

# 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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**All entries listed in bold were updated in 2021 and have 2021 dates in the lower right corner. These pages replace same numbered pages with dates prior to 2021.**

## 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)	Betty Duvall 503 Farview Court Cold Spring, KY 41076 (859) 441-3582 bettyduvall@hotmail.com
	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 and Local Scholarship Awards	<i>See Handbook 87</i>	December 31 and March 1	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 2021-2022				Elaine Stevens 5541 US Highway 60W Paducah, KY 42001
Cultural Arts & Heritage	Creative Writing/ Poetry	<i>See Handbook 37-39</i>	March 1	Plaque (1st) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	Barbara Seiter 8669 Valley Circle Dr. Florence, KY 41042 (859) 653-7655 seiterbarbara@yahoo.com
	Creative Writing/ Memoirs	<i>See Handbook 37-39</i>	March 1	Plaque (1st) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	Creative Writing/Short Story (1 entry per person)	<i>See Handbook 37-39</i>	March 1	Plaque (1st) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	Cultural Arts & Heritage Passport	<i>See Handbook 36</i>	March 1	Plaque (1st) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
International	Fundraising and project awards will be presented.	<i>See Handbook page 73 for details.</i>	December 31 and March 1	Plaques and/or certificates as indicated	To be announced
Environment, Housing & Energy	Adopt-A-Highway Awards	<i>See Handbook 49</i>	March 1	Plaque (1st) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	Linda Padgett 11307 Lakeview Dr. Union, KY 41091 (859) 380-4321 padgettky@gmail.com

## 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 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	Dottie Crouch 8851 Highway 55 Campbellsburg, KY 40011 (502) 724-2032 bodotr@yahoo.com
	Ovarian Cancer: Financial Contributions	<i>See Handbook 60</i>	December 31	Certificate	Sharon Fields 216 Cedarwood Drive Greenup, KY 41144 (606) 922-6229 scrawford@kih.net
Food, Nutrition, & Health	First-time Ovarian Cancer Screenings – County Award	<i>See Handbook 60</i>	March 1	Plaque	
	Ovarian Cancer Research Fundraising Contest	<i>See Handbook 60</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 60</i>	March 1	Plaque (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
4-H Youth Development	Homemakers Support 4-H – Four award categories. See Handbook page 64 for details. Submit entry form on Handbook page 65.	<i>See Handbook 64-65</i>	March 1	See Handbook 64	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 and traveling trophy to highest increase by number & percentage.	Julie Hook 74 County Road 1021 Cunningham, KY 42035 (270) 559-8603 Julie.hook@carlisle.kyschools.us
	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.	

**KEHA TREASURER'S REMITTANCE FORM**

**Mail dues to the KEHA Treasurer by December 15. Dues will be delinquent if not postmarked by 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 .....\$ \_\_\_\_\_

Eco Brick Project Fund .....\$ \_\_\_\_\_

KEHA Clean Water and Sanitation Fund .....\$ \_\_\_\_\_

Alzheimer's Association Support .....\$ \_\_\_\_\_

Other: \_\_\_\_\_ .....\$ \_\_\_\_\_

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

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

Address \_\_\_\_\_

\_\_\_\_\_

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

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

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:

Julie Hook  
 KEHA 2nd Vice President  
 74 County Road 1021  
 Cunningham, KY 42035  
 Phone: (270) 559-8603

Email: [julie.hook@carlisle.kyschools.us](mailto:julie.hook@carlisle.kyschools.us)

**Due December 31st each year**

**Cultural Arts & Heritage Program of Work Report**  
**From July 1, 2021 to June 30, 2022**

Name of person completing this form: _____	
Phone: _____	Email: _____
<b>For clubs reports:</b> (Club reports are due to the County Cultural Arts Chairman by <b><u>July 1, 2022.</u></b> )	
Club name: _____	
<b>For county reports:</b> (County reports are due to the Area Cultural Arts Chairman by <b><u>August 15, 2022.</u></b> )	
County: _____	Number of clubs reporting: _____
<b>For area reports:</b> (Area reports are due to the KEHA Cultural Arts Chairman by <b><u>September 15, 2022.</u></b> ) Mail to Barbara Seiter, KEHA Cultural Arts Chairman, 8669 Valley Circle Drive, Florence, KY 41042.	
Area: _____	Number of Counties reporting: _____

**Reading and Kentucky Literacy**

How many members in your club/county/area used the KEHA Book List this year? \_\_\_\_\_

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

How many members in your club/county/area participated in the reading award program? \_\_\_\_\_

Does your 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, 2021 to June 30, 2022**

<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, 2022.</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, 2022.</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, 2022.</b> ) Mail to Linda Padgett, KEHA Environment, Housing and Energy Chair, 11307 Lakeview Drive, Union, KY 41091. <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, 2021 and June 30, 2022:
  - a. Participated in the lesson *The Buzz About Honey*: \_\_\_\_\_
  - b. Adopted new landscape practices (such as installing a rain garden): \_\_\_\_\_
  - c. Installed a certified monarch weigh-station: \_\_\_\_\_
  - 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, 2021 to June 30, 2022**

<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, 2022.</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, 2022.</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, 2022.</b> ) Please mail to the current KEHA 4-H Youth Development chairman as listed on the KEHA website ( <a href="http://www.keha.org">www.keha.org</a> ), 4-H Youth Development Chairman page. <b>Area:</b> _____ <b>Number of Counties reporting:</b> _____	

Number of 4-H Youth engaged in activity with Extension Homemakers: \_\_\_\_\_

Number of total KEHA Volunteer Hours with 4-H for this year: \_\_\_\_\_

Number of KEHA members giving service to 4-H: \_\_\_\_\_

Name of Activities listed in the 4-H Program of Work your club/county/area implement with 4-H youth (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Communication Project<br><input type="checkbox"/> Consumer Learning Project<br><input type="checkbox"/> 4-H Manners Project<br><input type="checkbox"/> Food to Table or Culinary Challenge Chefs | <input type="checkbox"/> 4-H Citizenship Project<br><input type="checkbox"/> Daily Plan of Health<br><input type="checkbox"/> Basic Sewing Project<br><input type="checkbox"/> Promote 4-H Camp Attendance |
|--|--|

Number of 4-H Camp Scholarships awarded? \_\_\_\_\_

Number of Youth Attending 4-H Camp: \_\_\_\_\_

Amount of Camp Scholarship Donations: KEHA \_\_\_\_\_ Business Donations \_\_\_\_\_

Number of Adult Counselors: \_\_\_\_\_

Of this number, how many were Homemaker members? \_\_\_\_\_

Number of Junior Counselors \_\_\_\_\_

***Please list as much information that is personal and relevant to assist our evaluation:***

What have I learned this year about our youth and the life concerns they have to move forward? \_\_\_\_\_

What have I learned as a Homemaker working with the 4-H program?  
 \_\_\_\_\_  
 \_\_\_\_\_

How can we further the KEHA partnership with 4-H?  
 \_\_\_\_\_  
 \_\_\_\_\_

***Family and Individual Development Program of Work Report***  
**From July 1, 2021 to June 30, 2022**

<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 Family & Individual Development Chairman by <b>July 1, 2022.</b> ) <b>Club Name:</b> _____
<b>For county reports:</b> (County reports are due to the Area Family & Individual Development Chairman by <b>August 15, 2022.</b> ) <b>County:</b> _____ <b>Number of Clubs reporting:</b> _____
<b>For area reports:</b> (Area reports are due to the KEHA Family & Individual Development Chairman by <b>September 15, 2022.</b> ) Mail to Dottie Crouch, KEHA Family and Individual Development Chair, 8851 Highway 55, Campbellsburg, KY 40011. <b>Area:</b> _____ <b>Number of Counties reporting:</b> _____

1. Nurturing Teenagers – Was this program of work helpful?  
 \_\_\_ Yes Program title: \_\_\_\_\_ Number of teens reached: \_\_\_\_\_  
 \_\_\_ No Program suggestion: \_\_\_\_\_
  
2. Nurturing Self – Was this program of work helpful?  
 \_\_\_ Yes Program title: \_\_\_\_\_ Number of participants: \_\_\_\_\_  
 \_\_\_ No Program suggestion: \_\_\_\_\_
  
3. Nurturing Aging – Was this program of work helpful?  
 \_\_\_ Yes Program title: \_\_\_\_\_ Number of participants: \_\_\_\_\_  
 \_\_\_ No Program suggestion: \_\_\_\_\_
  
4. Actions Implemented:
 

Utilized the FitBlue app for mental health	_____ # of members
Followed the UK Family & Consumer Sciences YouTube learning channel <a href="http://bit.ly/FACS_Learning_Channel">http://bit.ly/FACS_Learning_Channel</a>	_____ # of members
Started healthy regular outdoor activities	_____ # of members
List activities: _____	
Attended any of the Embracing Aging Series	_____ # of members
Participated in the Longest Day walk to promote awareness of Alzheimer’s disease	_____ # of members
Sewed face masks to relieve stress and help others	_____ # of members
_____ # of masks donated	
Experienced depression caused by COVID-19	_____ # of members
Felt positive after adopting the plan of work	_____ # of members

***Food, Nutrition and Health Program of Work Report***  
**From July 1, 2021 to June 30, 2022**

<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, 2022.</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, 2022.</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, 2022.</b> )	
Mail to Sharon Fields, KEHA Food, Nutrition and Health Chair, 216 Cedarwood Drive, Greenup, KY 41144.	
<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 Programs of Work Report Form

Reporting Year: July 1, 2021 to June 30, 2022

Name: (person completing this form)		Date:
Email:		Phone:

Reporting			
<input type="checkbox"/> Club: <small>(due to County International Chairmen by July 1):</small>			
<input type="checkbox"/> County: <small>(due to Area International Chairmen on August 15<sup>th</sup>):</small>		# of Clubs Participating:	
<input type="checkbox"/> Area: <small>(due to State International Chairmen by September 15)</small>		# of Counties Participating:	



Fundraising	
7/1/2021 – 6/30/2022	
Coins for Change:	
EcoBrick Project Fund:	
KEHA Clean Water and Sanitation:	
Kentucky Academy:	
Other: <small>(Please briefly describe fundraising project)</small>	
Number of KEHA Members Participating:	

Promoting International Month	
Countries Studied:	
Description:	
Goals & Achievements:	
Number of KEHA Members Participating:	

### International Projects & Programs

Details are encourage for every project or program you choose to complete. Feel free to attach a separate sheet make sure to include the title, description, goals, achievements, # of members participating and the # of people benefitted.

Title	
Description	
Goals & Achievements	

<p><b>Please select all the Goals achieved with your completed projects and programs</b></p> 	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> No Poverty  <input type="checkbox"/> Zero Hunger  <input type="checkbox"/> Good Health &amp; Well Being  <input type="checkbox"/> Quality Education  <input type="checkbox"/> Gender Equality  <input type="checkbox"/> Clean Water &amp; Sanitation  <input type="checkbox"/> Affordable &amp; Clean Energy                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Decent Work &amp; Economic Growth  <input type="checkbox"/> Industry Innovations &amp; Infrastructure  <input type="checkbox"/> Reduce Inequality  <input type="checkbox"/> Sustainable Cities &amp; Communities                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Responsible Consumption &amp; Production  <input type="checkbox"/> Climate Action  <input type="checkbox"/> Life Below Water  <input type="checkbox"/> Life on Land  <input type="checkbox"/> Peace, Justice &amp; Strong Institutions  <input type="checkbox"/> Partnerships for the Goal                 </td> </tr> </table>	<input type="checkbox"/> No Poverty <input type="checkbox"/> Zero Hunger <input type="checkbox"/> Good Health & Well Being <input type="checkbox"/> Quality Education <input type="checkbox"/> Gender Equality <input type="checkbox"/> Clean Water & Sanitation <input type="checkbox"/> Affordable & Clean Energy	<input type="checkbox"/> Decent Work & Economic Growth <input type="checkbox"/> Industry Innovations & Infrastructure <input type="checkbox"/> Reduce Inequality <input type="checkbox"/> Sustainable Cities & Communities	<input type="checkbox"/> Responsible Consumption & Production <input type="checkbox"/> Climate Action <input type="checkbox"/> Life Below Water <input type="checkbox"/> Life on Land <input type="checkbox"/> Peace, Justice & Strong Institutions <input type="checkbox"/> Partnerships for the Goal
<input type="checkbox"/> No Poverty <input type="checkbox"/> Zero Hunger <input type="checkbox"/> Good Health & Well Being <input type="checkbox"/> Quality Education <input type="checkbox"/> Gender Equality <input type="checkbox"/> Clean Water & Sanitation <input type="checkbox"/> Affordable & Clean Energy	<input type="checkbox"/> Decent Work & Economic Growth <input type="checkbox"/> Industry Innovations & Infrastructure <input type="checkbox"/> Reduce Inequality <input type="checkbox"/> Sustainable Cities & Communities	<input type="checkbox"/> Responsible Consumption & Production <input type="checkbox"/> Climate Action <input type="checkbox"/> Life Below Water <input type="checkbox"/> Life on Land <input type="checkbox"/> Peace, Justice & Strong Institutions <input type="checkbox"/> Partnerships for the Goal		
<p><b>Please select all the ACWW Resolutions &amp; Recommendations you brought awareness to with your completed projects and programs:</b></p> 	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; vertical-align: top;"> <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"/> Iron Deficiency                 </td> <td style="width: 40%; vertical-align: top;"> <input type="checkbox"/> Textiles and Clothes  <input type="checkbox"/> Domestic Violence (Women, Men, Elderly)  <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                 </td> </tr> </table>	<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"/> Iron Deficiency	<input type="checkbox"/> Textiles and Clothes <input type="checkbox"/> Domestic Violence (Women, Men, Elderly) <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	
<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"/> Iron Deficiency	<input type="checkbox"/> Textiles and Clothes <input type="checkbox"/> Domestic Violence (Women, Men, Elderly) <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			

***Leadership Development Program of Work Report***  
**From July 1, 2021 to June 30, 2022**

<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, 2022.</b> ) <b>Club Name:</b> _____	
<b>For county reports:</b> (County reports are due to the Area Leadership Development Chairman by <b>August 15, 2022.</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, 2022.</b> ) Mail to Betty Duvall, KEHA Leadership Development Chair, 503 Farview Court, Cold Spring, KY 41076. <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: Hours members volunteered for **Extension** activities/events: \_\_\_\_\_
4. **KEHA** Volunteerism: Hours members volunteered for **KEHA** activities/events: \_\_\_\_\_
5. **COMMUNITY** Volunteerism: Hours members volunteered for **Community** activities/events: \_\_\_\_\_
6. **PERSONAL** Volunteerism: Hours members volunteered for **Personal** activities/events: \_\_\_\_\_
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, 2021 to June 30, 2022**

<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, 2022.</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, 2022.</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, 2022.</b> ) Please mail to the current State KEHA Management and Safety Chairman as noted on the KEHA website ( <a href="http://www.keha.org">www.keha.org</a> ), Management and Safety Chairman page. <b>Area:</b> _____ <b>Number of Counties reporting:</b> _____

1. Scams and Frauds

Number of members who:

- a. Feel prepared to protect their money from fraud as a result of the programming: \_\_\_\_\_
- b. Received possible fraudulent offers (by phone, email, mail, in-person, etc.): \_\_\_\_\_
- c. Took steps to reduce offers: \_\_\_\_\_
- d. Implemented strategies to protect themselves from scams, frauds, and security breaches:  
\_\_\_\_\_
- e. Reported potential scams to authorities: \_\_\_\_\_
- f. Actively monitored for identity theft by checking annual credit reports or enrolling in a monitoring program: \_\_\_\_\_

2. Additional Lessons

Number of members who:

- a. Identified ways to save money, time, and/or become more organized by using apps for grocery lists and coupons: \_\_\_\_\_
- b. Developed an estate plan for digital assets: \_\_\_\_\_
- c. Created a holiday budget or implemented a cost-saving strategy for family holiday expenses:  
\_\_\_\_\_
- d. Utilized methods to evaluate health insurance needs/options: \_\_\_\_\_

3. Please share a description of ANY type of management and safety program conducted by your club/county/area.

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

**Send this form to:** Henrietta Sheffel, KEHA 1<sup>st</sup> Vice President, 1801 Little Creek Road,  
Jackson, KY 41339.

**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: Henrietta Sheffel, KEHA 1<sup>st</sup> Vice President, 1801 Little Creek Road,  
Jackson, KY 41339.

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 club, county, or area projects. Each state educational chairman can also submit one showcase display.

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

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Area \_\_\_\_\_

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

Description of Display:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_