

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 2022 and have 2022 dates in the lower right corner. These pages replace same numbered pages with dates prior to 2022.

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 annporter42@gmail.com
	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 2022-2023				Peggy Tracy 241 Bethlehem Road Paris, KY 40361-2404 peggytracy@att.net
Cultural Arts & Heritage	Creative Writing/Poetry	<i>See Handbook 37-39</i>	March 1	Plaque (1st) Certificate (2 nd & 3rd)	Barbara Seiter 8669 Valley Circle Dr. Florence, KY 41042 seiterbarbara@yahoo.com
	Creative Writing/Memoirs	<i>See Handbook 37-39</i>	March 1	Plaque (1st) Certificate (2 nd & 3rd)	
	Creative Writing/Short Story (1 entry per person)	<i>See Handbook 37-39</i>	March 1	Plaque (1st) Certificate (2 nd & 3rd)	
	Cultural Arts & Heritage Passport	<i>See Handbook 36</i>	March 1	Plaque (1st) Certificate (2 nd & 3rd)	Marilyn Watson 2286 Melwood Drive Henderson, KY 42420 mjmw1315@twc.com
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	Linda Padgett 11307 Lakeview Dr. Union, KY 41091 padgettky@gmail.com
Environment, Housing & Energy	Adopt-A-Highway Awards	<i>See Handbook 49</i>	March 1	Plaque (1st) Certificate (2 nd & 3rd)	

AWARDS AND CONTESTS, CONTINUED

CATEGORY	NAME OF CONTEST	ENTRY FORMS OR REQUIREMENTS	DEADLINE	AWARD	CONTACT PERSON
Family & Individual Development	No contest will be conducted in 2022-2023				Dottie Crouch 8851 Highway 55 Campbellsburg, KY 40011 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 serawford@kih.net
	Ovarian Cancer Research Fundraising Contest	<i>See Handbook 60</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	
	Promoting a Healthy Kentucky Project	<i>See Handbook 60</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	
	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	
4-H Youth Development	Membership Increase	<i>Based upon dues submitted in December</i>	January 1	Certificate for counties with 25 new members. Plaque (1 st) and certificates (2 nd & 3 rd) highest increase by number & percentage.	Denise Boebinger 3725 Bald Knob Road Frankfort, KY 40601 dboebinger@me.com
	Membership Tenure Recognitions (50, 60, 65, 70 and 75 years)	<i>See Appendix 17</i>	February 1	Listed in the KEHA State Meeting Program.	
Membership Recognition	Membership Increase	<i>Based upon dues submitted in December</i>	January 1	Certificate for counties with 25 new members. Plaque (1 st) and certificates (2 nd & 3 rd) highest increase by number & percentage.	Julie Hook 74 County Road 1021 Cunningham, KY 42035 julie.hook@carlisle.kyschools.us

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 in the State Board section.)

Send to: Wanda Atha, KEHA Secretary, 475 Highway 151, Frankfort, KY 40601

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
President				
Vice President				
Secretary				
Treasurer				
Educational Chairman <i>Please List:</i>				
Committee Chairman <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 in the State Board section.)

Send to: Wanda Atha, KEHA Secretary, 475 Highway 151, Frankfort, KY 40601

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: (check one)	President	()
	President-Elect	()
	1 st Vice-President for Program	()
	2 nd Vice-President for Member Resources	()
	Secretary	()
	Treasurer	()

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

Offices Held:	Local Club	County	Area	State
President				
Vice President				
Secretary				
Treasurer				

Committee Chairmen (list):

Personal Sketch of Nominee: (Optional)

Hobbies:

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

(To be signed by the Nominee)

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.)

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

SIGNED: _____
County President or Agent

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

Date joined: _____

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.

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. Mail to Harlene Welch, KEHA Treasurer, 207 Fifth Street, Cynthiana, KY 41031.

Remittances to be credited as follows:

Name of County _____

Area: _____

State Dues: Number of Members _____ @ **\$5.00** per member \$ _____

Number of: Traditional Clubs _____ Special Interest Clubs _____ Total Clubs _____

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

Coins for Change\$ _____

Evans/Hansen/Weldon Scholarship\$ _____

KEHA Homemaker Scholarship\$ _____

Ovarian Cancer\$ _____

Kentucky Academy Library - Ghana\$ _____

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

Counties send report to Area Vice President by December 31st

Area Vice Presidents sends compilation to KEHA 2nd Vice President by January 31st

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: _____

Submit county reports to the Area Vice President by December 31st.

Area vice presidents compile the information and submit an area report to the KEHA 2nd Vice President by January 31st.

Send completed report form to (compiled area report only):

Julie Hook, KEHA 2nd Vice President, 74 County Road 1021,
Cunningham, KY 42035

Phone: (270) 559-8603 Email: julie.hook@carlisle.kyschools.us

Use reverse side for additional names

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
TOTALS					

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 15th.

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

EXTENSION HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	
KEHA HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	
COMMUNITY HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	
PERSONAL HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd 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 15th.

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

EXTENSION HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	
KEHA HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	
COMMUNITY HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	
PERSONAL HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	

Cultural Arts & Heritage Program of Work Report
From July 1, 2022 to June 30, 2023

Name of person completing this form: _____ Phone: _____ Email: _____
For clubs reports: Club reports are due to the County Cultural Arts and Heritage Chairman by July 1, 2023 . Club Name: _____
For county reports: County reports are due via online surveys by August 15, 2023 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2023. A copy of the submission should be mailed to the Area Cultural Arts and Heritage Chairman by August 15, 2023. County: _____ Number of Clubs 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: _____

Does your county have 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: _____

Understanding the Elements and Principles of Art:

Number of individuals who received a lesson on the Elements and Principles of Art _____

Number of individuals who received a lesson on evaluating drawings and paintings _____

Number of individuals who received a lesson on evaluating photography _____

Using the information learned from the current Program of Work:

Number of individuals who created a drawing, painting, or scrapbook page _____

Number of individuals who took photographs _____

Number of individuals who entered an item in the Cultural Arts Contest _____

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, 2022 to June 30, 2023

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, 2023 . Club Name: _____
For county reports: County reports are due via online surveys by August 15, 2023 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2023. A copy of the submission should be mailed to the Area Environment, Housing and Energy Chairman by August 15, 2023.
County: _____ Number of Clubs reporting: _____

Environment, Housing & Energy

1. Number of members who took actions related to environment, housing and energy listed below between July 1, 2022 and June 30, 2023:
 - a. How many Homemakers had lesson on radon? ____
 - b. How many shared lessons on radon? ____
 - c. How many have learned the effects radon had on their health? ____
 - d. How many used the resource information given? ____
 - e. How many members coordinated a program with Waste Management Offices in their county? ____
 - f. How many coordinated with their Local Health Department on radon programs? ____
 - g. How many KEHA members have tested their homes? ____
 - h. How many KEHA members have shared their experience? ____
 - i. Initiated or participated in an Adopt-A-Highway project: ____
 - j. How many Homemakers had a lesson on home safety/emergency preparedness? ____
 - k. How many shared a lesson on home safety/emergency preparedness? ____
 - l. How many coordinated with their Local Health Departments on home safety/emergency preparedness programs? ____
 - m. How many KEHA members have emergency preparedness kits? ____
 - n. How many KEHA members have taken steps to make their homes safer? ____

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, 2022 to June 30, 2023

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, 2023 . Club Name: _____
For county reports: County reports are due via online surveys by August 15, 2023 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2023. A copy of the submission should be mailed to the Area 4-H Youth Development Chairman by August 15, 2023. County: _____ Number of Clubs reporting: _____

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, 2022 to June 30, 2023

Name of person completing this form: _____ Phone: _____ Email: _____
For clubs reports: Club reports are due to the County Family and Individual Development Chairman by July 1, 2023 . Club Name: _____
For county reports: County reports are due via online surveys by August 15, 2023 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2023. A copy of the submission should be mailed to the Area Family and Individual Development Chairman by August 15, 2023. County: _____ Number of Clubs reporting: _____

1. Self-Care and Mental Health: Living Alongside the Pandemic

Number of members who said this program was helpful: _____

What publication did you use? _____

Suggestion to make this topic better: _____

Did you put together a “survival kit” and distribute? ___ Yes ___ No

How many did you distribute? _____ Purpose for kit: _____

2. Self-Care and Self-Pampering

What changes did you make that helped you feel better about yourself? (Example: new hair style, monthly outing with friends, etc.)

What publication did you use? _____

3. Self-Care and Strengthening Family and the Community

What was your family quality time? (Example: no electronics during meals, monthly outings, etc.)

Number of members or member families who participated in a community project: _____

What was the project? (Example: food boxes, neighborhood clean-up, etc.)

4. Number of members who taught this program to an individual or group: ___ Total number reached: ___

Are there any comments on this program from you or others?

Food, Nutrition and Health Program of Work Report
From July 1, 2022 to June 30, 2023

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, 2023 .	
Club Name: _____	
For county reports: County reports are due via online surveys by August 15, 2023 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2023. A copy of the submission should be mailed to the Area Food, Nutrition and Health Chairman by August 15, 2023.	
County: _____	Number of Clubs 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 fundraiser?
 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, 2022 to June 30, 2023

Name of person completing this form: _____ Phone: _____ Email: _____
For clubs reports: Club reports are due to the County International Chairman by July 1, 2023 . Club Name: _____
For county reports: County reports are due via online surveys by August 15, 2023 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2023. A copy of the submission should be mailed to the Area International Chairman by August 15, 2023. County: _____ Number of Clubs reporting: _____

International

1. Number of members who received lesson information on Healthy Eating Around the World: _____
2. Number of members who tried a new food as a result of participating in Healthy Eating Around the World: _____
3. Number of members who participated in Healthy Eating Around the World: _____
4. Number of members who received updates on Ghana or Philippines: _____
5. Number of members who gained knowledge on Cultural Diversity: _____
6. Number of members who adopted a plan of action on Cultural Diversity: _____
7. Number of members who implemented a plan on Cultural Diversity in communities in Kentucky: _____
8. Number of members who participated in International Month: _____
9. Number of members who received or learned information about ACWW: _____
10. Number of members who received or learned information about NVON: _____
11. Number of members who implemented environmental changes: _____
12. Number of members who gained knowledge on the following:
 - a. Coins for Change _____
 - b. Clean Water and Sanitation _____
 - c. Ghana Library Card _____

Additional Comments or Feedback:

Leadership Development Program of Work Report
From July 1, 2022 to June 30, 2023

Name of person completing this form: _____	
Phone: _____	Email: _____
For clubs reports: Club reports are due to the County Leadership Development Chairman by July 1, 2023 .	
Club Name: _____	
For county reports: County reports are due via online surveys by August 15, 2023 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2023. A copy of the submission should be mailed to the Area Leadership Development Chairman by August 15, 2023.	
County: _____	Number of Clubs 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: 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, 2022 to June 30, 2023

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, 2023 .
Club Name: _____
For county reports: County reports are due via online surveys by August 15, 2023 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2023. A copy of the submission should be mailed to the Area Management and Safety Chairman by August 15, 2023.
County: _____ Number of Clubs reporting: _____

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 1st Vice President, 1801 Little Creek Road,
Jackson, KY 41339.

Deadline: **October 15**

Contact Person: _____

Organization: _____

Address: _____

Telephone: _____ Email: _____

Title of Session (as you would like it printed – please limit to 50 characters):

List ALL Session Presenters (please provide name, full title, email for each):

Description of Session:

Cost per person attending: _____ Cost for additional kits: _____

(NOTE: Paid sessions should preferably allow for at least 20 attendees. Reimbursement for supplies will be issued after state meeting.)

Please provide your preferred number of attendees. _____ Minimum _____ Maximum

Projector, screen, laptop, microphone, sound/speakers for video, etc. may not be available in every room. Please let us know what equipment you will be bringing OR what equipment you need, so we may assign the proper equipment and space.

- I will furnish my own equipment, noted as follows:
- I will need the following equipment to be provided:

Presenters are responsible for bringing their own copies and session supplies. If you have an electronic presentation, it is advised you bring a backup copy on flash drive or other device.

Please indicate if you will need any of the following (note quantity):

_____ Table for Speaker/Display _____ Microphone _____ Electricity

Rooms may be set up either theater or classroom style, based on the overall needs of the conference. If you have specific notes/needs on room setup, please indicate so here:

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 _____

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

KEHA ANNUAL MEETING

HOMEMAKER SHOWCASE

Send this form to: Henrietta Sheffel, KEHA 1st 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:
