

KEHA Manual

Appendix - 2019 Updated Pages Only

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.

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 st Place Certificate to 2 nd & 3 rd	
	KEHA Scholarship Contributions and Local Scholarship Awards	<i>See Handbook 87</i>	December 31 and March 1	Plaque to 1 st Place Certificate to 2 nd & 3 rd	
Management & Safety	No contest will be conducted in 2019-2020				Elaine Stevens 5541 US Highway 60W Paducah, KY 42001
Cultural Arts & Heritage	Creative Writing/Poetry	<i>See Handbook 40-41a</i>	March 1	Plaque (1st) Certificate (2 nd & 3rd)	Marilyn Watson 2286 Melwood Drive Henderson, KY 42420
	Creative Writing/Memoirs	<i>See Handbook 40-41a</i>	March 1	Plaque (1st) Certificate (2 nd & 3rd)	
	Creative Writing/Short Story (1 entry per person)	<i>See Handbook 40-41a</i>	March 1	Plaque (1st) Certificate (2 nd & 3rd)	
	Cultural Arts & Heritage Passport	<i>See Handbook 39</i>	March 1	Plaque (1st) Certificate (2 nd & 3rd)	
International	Fundraising and projects awards will be presented.	<i>See Handbook page 74 for details.</i>	December 31 and March 1	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 nd & 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	Nurturing Families	<i>See Handbook 55</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	Leonidisa Mundelius 675 Ky Hwy 198 Stanford, KY 40484
Food, Nutrition, & Health	Ovarian Cancer: Financial Contributions	<i>See Handbook 59</i>	December 31	Certificate	Julie Hook 74 County Road 1021 Cunningham, KY 42035
	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 st) Certificate (2 nd & 3 rd)	
	Promoting a Healthy Kentucky Project	<i>See Handbook 59</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	
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 st) Certificate (2 nd & 3 rd)	Cathy Kunkel-Mains 13127 Madison Pike Morning View, KY 41063
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.	

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: _____

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.

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

Updates regarding efforts to secure
a new vendor will be shared via the
KEHA website – www.keha.org.

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 2nd Vice President
 103 Highland Drive
 Bardstown, KY 40004
 loisp@bardstowncable.net

Or submit online at: 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\$ _____
 EcoBrickProject.....\$ _____
 KEHA Clean Water and Sanitation.....\$ _____
 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>					
White		25-34 yrs		6-10 yrs	
Black		35-44 yrs		11-15 yrs	
Asian/Pacific Islander		45-54 yrs		16-20 yrs	
Am. Indian or Alaska Native		55-64 yrs		21-35 yrs	
Other		65-74 yrs		36-49 yrs	
<i>Ethnicity</i>					
Hispanic		75+ yrs		50+ yrs	
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, 2019 to June 30, 2020

Name of person completing this form: _____	
Phone: _____	Email: _____
For clubs reports: (Club reports are due to the County Cultural Arts Chairman by <u>July 1, 2020.</u>)	
Club name: _____	
For county reports: (County reports are due to the Area Cultural Arts Chairman by <u>August 15, 2020.</u>)	
County: _____	Number of clubs reporting: _____
For area reports: (Area reports are due to the KEHA Cultural Arts Chairman by <u>September 15, 2020.</u>) 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 _____

KEHA Cultural Arts and Heritage Passport

Number of members who participated in the passport challenge: _____

Total number of places/events logged in the Passport: _____

Weaving:

Number of members who received lesson information on Swedish weaving: _____

Number of members who learned Swedish weaving techniques: _____

Number of Swedish weaving projects completed: _____

Number of members who received lesson information on traditional cloth weaving: _____

Number of members who learned traditional cloth weaving techniques: _____

Number of traditional cloth weaving projects completed: _____

Number of members who received lesson information on pin weaving: _____

Number of members who learned pin weaving techniques: _____

Number of pin weaving projects completed: _____

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, 2019 to June 30, 2020

Name of person completing this form: _____

Phone: _____ Email: _____

For clubs reports: (Club reports are due to the County Environment, Housing and Energy Chairman by **July 1, 2020.**)

Club Name: _____

For county reports: (County reports are due to the Area Environment, Housing and Energy Chairman by **August 15, 2020.**)

County: _____ **Number of Clubs reporting:** _____

For area reports: (Area reports are due to the KEHA Environment, Housing and Energy Chairman by **September 15, 2020**

Mail to KEHA Environment, Housing & Energy Chairman. Check www.keha.org, board directory for the current information.

Area: _____ **Number of Counties reporting:** _____

Environment, Housing & Energy

1. Number of members who took actions related to environment, housing and energy listed below between July 1, 2019 and June 30, 2020:

- a. Implemented one or more water saving practices in the past year: _____
- b. Adopted new landscape practices (such as installing a rain garden): _____
- c. Preserved fruits and vegetables for your family: _____
- d. Initiated or participated in an Adopt-A-Highway project: _____
- e. Initiated or participated in a plant and/or seed swap: _____
- f. Initiated or participated in a community beautification project: _____
- g. Sponsored or taught a community gardening class for community members: _____
- h. Implemented landscaping practices to attract bees, birds or butterflies: _____
- i. Sponsored or taught a class on providing habitat for bees, birds or butterflies: _____

2. What topics/areas of Environment, Housing and Energy would your club/county be interested in learning more about?

3. 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, 2019 to June 30, 2020

Name of person completing this form: _____ Phone: _____ Email: _____
For clubs reports: (Club reports are due to the County 4-H Youth Development Chairman by July 1, 2020.) Club Name: _____
For county reports: (County reports are due to the Area 4-H Youth Development Chairman by August 15, 2020.) County: _____ Number of Clubs reporting: _____
For area reports: (Area reports are due to the KEHA 4-H Youth Development Chairman by September 15, 2020.) Please mail to Cathy Kunkel-Mains, 13127 Madison Pike, Morning View, KY 41063. Area: _____ Number of Counties reporting: _____

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, 2019 to June 30, 2020

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, 2020 .) Club Name: _____	
For county reports: (County reports are due to the Area Family & Individual Development Chairman by August 15, 2020 .) County: _____ Number of Clubs reporting: _____	
For area reports: (Area reports are due to the KEHA Family & Individual Development Chairman by September 15, 2020 .) Please mail to Leoni Mundelius, 675 Ky Hwy 198, Stanford, KY 40484. Area: _____ Number of Counties reporting: _____	

1. Donated time and/or money to support against family and community violence.
 _____ Clubs _____ Individuals
2. Participated in activities that encouraged family education:
 - a. Tutoring in schools: _____ # of members _____ number of youths reached
 - b. Reading books to youth: _____ # of members _____ number of youths reached
 - c. Teaching adulting to teenagers: _____ # of members _____ number of youths reached
 - d. Mentoring new moms: _____ # of members _____ number new moms reached
 - e. Presenting drug awareness programs: _____ # of clubs _____ number of people reached
3. Nurturing teenagers:
 - a. Learned about adolescent brain development and risky behaviors: _____ # of members
 - b. Implemented activities for teenagers to encourage intergenerational communication.
 Activity: _____ _____ Individuals _____ Youths
 Activity: _____ _____ Individuals _____ Youth
 Activity: _____ _____ Individuals _____ Youth
4. Nurturing self:
 - a. Utilized the FitBlue app for 6 weeks to help form health habits. _____ # of members
 - b. Participated in Physical Activity for Mind and Body lesson. _____ # of members
 - c. Participated in Healthy Bladder Habits Might Help You lesson. _____ # of members
 - d. Started healthy regular outdoor activities. _____ # of members
 List activities: _____
5. Nurturing aging:
 - a. Attended any of the Embracing Aging Series. _____ # of members
 - b. Attended Self-Care for Family Caregivers Program. _____ # of members
 - c. Participated in the Longest Day walk/activity to promote awareness of Alzheimer's disease:
 _____ # of members
 - d. Made fidget mats to support aging individuals in the community.
 _____ # of members who made mats _____ # of mats donated

Food, Nutrition and Health Program of Work Report

From July 1, 2019 to June 30, 2020

Name of person completing this form: _____ Phone: _____ Email: _____
For clubs reports: (Club reports are due to the County Food, Nutrition and Health Chairman by July 1, 2020.) Club Name: _____
For county reports: (County reports are due to the Area Food, Nutrition and Health Chairman by August 15, 2020.) County: _____ Number of Clubs reporting: _____
For area reports: (Area reports are due to the KEHA Food, Nutrition and Health Chairman by September 15, 2020.) Please mail to KEHA Food, Nutrition and Health Chairman. Check www.keha.org , board directory for the current information. Area: _____ Number of Counties reporting: _____

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, 2019 to June 30, 2020

Name of person completing this form: _____ Phone: _____ Email: _____
For clubs reports: (Club reports are due to the County International Chairman by July 1, 2020.) Club Name: _____
For county reports: (County reports are due to the Area International Chairman by August 15, 2020.) County: _____ Number of Clubs reporting: _____
For area reports: (Area reports are due to the KEHA International Chairman by September 15, 2020.) Please mail to Becky Grace Clay, 7668 Ky Route 580, Oil Springs, KY 41238. Area: _____ Number of Counties reporting: _____

International Projects & Programs		
Title of your Project or Program		
Description		
Goals & Achievements		
Sustainable Development Goals Achieved:		
	<input type="checkbox"/> 1.No Poverty <input type="checkbox"/> 2. Zero Hunger <input type="checkbox"/> 3. Good Health and Well Being <input type="checkbox"/> 4. Quality Education <input type="checkbox"/> 5. Gender Equality <input type="checkbox"/> 6. Clean Water and Sanitation <input type="checkbox"/> 7. Afford and Clean Energy <input type="checkbox"/> 8. Decent Work and Economic Growth <input type="checkbox"/> 9. Industry Innovations and Infrastructure	<input type="checkbox"/> 10. Reduce Inequality <input type="checkbox"/> 11. Sustainable Cities and Communities <input type="checkbox"/> 12. Responsible Consumption and Production <input type="checkbox"/> 13. Climate Action <input type="checkbox"/> 14. Life Below Water <input type="checkbox"/> 15. Life on Land <input type="checkbox"/> 16. Peace, Justice and Strong Institutions <input type="checkbox"/> 17. Partnerships for the Goal

<p>ACWW Resolutions & Recommendations Achieved:</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Elimination of Dog Mediated Rabies <input type="checkbox"/> Registration of Old Landfills <input type="checkbox"/> Protection of Shared Marine Environment, Sustainable Coral Reefs, and Fish Stocks <input type="checkbox"/> Use of Plastic <input type="checkbox"/> Action of Climate Change <input type="checkbox"/> Textiles and Clothes <input type="checkbox"/> Domestic Violence (Women, Men, Elderly) <input type="checkbox"/> Iron Deficiency <input type="checkbox"/> Gender Sensitive Health Care <input type="checkbox"/> Health and Nutrition for Women with Emphasis on Environmental Health <input type="checkbox"/> Pollinator Protection <input type="checkbox"/> Query Fever <input type="checkbox"/> Safe and Secure Access to Toilet Facilities for All 		
<p>Number KEHA Members Participating:</p>		<p>Number of People Benefited:</p>	

Promoting International Month

<p>Countries Studied:</p>			
<p>Description:</p>			
<p>Goals & Achievements:</p>			
<p>Number of KEHA Members Participating:</p>		<p>Number of People Benefited:</p>	

Fundraising

<p>Coins for Change:</p>			
<p>EcoBrick Project Fund:</p>			
<p>KEHA Clean Water and Sanitation:</p>			
<p>Other:</p>			
<p>Description of Fundraising Project:</p>			
<p>Number of KEHA Members Participating:</p>		<p>Number of People Benefited:</p>	

Leadership Development Program of Work Report
From July 1, 2019 to June 30, 2020

Name of person completing this form: _____ Phone: _____ Email: _____
For clubs reports: (Club reports are due to the County Leadership Development Chairman by July 1, 2020 .) Club Name: _____
For county reports: (County reports are due to the Area Leadership Development Chairman by August 15, 2020 .) County: _____ Number of Clubs reporting: _____
For area reports: (Area reports are due to the KEHA Leadership Development Chairman by September 15, 2020 .) Please mail to KEHA Leadership Development Chairman. Check www.keha.org , board directory for the current information. Area: _____ Number of Counties reporting: _____

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, 2019 to June 30, 2020

Name of person completing this form: _____ Phone: _____ Email: _____
For clubs reports: (Club reports are due to the County Management and Safety Chairman by July 1, 2020.) Club Name: _____
For county reports: (County reports are due to the Area Management and Safety Chairman by August 15, 2020.) County: _____ Number of Clubs reporting: _____
For area reports: (Area reports are due to the KEHA Management and Safety Chairman by September 15, 2020.) Please mail to Elaine Stevens, 5541 US Highway 60 W, Paducah, KY 42001. Area: _____ Number of Counties reporting: _____

1. Number of members who took actions related to management and safety listed below between July 1, 2019 and June 30, 2020.
 - a. Learned methods to manage their holiday expenses: _____
 - b. Learned how to maximize profits and savings at yard sales & consignment shops: _____
 - c. Implemented strategies to downsize their homes: _____
 - d. Utilized methods to evaluate health insurance needs/options: _____
 - e. Developed an estate plan for digital assets: _____
 - f. Gained knowledge regarding international travel planning: _____

2. Please share a description of any type of program conducted by your club/county/area that related to management and safety.