

# 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

## Appendix Table of Contents

Awards and Contests Information	
Contests & Awards Cover Sheet	1
<b>Awards and Contests Deadline/Contact Chart</b>	<b>2</b>
Credentials/Nomination Forms	
County/Area Officer Nomination Form	4
State Educational Chairman Nomination Form	6
State Officer Nomination Form	8
Bonding Form (Treasurer)	10
Miscellaneous Forms	
Enrollment Form	11
County/Area Officers Directory Form	12
Statement of Compliance	14
Expense Voucher	15
Reports	
<b>Treasurer's Remittance Form</b>	<b>16</b>
<b>Membership Recognition Report Form</b>	<b>17</b>
Volunteer Service Units (VSU) Log	18
VSU – Individual Hours Summary Form	19
VSU – Club Hours Summary Form	20
Program of Work Report Forms	
<b>Cultural Arts and Heritage</b>	<b>21</b>
<b>Environment, Housing and Energy</b>	<b>22</b>
<b>4-H Youth Development</b>	<b>23</b>
<b>Family and Individual Development</b>	<b>24</b>
<b>Food, Nutrition and Health</b>	<b>25</b>
<b>International</b>	<b>26</b>
<b>Leadership Development</b>	<b>28</b>
<b>Management and Safety</b>	<b>29</b>
State Meeting Materials	
<b>Learning Session/Workshop Proposal Form</b>	<b>30</b>
<b>Homemaker Showcase Form</b>	<b>31</b>
KEHA State Meeting Responsibilities	32
Voting Delegates Roles and Responsibilities	35

**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.**

**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)	Ann Porter P.O. Box 88 Washington, KY 41096 (606) 584-2510 annporter42@gmail.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	
Food, Nutrition, & Health	First-time Ovarian Cancer Screenings – County Award	<i>See Handbook 60</i>	March 1	Plaque	Sharon Fields 216 Cedarwood Drive Greenup, KY 41144 (606) 922-6229 scrawford@kih.net
	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 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 Recognition	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:**

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 CHAIRMAN NOMINATION FORM

Please do not include information not requested on this form. All information should be typed or legibly printed. Additional pages should not be attached or submitted. (Qualifications listed in Bylaws Article III Section 4. Position descriptions for each state chairman position are available at [www.keha.org](http://www.keha.org) in the State Board section.)

Send to: Judy Jackson, KEHA Secretary, 5770 Elliston-Mt. Zion Road, Dry Ridge, KY 41035

**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 \_\_\_\_\_

Educational Chairmen: (Check One)

- |                                       |                                |
|---------------------------------------|--------------------------------|
| Environment, Housing, Energy _____    | Cultural Arts & Heritage _____ |
| Family & Individual Development _____ | Food, Nutrition & Health _____ |
| 4-H Youth Development _____           | International _____            |
| Leadership Development _____          | Management & Safety _____      |

Marketing and Publicity Chairman \_\_\_\_\_

### 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)**

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 Extension 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.

## STATE OFFICER NOMINATION FORM

**Please do not include information not requested on this form. All information should be typed or legibly printed.** (Qualifications are listed in Bylaws Article III, Sec 4. Position descriptions for each state officer position are available at [www.keha.org](http://www.keha.org) in the State Board section.)

Send to: Judy Jackson, KEHA Secretary, 5770 Elliston-Mt. Zion Road, Dry Ridge, KY 41035

**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 \_\_\_\_\_

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

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

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

Committee Chairmen (list):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Hobbies:

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**Other:** Community organizations in which 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 County President or Agent. (An ability to assume leadership in Extension Homemakers programs would be of great help, especially in the area you are submitting credentials.)

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Candidate for KEHA State Treasurer must also submit Appendix 10 – Bonding Form.

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

**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 – circle one*):      White      Black or African American  
   Asian/Pacific Islander      American Indian      Hawaiian      Other

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

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

Total years of membership: \_\_\_\_\_

I, (print full name) \_\_\_\_\_, being eighteen (18) years of age or over, 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

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

**COUNTY/AREA OFFICERS DIRECTORY FORM CONTINUED**

**COUNTY** \_\_\_\_\_ **20** \_\_\_\_\_ **to 20** \_\_\_\_\_  
**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**

The Kentucky Extension Homemakers Association and Extension Homemakers clubs in cooperation with the Kentucky Cooperative Extension Service serves 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.

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

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

Date \_\_\_\_\_

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



# EXPENSE VOUCHER

## Kentucky Extension Homemakers Association

**For Treasurers Use Only**

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.***

**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**

Appendix 17  
June 2021

## Volunteer Service Unit (VSU) Log (copy as needed)

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

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

Date	Activity/Job Performed	Hours (report in appropriate category)			
		Extension	KEHA	Community	Personal
<b>TOTALS</b>					

Categories: Extension = Volunteer service for projects or programs directed by an Extension Agent. KEHA = Volunteer hours for projects initiated and led by KEHA members. Community = Service to other entities/organizations in the community (not Extension or KEHA projects). Personal = Unpaid service to family, friends and neighbors. See KEHA Handbook pages 89-90 for complete category descriptions.

Report all hours earned within the past KEHA year (July 1 – June 30).  
 Logs are due to the county Leadership Chairman or designated contact by July 1.

**County Volunteer Service Unit Report**

**Date completed:** \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Submit report to your AREA LEADERSHIP DEVELOPMENT CHAIR by August 15<sup>th</sup>.**

***Please list the top three members per category of volunteer Hours.***

<b>EXTENSION HOURS</b>			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	
<b>KEHA HOURS</b>			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	
<b>COMMUNITY HOURS</b>			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	
<b>PERSONAL HOURS</b>			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	

Please list the names and total hours for all members reporting 500 or more hours of service for the KEHA year. Hours do not carry forward from previous years.

Name	Total Hours	Name	Total Hours

Please list the names and total hours for all CLUBS reporting 1,000 or more hours of service for the KEHA year. Hours do not carry forward from previous years.

Name	Total Hours	Name	Total Hours

## AREA Volunteer Service Unit Report

**Date completed:** \_\_\_\_\_

Area Leadership Development Chairman: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Submit report to the KEHA STATE LEADERSHIP DEVELOPMENT CHAIR by September 15<sup>th</sup>.**

***Please list the top three members per category of volunteer hours for your area.***

EXTENSION HOURS			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	
KEHA HOURS			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	
COMMUNITY HOURS			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	
PERSONAL HOURS			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	

**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                     | <input type="checkbox"/> 4-H Citizenship Project     |
| <input type="checkbox"/> Consumer Learning Project                 | <input type="checkbox"/> Daily Plan of Health        |
| <input type="checkbox"/> 4-H Manners Project                       | <input type="checkbox"/> Basic Sewing Project        |
| <input type="checkbox"/> Food to Table or Culinary Challenge Chefs | <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 List activities: _____	_____ # of members
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 masks donated	_____ # of members
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	
7/1/2019 – 6/30/2020	
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 Ann Porter, KEHA Leadership Development Chair, P.O. Box 88, Washington, KY 41096. <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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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.) Volunteers needed: 2-3 people working in shifts when the registration tables are open.
- Provides individuals to serve as hostesses and pages during business session. Volunteers 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. Volunteers needed: 16-18
- Assist judges with recording scores, attaching ribbons as needed. Set items for display after judging. Volunteers needed: 20-22
- Provide hostesses to watch over exhibits during viewing hours. Volunteers needed 14-16 working in shifts of 1 to 2 hours.
- Provide hostesses to assist with pick-up of items at the close of exhibits. Volunteers 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. Volunteers 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. Volunteers 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.
- Volunteers 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. Volunteers needed: 1-2 per session

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

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program and Treasurer.
- 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.
- Volunteers needed: 15-20 scheduled in shifts (Demand is heaviest during check-in/set-up and check-out.)

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

- STATE BOARD CONTACT PERSON – KEHA 1<sup>ST</sup> Vice-President/Program
- 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 volunteers to receive and display quilt squares. Volunteers needed: 2-3 per shift
- Provide volunteers to monitor the quilt square display during viewing and bidding. Volunteers needed: 1-2 per shift
- Provide volunteers to close the auction, take down the display and collect payment from successful bidders. Volunteers needed: 4-6 during the designated time

## **K AREA HOST COMMITTEE (STATE BOARD CONTACT PERSON – KEHA 1<sup>ST</sup> Vice-President/Program)**

### **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.) Budget amount: \$100.
- 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. Volunteers 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. Volunteers needed: 1-2 per shift
- Provide hostesses to staff a hospitality table providing local information for KEHA State Meeting attendees. Volunteers 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 the KEHA State Business Meeting. (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 if not postmarked by 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 roll call committee chairman (see Appendix page 32) 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 will 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.