available to greet vendors and assist them with set-up. People needed: 2-4

### **HANDS ON ACTIVITIES**

- Provide instructors and supplies for a variety of ‘make-it and take-it’ style hands-on activities at the KEHA State Meeting.
- Develop descriptions of the sessions for the KEHA newsletter and website. Provide photos if possible.
- Set pricing to adequately cover costs but maintain affordability for each activity.

### **HOSTESS/HOSPITALITY**

- Work with KEHA 1st Vice President to determine theme and logo for KEHA State Meeting.
- Design t-shirt and tote bag.
- Secure numbers for t-shirt and tote bags orders from the KEHA State Treasurer.
- Stuff tote bags with any hospitality items and/or state meeting materials.
- Work with the registration committee to distribute tote bags and t-shirts as needed. People needed: 1-2 per shift
- Provide hostesses to staff a hospitality table providing local information for KEHA State Meeting attendees. People needed: 1-2 per shift

## **KEHA ANNUAL MEETING**

### ***VOTING DELEGATES ROLE AND RESPONSIBILITIES***

Each county holding membership in the Kentucky Extension Homemakers Association shall have two voting delegates for state business. (ARTICLE II, Section 3, paragraph 2) Annual dues of the KEHA are payable by December 15 of each year to the KEHA State Treasurer and shall be delinquent on December 31. Any county whose dues are delinquent will not have the privilege of voting at the annual business meeting of the KEHA. (ARTICLE V, Section 1, a., second sentence)

At least two weeks prior to the state annual meeting, information packets will be sent to each county office via the University of Kentucky email system. Copies should be provided to each voting delegate when received by the county. Packets may include credentials for any candidates to be elected, proposed bylaw changes and other necessary information.

Serving as a voting delegate is an important duty. Delegates should study the documents sent to them so they can represent their county and the state organization wisely.

If a designated county voting delegate finds she cannot attend the annual meeting, an alternate should be chosen as soon as possible and her registration sent to the KEHA State Treasurer. The delegate packet should be given to the alternate so she can study the issues and be prepared.

Upon arriving at the annual meeting site, a delegate should sign in at the KEHA registration desk as soon as possible and pick up additional delegate information. This second packet will include items such as convention rules, treasurer's report, auditor's report, proposed budget and other important papers.

Delegates arriving at the annual meeting site on the day of the business meeting should plan to be duly registered at least one-half hour before the start of the business meeting and in their seats at least ten minutes prior to the start of the meeting unless otherwise instructed.

Before an annual meeting can transact any business, the credentials (roll call) committee chairman must officially report the number of registered delegates. Since this must be the first thing done after opening ceremonies, late registration can delay the start of the meeting even though it is otherwise ready to begin.

Official voting delegates wanting to address the annual meeting should go to a microphone and be recognized by the presiding officer. They clearly state their name, title (if any) and their county. An example would be, "Madame President, I am Jane Doe, Alpha County Voting Delegate." The delegate then states her question or remark, waiting at the microphone for an answer or resuming her seat, whichever is appropriate.

Each delegate will receive a voting card to use when voting on an issue. Cards should be left on the chairs after the business meeting is concluded so they can be reused.

Any questions about the delegate process may be referred to the KEHA State Parliamentarian.