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2022-2023 National Officers

National Commander	Darlene Spence
National Senior Vice Commander	AnnMarie Hurley
National 1 st Junior Vice Commander	Christopher Easley
National 2 nd Junior Vice Commander	Melissa Pierce
National 3 rd Junior Vice Commander	Terry Grabowski
National 4 th Junior Vice Commander	Kathleen Wenthe
National Judge Advocate	Paula Raymond
Immediate Past National Commander	Lynn Helms Prosser

2022-2023 National Executive Committee Members

NEC 1 st District	Diane Sullivan
NEC 2 nd District	Linda Trulio
NEC 3 rd District	Karen Rediker
NEC 4 th District	Linda Applegate
NEC 5 th District	Laurie Stopyra
NEC 6 th District	Amy Bowser
NEC 7 th District	Maria Holloway
NEC 8 th District	Jeff Jungkans
NEC 9 th District	Shirley Hill
NEC 10 th District	Linda Walters
NEC 11 th District	Judy Davis
NEC 12 th District	Rose Williams
NEC 13 th District	Tawnya Kingsley
NEC 14 th District	Meg Parsetich
NEC 15 th District	Robin Ballhagen
NEC 16 th District	Caroline Morris
NEC 17 th District	Nancy Coffey
NEC 18 th District	Hope Mulnix
NEC 19 th District	Kathy Clampitt
NEC 20 th District	Sharon Thornton
NEC 21 st District	Jennifer Hammons

2022-2023 Chairmen/Appointees

Americanism	Terry Grabowski
Community Service	Kathleen Wenthe
History Book Coordinator	Karen Eccles
Junior Activities	D. Maxine Nixon
Legislative	Melissa Pierce
Mae Holmes Outstanding Unit	AnnMarie Hurley
Membership	Christopher Easley
VAVS Representative	Patty Davis
VAVS Deputy	Ann Glende
Chaplain	Aura-Lee Nicodemus
Sergeant At Arms	Charlene Parker
Education Scholarship Fund Chairman	Lynn Helms Prosser
Caregiver Initiative Program Chairman	Melissa Pierce
Interim Constitution and Bylaws Chairman	Pat Kemper
Interim Constitution and Bylaws Committee	Judy Steinhouse
Interim Constitution and Bylaws Committee	Evelyn Cupit Archer

2022-2023 State Officers

	<u>Commander</u>	<u>Adjutant</u>
Alabama	Willie Mae Looney	Carolyn Harris
Arizona	Holly Mulnix	Robin Linton
Arkansas	Ronda Bauer	Vera Hendrickson
California	Joel Adema	Julie Weissman-Steinbaugh
Colorado	Leslie Mestas	Susan Miller
Delaware	Dorothy Kashner	Sarah Kashner
Florida	Rose McGinnis	Diane Franz
Georgia	JoAnn Atkinson	Gia Gillies
Idaho	Karen Winn	Brenda Brodin
Illinois	Karen Eccles	Paula Raymond
Indiana	Terri Young	Randi Mochamer
Iowa	Carrie Harmon	Melissa Pierce
Kansas	Tamara Caster	Marcella Storey
Kentucky	Jo Elliott-Mutzner	Terresa Hall
Louisiana	Shirley Mercer	Kathleen Wenthe
Maine	Stephen Winkler	Joan Clark-Fournier
Maryland	Diane Garofolo	Carol Simmons
Massachusetts	Kayla Valila	Elizabeth Butters
Michigan	Regina Fortner	Sandi Mudget
Minnesota	Linda Engesether	Breanna Kissel
Mississippi	Scott Helms	Sandra Simpson Helms
Missouri	Shauna Shalvey	Linda Gerke
Montana	Pamela Musgrave	Patsy Medved
Nevada	Nancy Michalski	Patti Scheuermann
New Hampshire	Jeanne Gideon	Jerilyn Maynard
New Jersey	Bennie Isaac	Martha Meyers
New Mexico	Karen Roybal	Victoria Salazar
New York	Cheryl Connors	Linda Trulio
North Carolina	Karen Stephenson	Barbara Hall
North Dakota	Nathan Thomason	Judy Steinhouse
Ohio	Diana Pollock	Joyce Hutchinson
Oklahoma	Sue Parham	Linda Oliver
Oregon	Vickie Partridge	Kathy Clampitt
Pennsylvania	Loretta Nosko	Laurie Stopyra
Rhode Island	Deborah Burrows	Donna Folcarelli
South Carolina	Jacqueline Tate-Gray	Ann Wilner
South Dakota	Vinceen Hanson	Nancy Worth
Tennessee	Susan Brooks	Lynda Shepherd
Texas	Richard Aguinaga	Darlene Spence
Utah	Ken Baxley	June Schow
Vermont	Nancy Bijolle	Aura-Lee Nicodemus
Virginia	Susan Schofield	Frances Lezon
Washington	Mary Jane Hogan	
Wisconsin	Julie Hert	Patricia Davis
Puerto Rico	Ana Lozano Pagan	Ana Pagan-Delgado

CONSTITUTION AND BYLAW AMENDMENTS – 2022

1. Page N-27, ARTICLE VII – MEMBERSHIP, Section 3. Add new paragraph as follows:

This organization reserves the right to refuse membership eligibility of any new applicant with National Adjutant approval.

Rationale: A measure to protect the organization and its members should it be determined that an applicant's interest in joining may not ascribe to the purpose/mission of the organization.

2. Page U-6 – ARTICLE XI -DUTIES OF UNIT OFFICERS, Section 2: Senior Vice Commander and Junior Vice Commander, 4th Paragraph. Add the word “initiate/” before the word “sign” in that sentence. The sentence would then read:

The Junior Vice Commander shall, in the absence of the Adjutant, initiate/sign all warrants/vouchers/check requests.

Rationale: To clarify unit check issuance duties in the absence of the Adjutant.

3. Page U-17, ARTICLE XVI – CONVENTIONS, Section 3, Line 2: remove the word “the” before National, and add the word “Headquarters” after “National.” The sentence would then read:

Local Units must be in good standing with National Headquarters and State Department (with dues paid for at least ten (10) life members, with all National and State Mandates paid in full and a copy of a Financial Report filed with both State and National) for their Delegates to vote at State and National Conventions.

Rationale: Clarity purposes.

4. Page N-48: ARTICLE XIII – POLICY, add new Section 5 to read as follows:

The Disabled American Veterans Auxiliary has a non-discrimination policy whereby all individuals are given equal consideration without regard to race, color, religion, sex, national origin, physical or mental disability, age or any other legally protected classification. Further, such non-discrimination policy applies to all applicants for employment, all candidates for line officer positions and all activities in which DAVA has been engaged, is now engaged, or in any way may be engaged at any time in the future.

No one will be subject to, and DAVA prohibits, any form of discipline, reprisal, intimidation, or retaliation for good faith reporting of incidents of discrimination of any kind, pursuing any discrimination claim, or cooperating in related investigations.

Rationale: Necessary non-discrimination policy to protect the organization and its members.

5. Page N-5: ARTICLE I – NATIONAL CONVENTION, Section 2: Supreme Power, Paragraph 1, add the following after the words National Convention in the 2nd line: “to be attended in person by those members outlined in Section 1 of this Article and”. The paragraph would then read:

The supreme power of the Organization is vested in a National Convention to be attended in person by those members outlined in Section 1 of this Article and to be held annually at a time and place selected in a manner provided by each National Convention of the Disabled American Veterans.

Rationale: To clarify that members must be in attendance at the National Convention to conduct the business of that convention.

6. Page S-2: ARTICLE II – STATE CONVENTION, Section 2: Composition. Add a second paragraph as follows:

State department officers, delegates and alternates must participate in person for the purpose of discussion and voting and there shall be no form of unit rule, voting by proxy, or voting by absentee ballot.

Rationale: To clarify that these members need to be in attendance at the State Convention to conduct the business of that convention.

7. Page U-10: ARTICLE XIII – UNIT MEETINGS, Section 1: Regular Business Meetings. Add new paragraphs after the 1st paragraph to read as follows:

All general membership meetings of the unit may allow for virtual participation of its members, to include voting, so long as the active membership of anyone participating virtually is validated at the beginning of each meeting and documented in the unit minutes. Units that wish to allow for virtual participation of members would be responsible for facilitating such participation.

Members of the unit wishing to cast a vote during annual officer elections must be in person and there shall be no voting by proxy or absentee ballot.

Rationale: Allowing for Units to hold virtual meetings except for officer elections.

8. Page S-11: ARTICLE VI – STATE COMMITTEES AND CHAIRMEN, Section 1, 4th paragraph. Replace paragraph as follows:

The State Executive Committee shall have full administrative power between State Conventions. Business of the State Department requiring consideration of the State Executive Committee between designated or called meetings shall be transacted through the office of the State Adjutant by vote during virtual meetings and/or written ballots. A majority of votes and/or replies to the written ballots received by the designated date shall constitute the decision of said committee.

Rationale: Allows for State Executive Committees to hold virtual meetings.

CUSTOMER RELATIONS MANAGEMENT (CRM) EXTERNAL PORTAL

WHAT IS CRM?

- The Customer Relations Management (CRM) system encompasses all departments within DAV, including Auxiliary, Membership, Voluntary Services, Charitable/Service Foundation, RMO, Fundraising, and Accounting.

DAVA CRM EXTERNAL PORTAL ROLLOUT

- Gradual rollout to allow staff ample time for assistance
 - State Commander and Adjutant opened April 11, 2022
 - Unit Commander and Adjutant opened May 16, 2022
 - System will be opened to all members August 15, 2022
- Mostly positive feedback from users to date!
- Show of hands, how many of you have already accessed the external portal?

SIGNING UP: A FEW HELPFUL TIPS

- Only lines with the red asterisk (*) must be completed.
- You **must** make sure your membership number is correct.
- Your Username cannot be your email address.
- Your Password must be at least 12 characters.
- Passwords must include both alpha and numeric characters
- Passwords must include one special character
- Be sure to record your username and password. If you forget your password, click on the “Forgot Password” link.

SIGNING UP FOR THE CRM EXTERNAL PORTAL

Go to the MyDav website - <https://www.mydav.org/member-registration?tab=1>

New User Registration

* First Name
 * Last Name
 * Email
 Phone
 Country
 Address
 City
 State
 Zip
 Birth Date
 Membership Number
 Username
 Password
 I agree to the terms
 SUBMIT

CONTINUING THE PROCESS...

Once you have registered, you will receive a confirmation:

MyDav
 KEEPING OUR PROMISE TO AMERICA'S VETERANS

VETERANS | MEMBERSHIP | LEARN MORE | HELP DAV

THANK YOU FOR REGISTERING

It might take up to 2 business days to process your registration request. You will receive an email notification once your registration has been finalized. Please contact us if you have any questions.

CONTINUING THE PROCESS...

Shortly after registering, **you will receive an email** from MembershipAssistant@dav.org letting you know that your registration has been received. Be sure to check your junk/spam folders if you don't see it in your inbox. This email will contain your username.

NOTE: You will not have access to the system yet!

Thank you for joining our online community. We appreciate your patience while we process your sign-up request, which might take up to 2 business days. You will receive another email confirmation when the process is complete. At that point, you will be able to log into the MyDAV.org portal to access your profile and other areas of the community. We have included your username below for your reference.

Username: arng1002

Once we process your registration here at DAV National Headquarters, you will receive an email confirming access to the Membership MyDAV.org portal. Depending on when you register (weekends, holidays, etc.), it could take a couple of days to complete.

CONTINUING THE PROCESS...

Your request to log into the system will be recorded, batched, and sent to Auxiliary staff. Staff will then approve your request. Once this is done, you will receive an additional email. Remember, it could take up to two business days to process your request. Check your junk/spam if you do not see the email in your inbox.

Welcome to the DAV/DAV Auxiliary MyDAV.org Portal!

Your MyDAV.org portal account request has been processed. You can now log into the portal to view your profile and update your details. If you have forgotten your password, you can submit a [password reset request](#) from the [login page](#).

[Log In Now](#)

We look forward to interacting with you and hope that you enjoy the MyDAV.org portal.

LOGGING IN...

Now that your signup has been processed, you are ready to log into the CRM External Portal.

Visit www.mydav.org/login and enter your username and password.

VETERANS <small>Join Learn More</small>	MEMBERSHIP <small>Join Learn More</small>	LEARN MORE <small>Learn About Our Mission</small>	HELP DAV <small>Support Insurance Advocacy</small>
Please enter your username and password below.			
Login			
Username			
Password			
<input type="checkbox"/> Remember Me			
LOGIN			
For additional assistance:			

LOGGING IN...

Can't remember your password? Click on the Forgotten Password link at the bottom of the page.
NOTE: DAV Auxiliary staff cannot reset your password!

Please enter your username and password below.

Login

Username:

Password:

☐ Remember Me

LOGIN

[Forgotten Password?](#)

UTILIZING CRM...

When you have entered your credentials, you are now into the CRM system! Congratulations!

MEMBERSHIP CRM

Member Profile
View your membership details, including Department, Chapter or Unit, Membership number.

Update Username and Password
Change your CRM profile username and/or password.

DAVA Membership Payment History
View your Auxiliary membership pledge and payment details. Make a payment toward your Auxiliary membership balance due.

Notification of Deceased
Send notification of a deceased member to the DAV National Headquarters Membership Department.

Membership Card Request
Submit a request for a new membership card.

Report Registry
Department, Chapter, and Unit reports.

UTILIZING CRM...

Membership Profile – provides membership details for **YOUR** membership. You cannot obtain other member profiles to make changes!

MEMBERSHIP CRM

Member Profile
View your membership details, including Department, Chapter or Unit, Membership number.

DAVA Membership Payment History
View your Auxiliary membership pledge and payment details. Make a payment toward your Auxiliary membership balance due.

Membership Card Request
Submit a request for a new membership card.

Adjutant, 40th DEPARTMENT OF WISCONSIN
 Officer Authorized to Receive Mail, 40th DEPARTMENT OF WISCONSIN

Your memberships

Department	Chapter/Unit
40 - 40th Wisconsin	Elementary, Calhoun #10

Status:
Active

Membership number:
4000161421

Department #:
40

Department:
04 - 40th Wisconsin

Status:
Active


Membership number:
0000000000

Department #:
4

Chapter/Unit	Account Type	Active Positions
Elementary, Calhoun #10	Full Life	Order State Executive Committee Member, Officer Authorized to Receive Mail, Adjutant, Treasurer, Legislative Chairman - AOS
Chapter/Unit #:	01	Chapter/Unit #:
Chapter/Unit	Calhoun #10	Account Type
	Part Life	Active Positions
	Adjutant	Chapter/Unit #:
	0	

UTILIZING CRM...

Notification of Deceased – Has a member of your unit passed away? Report it here.



Update Username and Password
Change your CRM portal username and/or password

Notification of Deceased
Send notification of a deceased member to the GSA National Headquarters Membership Department.

Report Repository
Department, Chapter, and Unit reports

DECEASED NOTIFICATION


[Back to Membership CRM](#)

Please complete this form to notify us that a member has deceased.

* Deceased Full Name

* Deceased Membership Number

Deceased Date



SUBMIT

UTILIZING CRM...

Report Repository – Need a report? Process the request here.



Update Username and Password
Change your CRM portal username and/or password

Notification of Deceased
Send notification of a deceased member to the GSA National Headquarters Membership Department.

Report Repository
Department, Chapter, and Unit reports

[Back to Membership CRM](#)

REPORT REPOSITORY

- Population Summary Report
- Membership Listing Report
- Historical Population Summary Report
- Membership Activity Report
- Membership Deceased Report

RUNNING REPORTS...

Population Summary -

[Back to Membership CRM](#)

REPORT REPOSITORY

- Population Summary Report**
- Membership Listing Report
- Historical Population Summary Report
- Membership Activity Report
- Membership Deceased Report

Report Repository

DOWNLOAD POPULATION SUMMARY REPORT

☐ GSA
☒ AUX

Department:

Chapter/Unit:

DOWNLOAD

- ✓ Select the AUX radial button
- ✓ Select your Department
- ✓ Select your unit (or, if a state department running a full report, select Department)
- ✓ Click Download (you must turn off pop-up blockers, as report will generate in a new window)

RUNNING REPORTS...

Membership Listing Report -



Report Repository

DOWNLOAD MEMBERSHIP LISTING REPORT

☐ GLE
☒ AUX

Department:

Chapter/Unit:

Type: (Ctrl/Shift click for multiple)

Status: (Ctrl/Shift click for multiple)

Post Life:

Full Life:

Senior:

Trail:

Include Unclaimed Address: ☐

File Format:

Sort Method:

Download

RUNNING REPORTS...

Membership Listing Report -

- ✓ Type: AUX radial button
- ✓ Department: Select from drop down
- ✓ Chapter/Unit: Select from drop down (or, if a state department running a full report, select Department)
- ✓ Type: (Ctrl/Shift for multiple) – PL, FPL, and Junior
- ✓ Status: (Ctrl/Shift for multiple) –
 - ☐ Active
 - ☐ Active – Transferred In
 - ☐ Active – Unclaimed
 - ☐ Inactive/Unable to Distribute
 - ☐ Junior
- ✓ Include Unclaimed Address: Check box if desired
- ✓ Sort Method: Select from list provided
- ✓ File Format: Select from list provided
- ✓ Click Download (you must turn off pop-up blockers, as report will generate in a new window)

RUNNING REPORTS...

Historical Population Summary – Automatically Generated Each Monday



Report Repository

DOWNLOAD HISTORICAL POPULATION SUMMARY REPORT

☐ GLE
☒ AUX

Department:

Chapter/Unit:

Run Date:

Download

- ✓ Type: AUX radial button
- ✓ Department: Select from drop down options
- ✓ Chapter/Unit: Select unit (or, if a state department running a full report, select Department)
- ✓ Run Date: Select the desired date from options available (ran each Monday)
- ✓ Click Download (you must turn off pop-up blockers, as report will generate in a new window)

RUNNING REPORTS...

Membership Activity Report -



Report Repository

DOWNLOAD MEMBERSHIP ACTIVITY REPORT

☐ DAV
☒ AUX

Department:

Chapter/Unit:

Start Date:

End Date:

File Format:

- ✓ Type: AUX radial button
- ✓ Department: Select from drop down options
- ✓ Chapter/Unit: Select unit (or, if a state department running a full report, select Department)
- ✓ Start Date: The date you wish the report to start from
- ✓ End Date: The date you wish the report to end at
- ✓ Click Download (you must turn off pop-up blockers, as report will generate in a new window)

RUNNING REPORTS...

Membership Deceased Report – COMING SOON!!



Report Repository

DOWNLOAD MEMBERSHIP DECEASED REPORT

☐ DAV
☒ AUX

Department:

Chapter/Unit:

Department:

Start Date:

End Date:

File Format:

QUESTIONS??

- ✓ Email: dava@dav.org.
- ✓ Call: 833.368.1220 (**Note: Auxiliary direct-dial new phone number!**)

THANK
YOU!

Community Service

Community Service is the volunteer action of an individual. For the DAV Auxiliary, Community Service is the volunteer action of a member serving the Veterans and their families **IN** the Community.

As in the past, we all thought of community service as just that, serving the community.

WE must all turn our minds to what we are all about.

“Service to Veterans and/or Their Families **IN** the Community”.

You as an individual may still volunteer your time at the local nursing homes or hospitals and make your donation to the church of your choice. Keep in mind that the reportable mileage, hours, and monetary donations **must be** in service to our Veterans and/or their families in the Community.

The Committee Members who decided the winning units at this past National Convention have made the following recommendations.

- DO NOT Donate UNIT FUNDS to other Non-Profit Organizations.
- Do Not list Church Donations.
- Break down the mileage, hours, and expenses in detail, even if it's under the \$1000. (Details matter)
- Make sure the totals from the report match the totals given in the breakdown. (double check all those numbers)
- If possible, type the breakdown of details or clearly print so its legible.
- When talking about a facility such as a nursing home, denote whether its local community or veteran based.
- Every Volunteer Activity **MUST** be Veteran and/or their Family Related.
- Every line should say Veteran or Veteran Families!

Sincerely,
Kathleen Wenthe
4th Jr. Vice Commander

COMMUNITY SERVICE REPORT 2021-2022

Fill out in triplicate. Send two copies to
address listed at right:

State Adjutant
Judy Hopps
1000 Bunny Burrow Lane
Zootopia USA 12345

Keep one copy for Unit files.

Must be postmarked by: State Sets Date

Print Legibly

NAME OF UNIT Under the Sea UNIT NUMBER 101

CITY Wonderland STATE America

NUMBER OF SENIOR MEMBERS 95 Total senior members working on Community Service 15

Refer to the **Community Service Table of Values** as your guideline. Monetary donations by the Unit should be listed only in the column designated for Unit Checks. All other cash donations from members should be listed in the last column. If the total amount exceeds **\$1,000**, attach itemized explanation of expenditures. Additional explanation and detail of unit activities may be attached (limit to three pages). The report of services provided by the unit members within the community may not include relatives.

	<u>Miles</u>	<u>Hours</u>	<u>Donations by Unit Checks</u>	<u>Value all Other Donations</u>	<u>Cash Donations from Members</u>
1. Family Services: Direct aid to families, visits, clothing, food, errands, transportation, etc.	<u>4640</u>	<u>629</u>	<u>\$ 230.00</u>	<u>\$ 1510.00</u>	<u>\$ 95.00</u>
2. Facility Visits: Nursing homes, treatment centers, health care centers/hospitals, etc.	<u>855</u>	<u>146</u>	<u>\$ 0</u>	<u>\$ 240.00</u>	<u>\$ 20.00</u>
3. Professional & Trade Services/ Payments: Medical/dental, electrician, plumber, etc.	<u>900</u>	<u>291</u>	<u>\$ 0</u>	<u>\$ 1980.00</u>	<u>\$ 0</u>
4. Recreation & Entertainment: Excursions, parties, reading, gifts, therapeutic sewing, baking, etc.	<u>200</u>	<u>130</u>	<u>\$ 50.00</u>	<u>\$ 208.00</u>	<u>\$ 200.00</u>
5. Special Projects and Programs: Caregiver Initiative, Efforts for the Deployed, etc.	<u>424</u>	<u>100</u>	<u>\$ 200.00</u>	<u>\$ 1190.00</u>	<u>\$ 0</u>
Totals:	<u>7019</u>	<u>1296</u>	<u>\$ 480.00</u>	<u>\$ 2908.00</u>	<u>\$ 295.00</u>

Total of All Donations \$ 3683.00

Submitted by: Wilma Flintstone
Signature of Commander and/or Chairman

Community Service Details	Sum of Miles	Sum of Hours	Sum of Donation Unit Checks	Value all Other Donations	Sum Cash Donations from Members
1. Family Services:	1840	416	\$ 100.00	\$1,600.00	\$ 200.00
Hospital visits	300	36	\$ -	\$ -	\$ -
Took neighbors kids to the movies	75	6	\$ -	\$ -	\$ 90.00
Raked leaves for an elderly neighbor	15	12	\$ -	\$ 900.00	\$ -
Babysat kids after school	500	200	\$ -	\$ -	\$ -
Knited caps for babies	0	35	\$ -	\$ 125.00	\$ 45.00
Helped build a community garden	280	60	\$ 100.00	\$ -	\$ 65.00
Helped elderly neighbors with household chores	30	20	\$ -	\$ -	\$ -
Cooked and delivered meals for seniors	520	35	\$ -	\$ 275.00	\$ -
Had a coat drive; took them to the shelter	120	12	\$ -	\$ 300.00	\$ -
2. Facility Visits:	1745	92	\$ 230.00	\$ -	\$ 75.00
Helped at the Nursing Home during bingo	420	55	\$ -	\$ -	\$ 50.00
Volunteered at the hospital	1025	26	\$ -	\$ -	\$ -
Decorated doors at the nursing home for holidays	60	3	\$ 50.00	\$ -	\$ -
Christmas party for the residents at the nursing home	60	5	\$ 55.00	\$ -	\$ 25.00
Took flowers to the cancer center	180	3	\$ 125.00	\$ -	\$ -
3. Professional & Trade Services:	515	398	\$ -	\$1,200.00	\$ -
Cut the neighbors kids hair for free	50	32	\$ -	\$ 150.00	\$ -
Washed and groomed the dogs in the neighborhood	65	36	\$ -	\$ 300.00	\$ -
Taught art painting classes to seniors	80	125	\$ -	\$ 450.00	\$ -
Repaired broken appliances for neighbors	320	205	\$ -	\$ 300.00	
4. Recreation & Entertainment:	2000	230	\$ 225.00	\$ 600.00	\$ 125.00
Read to children during the summer at the library	1440	48	\$ -	\$ -	\$ -
Quilting party held; donated them to the senior circle	320	150	\$ -	\$ 600.00	\$ -
Christmas party	165	20	\$ 75.00	\$ -	\$ 125.00
Halloween party for local kids	75	12	\$ 150.00	\$ -	\$ -
5. Special Projects:	770	100	\$ 950.00	\$ 490.00	\$ 15.00
Donated to Salvation Army	0	0	\$ 500.00	\$ -	\$ -
Adopted a Grandparent; took them for icecream	105	14	\$ -	\$ -	\$ 15.00
Collected school supplies for needy kids	125	25	\$ -	\$ 145.00	\$ -
Made bird houses for the local park	85	24	\$ -	\$ 95.00	\$ -
Donated to the Wounded Warriors	0	0	\$ 250.00	\$ -	\$ -
Donated stuffed animals to the kids hospital	260	10	\$ -	\$ 200.00	\$ -
Donated used books to the library	75	2	\$ -	\$ 50.00	\$ -
Donated to Operation Overseas	0	0	\$ 200.00	\$ -	\$ -
Set up and maintained a butterfly garden	120	25	\$ -	\$ -	\$ -
Grand Total	6870	1236	\$1,275.00	\$2,690.00	\$ 340.00
TOTAL OF ALL DONATIONS					\$4,305.00

COMMUNITY SERVICE REPORT 2021-2022

Fill out in triplicate. Send two copies to
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Judy Hopps
1000 Bunny Burrow Lane
Zootopia USA 12345

Keep one copy for Unit files.

Must be postmarked by: State Sets Date

Print Legibly

NAME OF UNIT DAVA UNIT NUMBER _____

CITY Wonderland STATE USA

NUMBER OF SENIOR MEMBERS 101 Total senior members working on Community Service 13
Refer to the **Community Service Table of Values** as your guideline. Monetary donations by the Unit should be listed only in the column designated for Unit Checks. All other cash donations from members should be listed in the last column. If the total amount exceeds **\$1,000**, attach itemized explanation of expenditures. Additional explanation and detail of unit activities may be attached (limit to three pages). The report of services provided by the unit members within the community may not include relatives.

	<u>Miles</u>	<u>Hours</u>	<u>Donations by Unit Checks</u>	<u>Value all Other Donations</u>	<u>Cash Donations from Members</u>
6. Family Services: Direct aid to families, visits, clothing, food, errands, transportation, etc.	<u>1810</u>	<u>403</u>	<u>\$ 100.00</u>	<u>\$ 1575.00</u>	<u>\$ 175.00</u>
7. Facility Visits: Nursing homes, treatment centers, health care centers/hospitals, etc.	<u>1845</u>	<u>95</u>	<u>\$ 250.00</u>	<u>\$ 0</u>	<u>\$ 50.00</u>
8. Professional & Trade Services/ Payments: Medical/dental, electrician, plumber, etc.	<u>535</u>	<u>388</u>	<u>\$ 0</u>	<u>\$ 1300.00</u>	<u>\$ 0</u>
9. Recreation & Entertainment: Excursions, parties, reading, gifts, therapeutic sewing, baking, etc.	<u>1910</u>	<u>145</u>	<u>\$ 200.00</u>	<u>\$ 620.00</u>	<u>\$ 100.00</u>
10. Special Projects and Programs: Caregiver Initiative, Efforts for the Deployed, etc.	<u>755</u>	<u>69</u>	<u>\$ 950.00</u>	<u>\$ 465.00</u>	<u>\$ 30.00</u>
Totals:	<u>6855</u>	<u>1100</u>	<u>\$ 1250.00</u>	<u>\$ 2660.00</u>	<u>\$ 305.00</u>

Total of All Donations \$ 4215.00

Submitted by: _____
Signature of Commander and/or Chairman

Community Service Details	Sum of Miles	Sum of Hours	Sum of Donation Unit Checks	Value all Other Donations	Sum Cash Donations from Members
1. Family Services:	4640	629	\$ 230.00	\$1,510.00	\$ 95.00
Veterans funeral - food, flowers, etc.	530	40	\$ 135.00	\$ 75.00	\$ -
Veterans Assistance for utility bill.	80	10	\$ 95.00	\$ -	\$ -
Veterans Families - Clothing.	230	30	\$ -	\$ 900.00	\$ -
Veterans Families - Transportation.	1200	100	\$ -	\$ -	\$ 50.00
Veterans Families - Visits/Child Care.	500	75	\$ -	\$ -	\$ -
Cookies are made and handed out to the Chapter members at the DAV meeting monthly.	720	24	\$ -	\$ 125.00	\$ 45.00
Clothing collected/donated to homeless Veterans.	60	49	\$ -	\$ 65.00	\$ -
Food collected/donated to homeless Veterans.	320	100	\$ -	\$ 95.00	\$ -
Meals cooked/delivered to Veteran shut ins.	1000	201	\$ -	\$ 250.00	\$ -
2. Facility Visits:	855	146	\$ -	\$ 240.00	\$ 20.00
Monthly visits Nursing Home - 3 Veterans reside, DAV Mag. & newspapers are brought and read to the them.	520	95	\$ -	\$ -	\$ 20.00
Get well-flowers delivered to sick Veterans in local Hospital.	190	6	\$ -	\$ 165.00	\$ -
Lap-blankets made, delivered to the SW Veterans Home.	145	45	\$ -	\$ 75.00	\$ -
3. Professional & Trade Services:	900	291	\$ -	\$1,980.00	\$ -
Veterans House/Yard work done monthly (Unit member owns Lawn Service).	730	36	\$ -	\$ 540.00	\$ -
Dog Groomer/member, free flea dip and shampoo for Veterans Service Dogs (6 done this year).	0	18	\$ -	\$ 750.00	\$ -
Veterans Families - Computer Repair.	170	225	\$ -	\$ 260.00	\$ -
Beautician/member gives free cut and style to Vet's widow monthly.	0	12	\$ -	\$ 430.00	\$ -
4. Recreation & Entertainment:	200	130	\$ 50.00	\$ 208.00	\$ 200.00
Unit hosted putt-putt golfing day for Vet's & Fam's.	75	98	\$ -	\$ 208.00	\$ -
Provided a dinner for local Veterans & Families once a quarter/set up games for the kids to play.	60	23	\$ -	\$ -	\$ 100.00
Christmas party for the Veterans children in the area; with each child receiving a small gift.	65	9	\$ 50.00	\$ -	\$ 100.00
5. Special Projects:	424	100	\$ 200.00	\$1,190.00	\$ -
DAVA National Programs.	0	0	\$ 200.00	\$ -	\$ -
Made baskets of cleaning supplies and toiletries for homeless Veterans that have found a home to leave in.	125	25	\$ -	\$ 145.00	\$ -
Made small packaged treats with a "Thank you for your service" attached for the Veterans/Passed out at Veterans Day.	85	44	\$ -	\$ 95.00	\$ -
Winter packs made for the homeless Veterans, that had blanket, socks, gloves, hat, handwarmers, flashlight, batteries, candle, lighter, light raincoat & a card with the VA Homeless Outreach Program phone number on it.	94	25	\$ -	\$ 425.00	\$ -
Sailor unit adopted that is deployed; goody boxes filled with candy, cookies, crackers & toiletries sent to them with thank you cards.	120	6	\$ -	\$ 525.00	\$ -
Grand Total	7019	1296	\$ 480.00	\$2,908.00	\$ 295.00
TOTAL OF ALL DONATIONS	\$3,683.00				

Junior Activities

The HAVES and the HAVE NOTS . . .

Section I	Have you ever . . .	Have	Have Not
	Brought a Junior DAVA member to a Unit Meeting?	_____	_____
	Asked a Junior member to <i>participate</i> in a Unit Meeting? (i.e. led the Pledge or a prayer, etc.)	_____	_____
	Signed up a Junior Auxiliary member?	_____	_____
	Served as a Junior Activities Chairperson in the Unit?	_____	_____
	Assisted with the work that goes into a Juniors Fundraiser in your Unit?	_____	_____
	Donated to a Juniors Unit Fundraiser?	_____	_____
	Asked a Junior to participate in a Unit Fundraiser?	_____	_____
	Participated side-by-side with Juniors in Valentine's Day or St. Patrick's Day events or projects?	_____	_____
	Participated side-by-side with Juniors in a Thanksgiving or Christmas event or project?	_____	_____
	Asked a Junior member to participate in or attend a Memorial Day service or event?	_____	_____
	Asked a Junior member to join the Unit in a July 4 th activity for Veterans?	_____	_____
	Asked a Junior member to participate in a Veterans Day event (i.e. parade, meal, service, etc.)?	_____	_____
	Asked a Junior member for their ideas for activities or Unit improvements or plans?	_____	_____
	Recommended that a Junior be recognized in the Unit?	_____	_____

Complete this questionnaire before the business session. Give yourself 1 point for each "Have" and total your score here: _____

Junior Activities

The HAVES and the HAVE NOTS . . .

Section II	Have you ever . . .	Have	Have Not
	Brought a Junior member to a State Convention?	_____	_____
	Served as a Junior Activities Chairperson at the State level?	_____	_____
	Assisted with the work that goes into a Juniors Fundraiser at the State level?	_____	_____
	Donated to a Juniors State Fundraiser?	_____	_____
	Attended any type of patriotic program in which Juniors were involved <i>other than at</i> DAVA activities?	_____	_____
	Recommended a Junior for a State Award?	_____	_____
	Brought a Junior member to a National Convention?	_____	_____
	Served as a Junior Activities Chairperson at the National level?	_____	_____
	Partnered with Juniors during a Forget-Me-Not Drive?	_____	_____
	Recommended a Junior for a National Outstanding Junior Award?	_____	_____
	Participated in preparing a Junior Unit History Book?	_____	_____
	Submitted an article to a local news outlet regarding Juniors' projects or activities?	_____	_____
	Encouraged Juniors to study about the Flag or the correct way to recite the Pledge of Allegiance?	_____	_____
	Encouraged Juniors to learn more about the branches of the military and their traditions?	_____	_____
	Been a DAVA Junior Member?	_____	_____

LEGISLATIVE REPORT 20??-20??

Fill out in triplicate. Send two copies to
address listed at right:
Keep one copy for Unit files.

Must be postmarked by: _____

Fill out all sections!
Print legibly or type!

NAME OF UNIT ANYWHERE #13 UNIT NUMBER 13
CITY ANY CITY STATE ANY STATE
TOTAL NUMBER OF SENIOR MEMBERS 119

THIS NATIONAL LEGISLATIVE REPORT IS FOR LEGISLATION ON VETERANS' BILLS ONLY

Contacts reflect the number of letters, telephone calls, telegrams, emails, faxes and personal visits made and/or received by a member from: Federal level - President, Senators or Representatives; State level - Governor, State Senators or Representatives; Local level - Mayor, City or Town Council, County Commissioners or other elected officials. **Follow-ups** are "Thank you for your support" letters on listed bill. **Do not attach bulletins or letters to your report.**

- Total number participating in Legislative program 5
- Total number of meetings Unit participated in discussion on Veterans' bills 3
- Total Legislative contacts and Follow-Up "Thank You" letters at Federal, State, and Local Levels:

Bill #	Topic	# of Federal Contacts	# of Federal Follow-Up	# of State Contacts	# of State Follow-up	# of County, City, Local Contacts	# of County, City, Local Follow-up
HR1200	Veterans Compensation COLA Act of 2019	3					
HR1527	Long Term Care Veterans Choice Act	4					
HR303	Retired Pay Restoration Act	2					
HR445	Help Hire Our Heroes Act	4					
HR4556	Opening VA Dental Care to All Veterans	1					
HR4843	Include Military Installations in Thailand to Herb Exposure	1					
HR5191	Support Establishing VA Research	1					
Total Contacts & Follow-up "Thank You" letters (this page)		16					
Totals from the back side of this report (if applicable)		61		4			
GRAND TOTAL		77		4			

Make sure totals
add up correctly!

If additional space is needed, list bill numbers, topic, and number of contacts on the back of this report.

Submitted by: _____

Don't forget the
signatures!

LEGISLATIVE CHAIR AND/OR COMMANDER
Signature of Commander and/or Chairman

(Continued from front side)

3. Total Legislative contacts and Follow-Up "Thank You" letters

If replying to CAN (Commander's Action Network) emails, these are federal contacts.
Make sure you are recording contacts in the proper columns. As a reminder, as stated above:
Federal level - President, Senators or Representatives
State level - Governor, State Senators or Representatives
Local level - Mayor, City or Town Council, County Commissioners or other elected officials

Bill #	Topic	# of Federal Contacts	# of Federal Follow-Up	# of State Contacts	# of State Follow-up	# of County, City, Local Contacts	# of County, City, Local Follow-up
HR5397	Veterans Residential Care Choice Act	1					
HR5452	Reduce Unemployment for Veterans of All Ages	1					
HR553	Military Surviving Spouses Equity Act	4					
HR5671	Burn Pits Accountability Act	1					
HR5674	VA Mission Act of 2018/ Delays	4					
HR5693	Long Term Care Veterans Choice Act	7					
HR663	Burn Pits Accountability Act	3					
HR6637	Vietnam Veterans Liver Fluke Can Study Act	7					
HR6956	Burn Pit Registry Enhancement Act	1					
HR712	Cannabis Clinical Trials	9					
HR840	Veterans Access to Child Care Act	3					
HR95	VA Homeless Grant Per Diem	2					
S1072	Homeless Veterans Prevention Act of 2017	2					
S1333	Tribal HUD-VASH Act of 2017	2					
S179	Cannabis Clinical Trials	12					

Contacts Made on Legislation with No Bill Numbers

	<i>Examples: removing unemployability for disabled veterans, budget items, etc.</i>						
	Blue Water Navy Vietnam Veterans Act	2					
	2019 Veterans Day on the Hill			4			
Total Contacts & Follow-Up "Thank You" letters (this page)		61		4			

**Make sure totals
add up correctly!**

To learn more about the ways you can help advocate for Veterans and their families visit:

<https://www.dav.org/learn-more/legislation/>

Once there you can click on links to learn more about:

DAV Critical Policy Goals

*2022 is currently available

*2023 should be available November/ December 2022

Veterans Health Care and the Mission Act

*Testimony on Mission Act implementation

*Comments on Community Care Access standards

*Comments on new urgent care benefit

Women Veterans Initiatives

*News and testimony

*Current legislation

*Issue briefs

Caregiver Support

*Learn how DAV supports Caregivers

*Review and Support new Caregiver bills

*Getting support at your local VAMC

*Helpful links to Federal and State resources

CAN (Commander's Action Network)

*Legislative resources

*Take Action on legislation

*DAV-Supported Legislation

*Learn about YOUR House and Senate Representatives

Benefits Protection Teams

*Vision for Veterans Congressional Candidate Outreach Toolkit

*Benefits Protection Team Leader workshop

*Webinars

Legislative Resources

*Legislative program (Resolutions)

*Congressional testimony

*Issue briefs

*Legislative webinars

Looking to get more involved? Consider attending the 2023 DAV Mid-Winter Conference

February 26- March 1, 2023 (Tentative)

Crystal Gateway Marriott

1700 Jefferson Davis Highway

Arlington, VA 22202

Telephone: 1.800.266.9432 or 1.703.920.3230

Group Name: Disabled American Veterans

\$210 Single/Double

Legislation:

the action of
[legislating](#)

specifically: the exercise of the power and function of making rules (such as laws) that have the force of authority by virtue of their promulgation by an official organ of a state or other

Examples of Key Pending Legislation

Caring for Survivors Act of 2021 (S. 976 & H.R. 3402)

This bill increases the monthly rate of dependency and indemnity compensation payable to surviving spouses through the Department of Veterans Affairs.

The bill also adjusts the amount payable to surviving spouses and children of veterans who were rated as totally disabled for a period of less than 10 years before their death.

GI Bill National Emergency Extended Deadline Act (H.R. 167)

This bill amends various provisions related to educational assistance benefits provided by the Department of Veterans Affairs (VA).

First, the bill extends the time limitation for using educational assistance under the Montgomery GI Bill and the Post-9/11 GI Bill, and for eligibility under the Veteran Readiness and Employment program, when educational institutions are temporarily or permanently closed due to an emergency situation or another reason that prevents an individual from participating.

Next, the bill requires the VA to disapprove of courses of education provided by public institutions of higher learning that charge higher tuition and fees than in-state tuition for individuals who are entitled to educational assistance under the Survivors' and Dependents' Educational Assistance program. The bill also makes adjustments to the time limitation for using educational assistance under this program.

The VA must implement an information technology service using one or more commercial software systems to process claims for VA educational assistance benefits.

Finally, the bill requires the Veterans' Employment and Training Service within the Department of Labor to implement a pilot program under which states may use grants or contracts to carry out a short-term fellowship program to provide veterans with opportunities for long-term employment.

Lactation Spaces for Veteran Moms Act (S. 4580)

This bill requires the Department of Veterans Affairs to ensure that each of its medical centers contains a hygienic lactation space that is not a bathroom and meets other specifications (e.g., must be easy to locate).

Reduce and Eliminate Mental Health Outpatient Veteran (REMOVE) Copays Act (H.R. 7589)

This bill prohibits the Department of Veterans Affairs (VA) from imposing or collecting any co-payment for the first three mental health outpatient care visits in a calendar year for a veteran who is enrolled in the VA health care system.

Veterans' Compensation Cost-of-Living Adjustment Act of 2022 (S. 4223 & 7846)

This bill requires the Department of Veterans Affairs (VA) to increase the amounts payable for wartime disability compensation, additional compensation for dependents, the clothing allowance for certain disabled veterans, and dependency and indemnity compensation for surviving spouses and children. Specifically, the VA must increase the amounts by the same percentage as the cost-of-living increase in benefits for Social Security recipients that is effective on December 1, 2022. The bill requires the VA to publish the amounts payable, as increased, in the Federal Register.

The VA is authorized to make a similar adjustment to the rates of disability compensation payable to persons who have not received compensation for service-connected disability or death.

These and other DAV-Supported legislation can be found at <https://dav.quorum.us/bills/>

*Bill details from congress.gov

Just for fun..... From *History.com* here are a few notable moments in legislative history:

- First African American representative: Joseph Rainey (R-S.C.). Taking office in 1870, Rainey, born into slavery, was also the first African American to preside over the House.
- First former president to serve as a representative: John Quincy Adams. The sixth U.S. president, serving from 1825 to 1829, took office in the House in 1831. Earlier, he was elected a senator in 1802.
- First Hispanic American representative: Joseph Marion Hernández. Elected in 1822 as a Delegate from Florida to the 17th Congress, Hernández served for less than one year in the House.
- First former president to serve as a senator: Andrew Johnson. Serving as the 17th U.S. president, he was sworn in 1865 following the assassination of Abraham Lincoln. Previously, he served five terms in the House beginning in 1843, became governor of Tennessee in 1853, and was a senator in 1857. He returned to the Senate in 1875, dying that same year. Johnson is also the first president to be impeached.
- First first lady to be elected senator: Hillary Clinton (D-N.Y.), while serving as first lady, she took office in 2001. She's also the first woman to be named presidential nominee by a major U.S. political party.
- First congressman to represent two states: Daniel Hiester, an Anti-Administration and, later, Republican candidate, served as a representative for Pennsylvania from 1789-1796 and for Maryland from 1801-1804.
- First senator to represent three states: James Shields, an Irish immigrant, served as senator for Illinois from 1849- 1855, Minnesota from 1858 to 1859, and Missouri in 1879. He remains the only senator to serve three states.
- First woman to serve as representative: Jeannette Rankin (R-Mont.). A suffragist, Rankin is also the only member of Congress who voted against U.S. entry into WWI and WWII.
- First woman to serve as senator: Rebecca Felton (D-Ga.). At age 87, Felton was appointed to fill a vacancy in 1922, serving a mere 24 hours in a symbolic move. Hattie Caraway (D-Ark.) was the first woman elected as senator in 1932.
- First female speaker of the house: Nancy Pelosi (D-Calif.). First elected speaker in 2007, Pelosi was reelected to the position in 2019.



2022-2023 DAVA MEMBERSHIP

Sign up a New Member and Be eligible for one of 4 prizes!

1 \$250, 2 \$100, and 1 \$50

Each application gets you one entry

Drawing Will be done July 31, 2023.



VAVS

DAV Auxiliary volunteers are
marvelous & magnificent

Volunteer Opportunities

It is time to think outside of the box!

Virtual Assignments
End of Life Partners
My Life, My Story
Pet Therapy
Donation Carts
Giving Tree
Holiday Treats
Special Meals

Everyone Can Help!

There are opportunities for everyone to make a difference!

Regularly Scheduled Volunteer
Occasional Volunteer
Sponsored Volunteer Youth
Volunteer

Let's Talk About the Report!

Things you should include on the report:

- Total number of Senior members in your unit
- Locations of Medical Centers and Satellite Clinics
- The **number** and **hours** of regularly scheduled volunteers **certified** at the VA Medical Center
- The **number** and **hours** of sponsored volunteers **verified** at the VA Medical Center
- The **number** and **hours** of occasional volunteers **verified** at the VA Medical Center
- Unit projects and the values (one per line, be descriptive!)
- Type of donation and value (one per line, be descriptive!)
- Itemized expenditures regardless of value
- Special fundraiser/s held to benefit VAVS

Things you should not include on the report:

- The **number** and **hours** of non-certified volunteers (those volunteering outside of the VA)
 - For example: If your unit members are preparing for a program at the VA but are not logged in as VA Volunteers at the time they are volunteering, these are not considered VAVS Hours.
- Donations (cash or material) outside of the VA System
 - *unless a MOA is on file*
 - For Example: Donating to a nursing home
- Dual hours
 - For example: If you are volunteering at the VA in the name of another veteran's organization, you cannot include those hours on the VAVS report as DAVA hours.
- Fundraisers that are not voted on, and specified for, VAVS
 - For example: Fundraisers benefiting the unit general fund

STANDING RULES APPROVAL PROCEDURE

1. Standing Rules Committee meets to review all proposed amendments and check on how changes made at National Convention affect the States Standing Rules. The following need to be available to Committee members:
 - a) Current Constitution and Bylaw Book
 - b) Copy of current State Standing Rules
 - c) Copy of current Supplement
 - d) Copy of proposed amendments
2. Committee reviews proposed amendments making sure they do not conflict with the Constitution and Bylaws.
3. The committee reviews current Standing Rules for any changes that were made at the National Convention that may affect the Standing Rules.
4. The committee reviews current Supplement for accuracy noting any changes that will need to be made.
5. Copy of proposed amendments and current Supplement is furnished to all members present.
6. Committee Chairman (or member) presents the amendments to the Convention Body at the first business session of the Convention. Remember each amendment or addition must be voted on individually.
 - a) Identifies which rule is being amended or changed (i.e., Page __, Nbr. __, Section__)
 - b) The current rule is read
 - c) The proposed amendment is read
 - d) The rule is read as amended or changed
 - e) The rationale for change is given
 - f) Chairman (or member) moves acceptance of amendment or addition
7. The commander calls for a second.
8. Discussion, if any.
9. The commander calls for the vote
10. Each amendment passes or fails.
11. Chairman (or member) reads the New Supplement with any changes and moves the acceptance.
12. The commander calls for a second.

13. Discussion, if any
14. The commander calls for the vote.
15. New Supplement passes or fails. (A new Supplement must be prepared every year)
16. After the State Convention, the Adjutant in office at the time submits the new Supplement and the amendments to National Headquarters for forwarding to the National Judge Advocate.
17. The National Judge Advocate reviews the Supplement and amendments and issues a letter initially approving the Supplement and amendments. The letter will request that the amendments be incorporated into the State Standing Rules and two copies sent to National Headquarters. If there is a problem with the Supplement or the amendments, a letter is sent requesting additional information or correction.
18. All letters regarding the Supplement, amendments, and Standing Rules are sent to the Convention Adjutant. If there has been a change in Adjutant, copies will be sent to both the Convention Adjutant and the newly appointed Adjutant.
19. Upon receipt of the State Standing Rules with amendments incorporated National Headquarters will forward to the National Judge Advocate for final approval.
20. The National Judge Advocate reviews the Standing Rules making sure that the amendments have been incorporated correctly and issues a letter of final approval for distribution. If there is a problem, a letter is sent to the Adjutant requesting additional information or correction. These letters will be sent to the Convention Adjutant and newly appointed Adjutant.

Understanding Credentials

What is a State Convention Credential?

A State Convention Credential is a document that indicates how a member attending a convention will be voting.

A convention attendee has the option of voting **one** of the following ways:

- Unit Delegate
- Past State Commander
- Active Resident Past National Commander
- Elected State Officer

The image shows a form titled "Delegate Credentials" for the "Annual State Convention". It is for the "DISABLED AMERICAN VETERANS AUXILIARY DEPARTMENT OF". The form includes fields for "Name", "Unit No.", "Address", "City", "State", and "Zip". There are also lines for "Signed" and "Not Signed". At the bottom, it states "THESE CREDENTIALS MUST BE PRESENTED AT THE TIME OF REGISTRATION".

The image shows a form titled "Disabled American Veterans Auxiliary" for the "State Department of". It includes fields for "Name", "Address", "City", "State", and "Zip". There are also lines for "Signed" and "Not Signed". At the bottom, it states "THESE CREDENTIALS MUST BE PRESENTED AT THE TIME OF REGISTRATION".

What does a Credentials Committee do?

The Credentials Committee is responsible for the following:

- Pick up the credentials received at the convention registration desk
- Sort the credentials based on voting type
- Determine the following information:
 - Total Elected Officers Registered
 - Total Past State Commanders Registered
 - Total Resident Past National Commanders Registered
 - Total Units Registered
 - Total Unit Delegates Registered
 - Total Unit Alternates Registered
 - Total Guests Registered
 - Total Registered

What does a Credentials Committee do?

The Credentials Committee will also determine the voting strength:

- Total Registered Unit Voting Strength (To be explained later)
- Total Registered State Elected Officers
- Total Registered Past State Commanders
- Total Registered Past National Commanders
- Total Overall Voting Strength

What does the “Voting Strength” mean?

Voting Strength is defined as the total number of votes that may be cast on an issue at the state convention. In the event of a roll call, this information will be used to ensure that the total votes casted equals the total votes allowed.

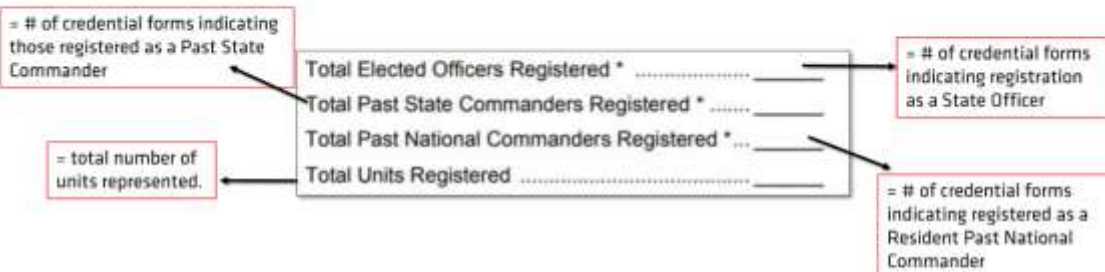
The Credential Committee Report:

CREDENTIAL COMMITTEE REPORT	
CONVENTION YEAR:	<u>Year of the Convention</u>
CHAIRMAN:	<u>Name of the Chairman</u>
Date:	<u>Date of the Report</u>

Note: Remember to announce the “as of” date and time.

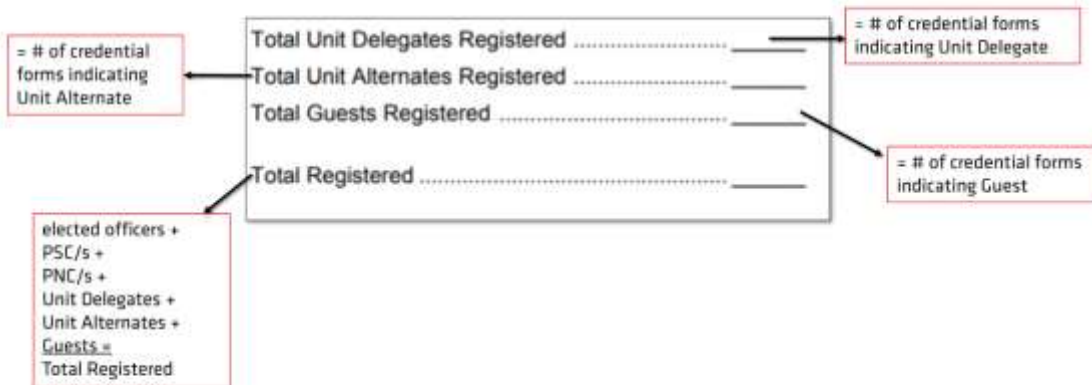
For instance: As of 12:00 p.m. on June 1, 2022.

The Credential Committee Report:



NOTE: For a more efficient process, develop and implement a system to sort credentials by registration status to properly record units represented and number of unit delegates.

The Credential Committee Report:



The Credential Committee Report:

VOTING STRENGTH IS AS FOLLOWS:

Total Registered Unit Voting Strength * **109**

Unit #	Unit Name	Number of Life Members	Total Votes
1	Wichita	107	12
2	Yellowstone	266	28
3	Queen City	22	3
4	Norristown	186	20
5	Watertown	126	14
6	Jackson County	306	32
TOTAL VOTE COUNT			109

To Calculate Unit Voting Strength:

Using the vote report prepared by the State Adjutant for convention, add up the total votes for each unit having at least one registered delegate.

In this example, the following six units have registered at least one delegate, therefore, the total unit voting strength will be **109**.

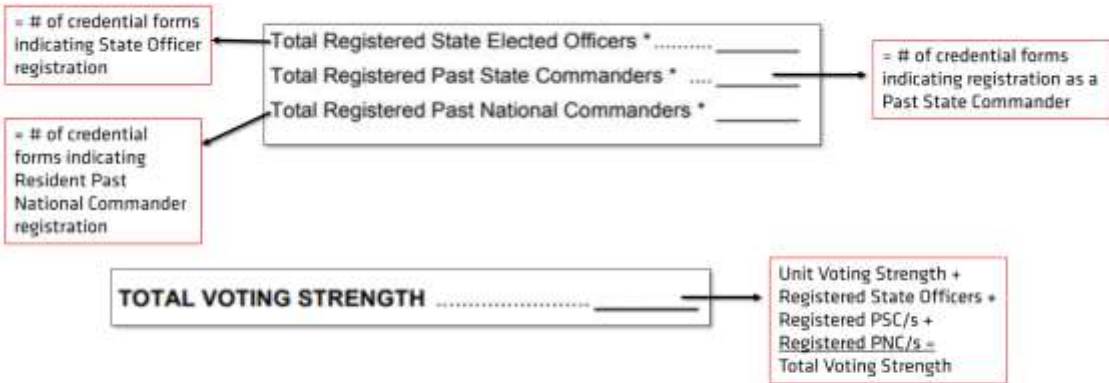
The Credential Committee Report:

If the State Adjutant has not prepared a vote report, it will be up to the credential committee to determine the voting strength. You will need:

- Most recent population summary (to determine the number of life members in the unit)
- Credentials turned in to the registration desk (to determine what units have registered at least one delegate)
- Voting strength guideline

1-15 members → 2 votes	106-115 members → 12 votes	206-215 members → 22 votes
16-25 members → 3 votes	116-125 members → 13 votes	216-225 members → 23 votes
26-35 members → 4 votes	126-135 members → 14 votes	226-235 members → 24 votes
36-45 members → 5 votes	136-145 members → 15 votes	236-245 members → 25 votes
46-55 members → 6 votes	146-155 members → 16 votes	246-255 members → 26 votes
56-65 members → 7 votes	156-165 members → 17 votes	256-265 members → 27 votes
66-75 members → 8 votes	166-175 members → 18 votes	266-275 members → 28 votes
76-85 members → 9 votes	176-185 members → 19 votes	276-285 members → 29 votes
86-95 members → 10 votes	186-195 members → 20 votes	286-295 members → 30 votes
96-105 members → 11 votes	196-205 members → 21 votes	296-305 members → 31 votes

The Credential Committee Report:



**The Final
Report!**

CREDENTIAL COMMITTEE REPORT	
CONVENTION YEAR:	2022
CHAIRMAN:	John Doe
Date:	June 1, 2022, at 9:00 a.m.
Total Elected Officers Registered *	5
Total Past State Commanders Registered *	5
Total Past National Commanders Registered *	2
Total Units Registered	6
Total Unit Delegates Registered	99
Total Unit Alternates Registered	4
Total Guests Registered	7
Total Registered	122
VOTING STRENGTH IS AS FOLLOWS:	
Total Registered Unit Voting Strength *	109
Total Registered State Elected Officers *	5
Total Registered Past State Commanders *	5
Total Registered Past National Commanders *	2
TOTAL VOTING STRENGTH	121
* (Add total unit strength + any registered elected officers + any registered past state commanders + any registered past national commanders = Total voting strength.)	

STATE CONVENTION PROCEDURES

NATIONAL FALL CONFERENCE

Before a State Convention the State Adjutant will:

- Mail out convention information to each unit - location, registration cost, room cost, events, etc. The more information the better.
- Include credential forms - delegate, alternate, PSC, PNC, State Officer, guest.
 - ☐ It is helpful to include only the amount of delegate and alternate credentials allowed by unit based on the allowable amount in the bylaws (Article II, Section 3).
 - ☐ To help with the registration process and credential report, consider making each credential form a different color.
 - ☐ A member attending convention who holds dual positions has the right to select how they'd like to register. Just because they are a PNC or PSC (for example) does not mean they have to register as one.
- Create packets or folders to pass out to all attendees. This will include:
 - ☐ Proposed amendments to the State Standing Rules
 - ☐ Supplement to the State Standing Rules
 - ☐ Proposed Budget
 - ☐ Convention Rules
 - ☐ Vote Report
 - ☐ Chairmen Year-End reports (if not printed elsewhere)
- Create a podium book for line officers and the national representative. This will keep the state commander on schedule and avoid any confusion during meetings.

Before a State Convention the State Adjutant will:

- Begin the preparation for registration. For instance, it may be helpful to set up an Excel document that lists the attendees first and last name, unit number, how they are registering, the amount paid for registration, and how they paid (cash, check, money order, etc.).
- Determine the voting strength in the event of roll call votes. The voting strength is determined as follows:

1-15 members → 2 votes	106-115 members → 12 votes	206-215 members → 22 votes
16-25 members → 3 votes	116-125 members → 13 votes	216-225 members → 23 votes
26-35 members → 4 votes	126-135 members → 14 votes	226-235 members → 24 votes
36-45 members → 5 votes	136-145 members → 15 votes	236-245 members → 25 votes
46-55 members → 6 votes	146-155 members → 16 votes	246-255 members → 26 votes
56-65 members → 7 votes	156-165 members → 17 votes	256-265 members → 27 votes
66-75 members → 8 votes	166-175 members → 18 votes	266-275 members → 28 votes
76-85 members → 9 votes	176-185 members → 19 votes	276-285 members → 29 votes
86-95 members → 10 votes	186-195 members → 20 votes	286-295 members → 30 votes
96-105 members → 11 votes	196-205 members → 21 votes	296-305 members → 31 votes

Units get one delegate for each ten paid life members or major fraction thereof, plus one for the charter

Before a State Convention the State Adjutant will:

- Send copies of the annual report forms to the respective national chairmen and NEC.
- Separate annual reports by category for easier distribution and judging. The categories are as follows:

10-50 members	51-100 members	101-200 members	201 members and over
---------------	----------------	-----------------	----------------------
- Special Americanism categories are as follows:

1-200 members	201 members and over
---------------	----------------------
- For junior activities, the junior member categories are as follows:

1-25 members	26-50 members	51-100 members	101 members and over
--------------	---------------	----------------	----------------------
- Make sure you have the most recent officer reports for each unit to determine the correct SEC and Alternate SEC for the current year and for the next year (you'll need this for the Post-SEC meeting).
- Prepare folders or packets for the nominating committee. Include a copy of each state officer resume (if used), as well as any other pertinent information, including questions for candidates and guidelines.
- Prepare ample copies of the credential committee report.

Sample of a Credential Committee Report:

Remember:
The committee is responsible for picking up the credentials from the registration area and determining the information!

CREDENTIAL COMMITTEE REPORT	
CONVENTION YEAR:	_____
CHAIRMAN:	_____
Date:	_____
Total Elected Officers Registered *	_____
Total Past State Commanders Registered *	_____
Total Past National Commanders Registered *	_____
Total Units Registered	_____
Total Unit Delegates Registered	_____
Total Unit Alternates Registered	_____
Total Guests Registered	_____
Total Registered	_____
VOTING STRENGTH IS AS FOLLOWS:	
Total Registered Unit Voting Strength *	_____
Total Registered State Elected Officers *	_____
Total Registered Past State Commanders *	_____
Total Registered Past National Commanders *	_____
TOTAL VOTING STRENGTH	_____
* (Add total unit strength + any registered elected officers + any registered past state commanders + any registered past national commanders = Total voting strength.)	

Sample of a Vote Report:

Unit #	Unit Name	Number of Life Members	Total Votes
1	Wichita	107	12
2	Yellowstone	266	28
3	Queen City	22	3
4	Norristown	186	20
5	Watertown	126	14
6	Jackson County	306	32
TOTAL VOTE COUNT			109

Sample of a Convention Credential:

Delegate Credentials	
Annual State Convention	
DISABLED AMERICAN VETERANS AUXILIARY DEPARTMENT OF _____	
Hotel Name - Location - Dates	
Name _____	Unit No. _____
Address _____	City _____ State _____ Zip _____
Signed _____	Signed _____
(UNIT COMMANDER)	(UNIT ADJUTANT)
THESE CREDENTIALS MUST BE PRESENTED AT THE TIME OF REGISTRATION	

Remember:

- ❖ A member cannot cast a vote in the state convention in more than one representative capacity.
- ❖ A member cannot be registered as a delegate from more than one unit.
- ❖ In the absence of any delegate, their vote will be cast by a properly registered alternate of that Unit.
- ❖ Each Unit delegation will elect a Chairman who votes the total Unit strength.
- ❖ When a poll of any delegation is demanded by a delegate entitled to a vote, the Chairman will poll the delegation without discussion or debate.
- ❖ In the election of State Officers, voting is by voice vote when there is no contest; or, by roll call when there are two or more candidates nominated for any one office.
- ❖ Roll call(s) will continue until completed.
- ❖ The candidate receiving a majority of the roll call votes will be elected.

Remember:

- ❖ Procedure for a roll call:
 - ☐ 1. Units (in numerical order)
 - ☐ 2. Past State Commander(s)
 - ☐ 3. Active Resident Past National Commander(s)
 - ☐ 4. Elected State Officers
- ❖ Junior members shall not have the privilege of voting at a Unit meeting or a State Convention.
- ❖ State and National At-Large members cannot hold any appointed or elected office nor have a voice or vote at State or National meetings and/or State and National conventions.
- ❖ Chartered Units must be in good standing with the State Department for their Delegates to vote at State Convention.
- ❖ Convention Rules shall govern the procedure of a State Convention. Such rules will be adopted or may be amended at the first business session by a majority vote of the convention delegates.

Call to Convention:

State Adjutant must give the call to convention at the opening of the first business session. It reads:

The Standard State Department Bylaws of the Disabled American Veterans Auxiliary states that the governing power of this State Department shall be the Annual State Convention, composed of the elected state officers, the state's Past State Commanders, any active resident Past National Commander, and the elected delegates representing chartered units within the state.

In accordance with these directives, I _____ State Adjutant's Name _____, State Auxiliary Adjutant, declare this # conv. State Convention of the Disabled American Veterans Auxiliary, State Department of _____ State Name _____ be convened at _____ Convention Location _____.

Consideration and disposition of business brought before this convention shall be in accordance with the National and Standard State Department Bylaws, the State Department of _____ State Name _____ State Standing Rules, as most recently amended, and the Rules to Govern the Convention.

To all present, take due notice thereof and govern yourselves accordingly.

Auxiliary Opening Session:

The State Adjutant will:

1. Call Convention to order
2. Direct Conductor and Assistant to escort:
 - State Commander
 - State Officers (elected and appointed)
 - Past State/National Commanders
 - National Representative
 - Flag and Banner Bearers present colors
 - Flag and Banner Bearers post the colors
3. State Chaplain gives opening prayer
4. Requests Americanism Chairman to lead the Pledge of Allegiance
5. Special patriotic music (optional)
6. Introduce State Commander with appropriate remarks
7. State Commander opens convention for business

Business to Complete During the Convention:

- ∞ Credentials report (given at the beginning of each business session)
- ∞ Adoption of Rules to govern the convention
- ∞ Adoption of current year Supplement to State Bylaws as printed
- ∞ Presentation (if any) of amendments to the State Standing Rules
 - Adoption or defeated noted on each amendment or
- ∞ State Treasurer's report
- ∞ Presentation and adoption of a balanced state budget
- ∞ State Commander's report
- ∞ Reports of State Officers, Chairmen, etc.
- ∞ Program Activity awards
- ∞ National Representative's presentation and/or workshop
- ∞ Nominating Committee Report
- ∞ Election of the nominating committee – if not elected at the Pre-Convention SEC meeting (refer to SSR's)
- ∞ Election/Installation of State Officers
- ∞ Election of Finance Committee – may be done at Post-Convention SEC meeting (refer to SSR's)
- ∞ Election of state delegate and alternate to National Convention
- ∞ Unfinished business, new business, remarks for the good of the order

State Executive Committee Meeting:

Order of Business

1. Call to order by State Commander or highest ranking officer
2. Opening prayer
3. Pledge of Allegiance
4. Installation of SEC and/or Alternate (if needed)
5. Roll Call of the State Executive Committee
 - Officers with a vote, including the Immediate Past State Commander
 - Active, resident Past National Commander/s
 - Executive Committee member and Alternate from each unit
 - Officers with no vote (Adjutant, Assistant Adjutant, JA, Chaplain unless they are the elected SEC from their unit)

In order to continue, a quorum must be present. A quorum is one-third (1/3) of all eligible voting members. To be considered an eligible voting member you have to have been installed by a proper installing officer.

State Executive Committee Meeting:

Order of Business continued:

6. Minutes of previous SEC meeting – if the minutes were mailed and no corrections are brought to the floor, the Commander may state that the minutes stand approved as printed. If they have not been printed and mailed, they must be read and a motion to accept is in order.
7. State Treasurer's report
8. Communications and any needed action
9. Unfinished business
10. New business
11. Announcements
12. Closing prayer
13. Adjournment

Post-Convention Wrap-Up:

- ✓ Even if you haven't been appointed to serve as State Adjutant for the next year, you're still responsible for post-convention wrap-up.
- ✓ Within ten (10) days after the convention the following items must be sent to national headquarters:
 - Adopted state budget
 - Adopted state convention rules
 - Two (2) copies of the adopted amendments
 - Two (2) copies of the adopted supplement to state bylaws
 - Winning reports for each judging category
 - Yellow form listing the elected state delegate and alternate to national convention

Once you've finished all of these steps, the last thing to do is pass on **all of the property in your possession** to the newly appointed State Adjutant (if applicable).

PROCEDURE TO BE FOLLOWED AT THE 2022 STATE CONVENTION

- **Pre-Convention State Executive Committee** – SEC meeting shall be held within twenty-four hours preceding the first business session.
- Distribute copies of the following to the convention delegates prior to their consideration and adoption:
 - Convention Agenda
 - Convention Rules
 - Amendments to the State Standing Rules (if any) proposed by the Standing Rules Committee.
 - Completed Supplement to State Bylaws (adopted at the previous state convention).
 - Proposed budget
- **Credential Report** – An appointed Credential Committee Chairman presents a credential report to be adopted as the first order of business at the first business session. Thereafter, the credential report must be updated, read, and adopted at the beginning of each day and prior to nomination and elections.
- **Convention Agenda** – Delegates adopt the proposed convention agenda with the understanding that the agenda is subject to change.
- **Convention Rules** – Convention rules may be amended by a majority vote of the convention delegates. Delegates are to adopt rules of the convention at the first business session. The convention Chair can call for reading of the convention rules or entertain a motion to adopt as distributed.
- **State Standing Rules*** – State Standing Rules Committee Chairman presents amendments for consideration of the body (if any). Standing Rules may be amended by a majority vote of those registered and voting during a regular business session. Standing rule amendments must be presented and adopted individually.
- **Supplement to State Bylaws*** – The State Standing Rules Committee Chairman will address changes to the supplement due to any previously adopted standing rule amendments. It is not necessary to read the supplement line by line. Supplement to State Bylaws must be adopted as amended by a majority vote of those registered and voting during a business session. If there are no amendments, the delegates adopt the supplement as is for the ensuing year (Example: 2022-2023).
- **Proposed Budget** – Finance Committee Chairman presents the budget. Budget to be adopted by the convention delegates.
- **Post-Convention State Executive Committee** – SEC meeting shall be held within twenty-four hours following the convention adjournment.
- **Nominating Committee Report/Elections/Installation**

*Note: The supplement and any adopted amendments shall be reviewed for any discrepancies by the National Judge Advocate prior to their becoming effective.



AUXILIARY UNIT BUSINESS MEETING

National Fall Conference

The Basics:

- ✓ Hold at least four (4) regular business meetings per year at a time and place set by vote of the unit.
- ✓ Four (4) Senior members constitutes a quorum. One member present must be the Unit Commander or a Unit Vice Commander. **No quorum?** Take advantage of your time to brainstorm and share ideas about DAVA's mission.
- ✓ Regular business meetings must be conducted in accordance with the Ritual except where it is necessary to dispense with in order to expedite business.
- ✓ It is the duty of all Officers to attend each meeting of the Unit. In case of the inability of any Officer to attend a meeting, notice should be given to the Commander, and an arrangement made for all pertinent books and papers in the possession of said Officer to be made available for to the meeting.
- ✓ If a Chair Officer is absent, the presiding Officer can designate a member to fill the chair.

Opening Ceremony of a Regular Business Meeting:

Reference: National Constitution and Bylaws

- ∞ Meeting called to order by the Unit Commander or highest ranking officer
- ∞ The chaplain invokes the blessing
- ∞ The Patriotic Instructor or designee will lead the "Pledge of Allegiance"
- ∞ The Senior Vice Commander gives the purpose of the DAV Auxiliary
- ∞ The Junior Vice Commander gives the eligibility for membership in DAV Auxiliary
- ∞ The Commander announces the meeting open for any business
- ∞ The Adjutant will call the roll of officers

Order of Business:

Reference: National Constitution and Bylaws

1. Vote on Transfer members
2. Introduction of Visitors
3. Introduction of new members. Initiation ceremony, if applicable, may follow.
4. Reading of Minutes
5. Treasurer's Report of Receipts and Disbursements
6. Reading of Bills and Communications
7. Sickness and Distress
8. Report of Committees
9. Unfinished Business – Address topics of discussion from a previous meeting that were unresolved or required more research.
10. New Business – Introduction of new discussion topics to come before the body such as projects, expenditure approval, etc. Remember, without unit body approval, no projects or expenditures can be approved.
11. Money March
12. Remarks for the good of the Organization
13. Closing Ceremony

Closing Ceremony:

Reference: National Constitution and Bylaws

- ∞ The Commander announces that the business has been completed
- ∞ The Commander requests members to face the east in devoted memory of departed Comrades
- ∞ The Commander requests members to face the flag and hand salute
- ∞ The Commander requests members to face the Altar
- ∞ The chaplain gives the closing prayer
- ∞ Meeting is adjourned – Commander announces the date of the next meeting

Always:

- ∞ Be respectful of the Chair and all in attendance.
- ∞ Keep personal disagreements or conflicts out of the business meeting.
- ∞ Welcome and include new members.
- ∞ Have an open mind to new ideas or projects of benefit to veterans and their families.
- ∞ Encourage youth membership and activities to instill patriotism and develop leadership qualities.
- ∞ Remember the mission of our organization.



Indebtedness Statement Explained

A national mandate is charged annually to cover Auxiliary Programs and national convention expenses. This statement is sent to units by email in early November and to state departments for distribution in early February.

Each July 1 a distribution of \$.50 is made to the unit for each life member (excluding over-80 complimentary members and Junior members). The national mandate is automatically deducted from the July 1 distribution, provided the unit has sufficient life membership to make adequate distribution to cover the national mandate. In cases where the July 1 distribution does not cover the full \$25 mandate amount, an indebtedness statement is generated.

To satisfy this balance, the unit must submit a check to pay the amount owed. The balance must be paid prior to state and national convention in order to keep your unit in good standing.

Example

Dept. #	Unit #	Description	Total
State #	Unit #	Balance Carried Forward <i>(See #1)</i>	\$0.00
		Distributed Amount <i>(See #2)</i>	(\$22.50)
		Convention Fees <i>(See #3)</i>	\$0.00
		AUX Mandates <i>(See #4)</i>	\$25.00
		Indebtedness Amount <i>(See #5)</i>	\$2.50

1. **Balance Carried Forward** – Typically, this is the balance carried forward from the previous month.
2. **Distributed Amount** – The amount the unit received on the July 1 distribution.
3. **Convention Fees** – This box will be \$0.00.
4. **AUX Mandates** – The amount charged to each unit on July 1.
5. **Indebtedness Amount** – Unpaid mandate amount owed by the unit. In the example above, the unit had distribution deduction of \$22.50, leaving mandate balance due of \$2.50.

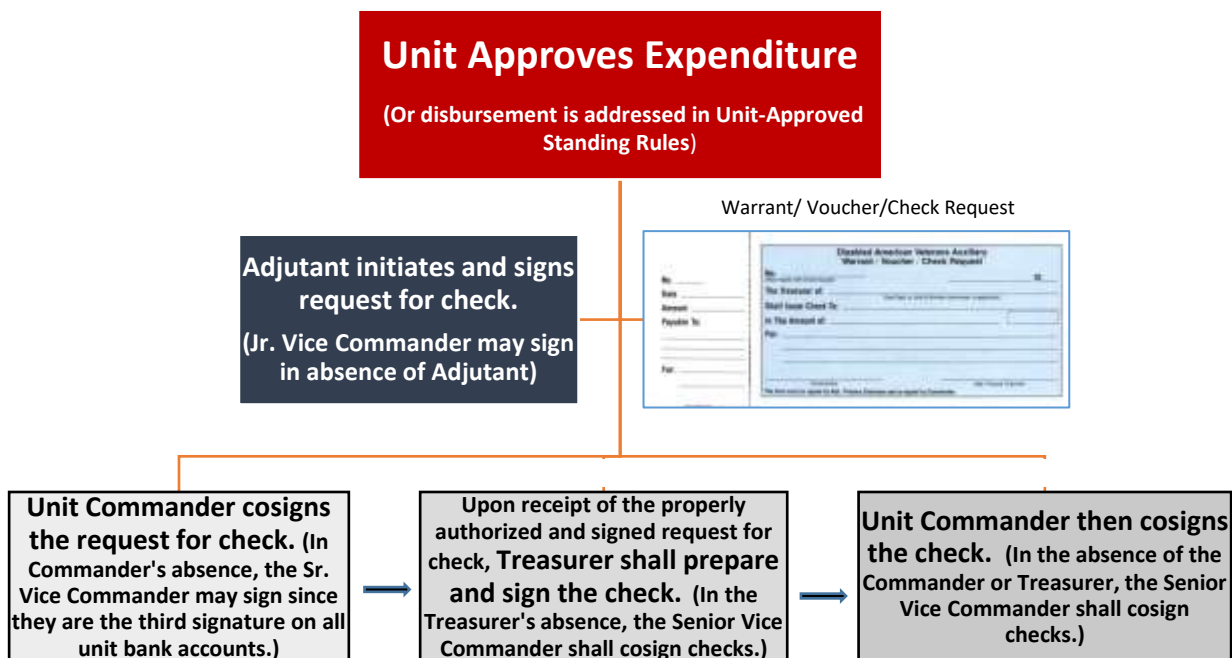
Unit

Warrants/Vouchers/Check Requests

The national bylaws provide for the proper procedure when issuing checks from unit accounts.

Unit funds may only be expended upon approval of unit members at a regular business meeting unless otherwise specified in Unit Standing Rules.

Procedure —



Debit and/or Credit Cards may not be used

Reference: Disabled American Veterans Auxiliary National Constitution and Bylaws, Unit Section, Article XI, Sections 1 – 4

# _____ Date _____ Amount _____ Payable to: _____ _____ _____ For _____ _____ _____	<div style="text-align: center;">Disabled American Veterans Auxiliary Warrant / Voucher / Check Request</div> # _____ 20 _____ <small>(Must Agree with Check # Issued)</small> The Treasurer of: _____ <div style="text-align: center;"><small>State Department or Unit & Number (whichever is applicable)</small></div> Shall Issue Check To: _____ In The Amount Of: _____ For: _____ _____ _____ _____ _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ Commander _____ Adjutant/Finance Chairman </div> <div style="text-align: center; font-size: small;">Must be signed by Adjutant/Finance Chairman and co-signed by the Commander.</div>
---	---

# _____ Date _____ Amount _____ Payable to: _____ _____ _____ For _____ _____ _____	<div style="text-align: center;">Disabled American Veterans Auxiliary Warrant / Voucher / Check Request</div> # _____ 20 _____ <small>(Must Agree with Check # Issued)</small> The Treasurer of: _____ <div style="text-align: center;"><small>State Department or Unit & Number (whichever is applicable)</small></div> Shall Issue Check To: _____ In The Amount Of: _____ For: _____ _____ _____ _____ _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ Commander _____ Adjutant/Finance Chairman </div> <div style="text-align: center; font-size: small;">Must be signed by Adjutant/Finance Chairman and co-signed by the Commander.</div>
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# _____ Date _____ Amount _____ Payable to: _____ _____ _____ For _____ _____ _____	<div style="text-align: center;">Disabled American Veterans Auxiliary Warrant / Voucher / Check Request</div> # _____ 20 _____ <small>(Must Agree with Check # Issued)</small> The Treasurer of: _____ <div style="text-align: center;"><small>State Department or Unit & Number (whichever is applicable)</small></div> Shall Issue Check To: _____ In The Amount Of: _____ For: _____ _____ _____ _____ _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ Commander _____ Adjutant/Finance Chairman </div> <div style="text-align: center; font-size: small;">Must be signed by Adjutant/Finance Chairman and co-signed by the Commander.</div>
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UNIT MINUTES

(To be prepared by the Unit Adjutant. May also be used as a worksheet during meetings for transcription of minutes.)

Name and Number of Unit _____

Location _____ Date _____ Time _____

CALL TO ORDER:

Prayer by _____ Chaplain

Pledge by _____ Patriotic Instructor

Purpose given by _____ Sr. Vice Commander

Eligibility given by _____ Jr. Vice Commander

Roll call of officers by _____ Adjutant

Commander:	Present _____	Absent _____
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Sr. Vice Commander:	Present _____	Absent _____
---------------------	---------------	--------------

Jr. Vice Commander:	Present _____	Absent _____
---------------------	---------------	--------------

Treasurer:	Present _____	Absent _____
------------	---------------	--------------

Chaplain:	Present _____	Absent _____
-----------	---------------	--------------

Adjutant:	Present _____	Absent _____
-----------	---------------	--------------

Total officers & members present: _____

Unit had a quorum: Yes ____ No ____ *(Four (4) life members shall constitute a quorum. One member present shall be the Unit Commander or a Unit Vice Commander.)*

ORDER OF BUSINESS:

Names of transfer members voted on: _____

Names of visitors: _____

Names of new members who were introduced/initiated: _____

(Member initiation is recommended, but not mandatory. New members and those who have not been previously initiated may be initiated at the meeting and their names recorded in minutes.)

READING OF THE MINUTES:

(The commander asks if there are corrections to minutes. Hearing none the minutes would be declared approved as read. If there are corrections, the minutes would be adopted as amended by unit vote and the amendment/s recorded in the current meeting minutes.)

Amendments to the minutes, if any _____

Minutes Adopted _____ Adopted as amended _____

TREASURER'S REPORT: Given by: _____

Beginning balance: _____ Income: _____

Disbursements: _____ Closing balance: _____

*(After the report is given, the commander states that the treasurer's report will be filed for audit. A motion does not have to be made for this action. **A motion to accept the report is out of order**, since an audit must be taken before it can be established that the treasurer's records are correct.)*

BILLS AND COMMUNICATIONS (list all):

Motion by: _____ Seconded: Yes _____ No _____

Carried: Yes _____ No _____

Additional motion/s, if applicable.

Motion by: _____ Seconded: Yes _____ No _____

Carried: Yes _____ No _____

(If any action is taken on payment of bills or correspondence, all motions must be recorded correctly and the name/s of the member/s making the motion must be indicated. It must show there was a second to the motion, discussion followed, and the outcome of the vote of the unit for each motion. This is true of any motion on any matter at a Unit Meeting.)

SICKNESS & DISTRESS: _____

REPORT OF COMMITTEES:

Membership by _____

Americanism by _____

Community Service by _____

Legislation by _____

Junior Activities by _____

VAVS by _____

Ways and Means by _____

Other committee reports: _____

UNFINISHED BUSINESS: _____

NEW BUSINESS: _____

MONEY MARCH: Amount collected _____ Purpose of funds _____

REMARKS FOR THE GOOD OF THE ORGANIZATION: _____

CLOSING CEREMONY

TIME OF ADJOURNMENT: _____

Minutes prepared by: _____

Title: _____

Date: _____

Minutes Approved: Date _____

Adjutant's Signature: _____

Commander's Signature: _____

TREASURER'S REPORT
(Suggested Form)

Treasurer's Report by: _____

Date: _____ Unit Name and Number: _____

Beginning Balance: Month _____ Day _____ Year _____

List and identify all account types and current balances below

_____	\$ _____
_____	\$ _____
_____	\$ _____

Receipts:

Membership dues received from:

Names & Amounts: _____

_____ \$ _____

Fundraiser/s \$ _____

Donations from:

Names/Source & Amounts \$ _____

Other: (explain) _____ \$ _____

Total Receipts _____ \$ _____

Disbursements:

Dues to National Headquarters (Names & Amounts)

_____	\$ _____
Postage	\$ _____
Fundraising Expenses	\$ _____
Other: (explain in detail) _____	\$ _____

Total Disbursements _____ \$ _____

[NOTE: Beginning balance (+) Total receipts (-) Total disbursements (=)]

Closing Balance \$ _____

ADD:

Checking:	\$ _____
Savings	\$ _____
Certificates, etc.	\$ _____
Other accounts: (Explain)	\$ _____

Total Unit Assets \$ _____

Treasurer's Signature: _____

(The treasurer's report must be given to the adjutant to be attached to the minutes.)

New IRS Login – Effective 8.26.22

Effective the above date, all users are required to establish an ID.me account with IRS. **If you already have an account through the VA or Social Security Administration you will not need to set-up a new one!**


1. Visit the sign-up website: <https://api.id.me/en/registration/new>
2. Enter the information it requests:
 - Email
 - Password (should contain lower case letter, upper case letter, number, and be at least eight characters)
 - Confirm Password
3. Place a check mark in the box to accept the ID.me terms of service and privacy policy.



The screenshot shows the 'Create an ID.me account' form. At the top, it features the 'ID.me + IRS' logo. Below the title, there is a link for users who already have an account: 'Already have an ID.me account? Sign in to ID.me'. A note states '* Indicates a required field'. The form contains three input fields: 'Email *' with the placeholder 'Enter your email address', 'Password *' with the placeholder 'Enter password', and 'Confirm Password *' with the placeholder 'Reenter password'. Each of these three fields has a black arrow pointing to it from the left. At the bottom of the form, there is a checkbox followed by the text 'I accept the ID.me Terms of Service and Privacy Policy'.


4. Once you have submitted the initial form, a new box will generate explaining the transaction-related data will be shared with IRS. If you agree with the content, click Continue.
5. Confirm your email address – an email will be sent to what you entered in step #3. It may take up to ten minutes to receive it. Be sure to check your junk/spam folders. You will enter the six-digit code in the email into the box at the bottom of the screen and hit Continue.

CONFIRM YOUR EMAIL ADDRESS



We sent an email to aglende@dav.org.

If you cannot find the email, please check your spam folder. It can take up to 10 minutes to receive the email.



After your email is confirmed, return to this page to continue.

Didn't receive the email? [Resend my verification](#)

Can't click on the button in your email?

Enter the 6-digit code from the email below:

677472

[Why do I need to confirm my email?](#)

Continue

6. You will now need to select an MFA option (multi-factor authentication) in the event that someone would try to login as you. There are multiple ways to do this. The easiest way would be Text Message or Phone Call (first option). For these directions, this is what we will use.

7. Enter your phone number and select how you'd like to receive the code – either text message or phone call. Then click continue.

ID.me + UMS

SECURE YOUR ACCOUNT

1 — 3

Receive a code by phone

Please use a phone number you can access whenever you plan to sign in.

Phone Number

 **Text me**

 **Call me**

THE NUMBER PROVIDED WILL ONLY BE USED FOR ACCOUNT SECURITY. MESSAGE AND DATA RATES MAY APPLY.

[Go back](#) **Continue**

8. For this example, I elected to receive a text message, which I received within seconds from 95246. Enter the six-digit code and click Continue.

9. You will get a message that your account is now secure. Next, you will need to generate a recovery code. By clicking on generate recovery code, it will generate a code that you will need to **write down and not forget**. If you should get locked out of your account, you can use that code for access.

10. Lastly, you will need to give ID.me permission to share your verified identity with IRS. The IRS will receive your first and last name and email address. Click Allow.

11. You are now registered for ID.me. You can move forward with complete the 990-N e-Postcard as you have previously.

The next step in this process is to manage your e-Postcard profile. Before you can create a Form 990-N e-Postcard, you must create your e-Postcard profile. Your e-Postcard Profile allows you to designate the filer type and add and remove EINs from your profile. This is beneficial to individuals who file postcards for multiple entities. Going forward, a list of all EINs will be available in this section and will not require additional log-in's for each postcard.

The page that you are directed to will ask for information pertaining to the unit or state department filing. To add the EIN, complete the following steps:

1. Select a user type – Exempt Organization. Click “Continue.”
2. Enter your EIN – the first two digits go in box one, the remainder go in box two. Click “Add EIN.”
3. If you file more than one 990-N, continue this process until all EIN's are added. Once done, click “Create New Filing.”
4. Using the drop down, select the EIN that you're filing the 990-N for and click “Continue.”
5. As the preparer, you are only required to answer questions two and three. Question 2 asks, “Are your gross receipts normally \$50,000 or less?” (Yes). Question 3 asks, “Has your organization terminated or gone out of business?” (No). Click “Continue.”
6. The next step is contact information. The DBA Name is the Unit Name/Number or State Department name. Enter the address of the unit adjutant. Remember to select “United States” from the country drop down box. For principal officer, select “Person” from the type of name dropdown. Enter the Adjutant again. Then click “Submit Filing.” The system does not allow for users to enter any

punctuation. Please refrain from using periods, dashes, etc. in names and mailing addresses.

7. A warning will then come on your screen that asks if you want to save the data and submit the filing to the IRS. Once you submit the e-Postcard, you will no longer be able to edit the information. Select “OK” to confirm submission, or “Cancel” if there is something that needs to be reviewed or changed.
8. You will then be redirected to a confirmation page that the information has been submitted. It will include the organization name, EIN, tax year, start date, end date, submission ID, filing date, and status. Always **print** this page for your records. Once you leave this page you are unable to access it again. This is not a confirmation that the IRS accepted your filing. Users must verify the filing has been accepted by going to the “Manage 990-N Submissions” page.

A confirmation will no longer be sent to the email address that you have registered with. To check the status of the electronic filing, log into the 990 Electronic Filing System and go to the “Manage Form 990-N Submission” page. It will indicate the status for each Form 990-N submitted – indicating whether the form was accepted or rejected. If it was rejected, click on the “Submission ID” link for additional details and contact national headquarters.

NOMINATION FOR DAV AUXILIARY OUTSTANDING MEMBER OF THE YEAR

(All information must be neat and legible)

PURPOSE: To recognize the contributions and dedication of an outstanding DAV Auxiliary member whose efforts have enhanced the goals of the DAV Auxiliary, the parent organization, and has been active in the community since becoming a DAV Auxiliary member.

Name of Nominee		Membership #	
Nominee Street Address		Phone # ()	
City	State		Zip Code
Unit Name & Number		Years of Continuous Membership	

ELIGIBILITY: Any active senior member of the Disabled American Veterans Auxiliary is eligible for this award with the exception of a previous winner of the national organization's Outstanding Member of the Year Award, a Past National Commander, or a DAV/DAV Auxiliary employee. Former DAV or DAV Auxiliary employees should not include any activities on this application performed during their employment. Any DAV Auxiliary member in good standing may sponsor an individual for this award.

Note to Sponsor: Please read the instructions thoroughly. ONLY the current official form provided by National Headquarters or downloaded from the Auxiliary website will be accepted. (Additional attachments may not exceed ten (10) pages and sections must be numbered to match the corresponding section on the official form.) In the appropriate categories, list and explain the activities and approximate period of time in which the candidate was involved or helped initiate those achievements as well as involvement with other community groups during their years of Auxiliary membership. Do not include involvement in other veterans' organizations.

Sponsor Information:

Name: _____ Phone: _____

Address: _____

Street

City, State, Zip Code

As sponsor I hereby verify that the information submitted is correct.

Sponsor's Signature

Date

This completed form must be submitted to National Headquarters and postmarked no later than March 17, 2023

COMPLETE THIS FORM IN ITS ENTIRETY. ADDITIONAL PAGES MAY BE ATTACHED AS NEEDED.

1. Is the Nominee employed? Yes ____ No _____. If no, describe any previous experience.
2. Does the Nominee now hold an office, chairmanship, or other position on the unit, state, or national level of the Auxiliary? Yes _____ No _____. If yes, please specify.
3. List all outstanding personal achievements and any awards received since becoming an auxiliary member.
4. List and explain any new or special projects initiated by this nominee.

5. Explain in detail any participation in the following programs of the DAV Auxiliary.

Americanism

Community Service

Junior Activities

Legislation

Membership

VAVS

6. Explain any participation in the programs of the DAV parent organization.

7. List participation and explain involvement with other community groups. (DO NOT INCLUDE ACTIVITIES IN **OTHER VETERANS' ORGANIZATIONS.**)

Note to Sponsor: Please use the space below to state *in your own words* why you feel this member is truly outstanding and deserves consideration for this award. Additional information may be attached.

Return completed form to: National Auxiliary Headquarters
860 Dolwick Dr.
Erlanger, KY 41018

DAV Auxiliary Vocational/Training Assistance Program FAQ

Q. Who is eligible to apply for this assistance?

A. In our ongoing mission of service to disabled veterans and their families, this assistance is available to ill and injured veterans, their spouse, and their children.

Q. Explain what this program is about.

A. DAV Auxiliary takes pride in their history of providing education financial assistance since 1932. This particular program focuses on **vocational and personal development training** (not general classes for associate degrees or enhancements or enhancements to achieve a four-year degree).

Q. What is the purpose of the program?

A. To assist disabled veterans and their spouse or children with course expenses for those with a desire to improve their workplace skills and for career development.

Q. For a better understanding of this program, what are some vocational/training examples?

A. Examples would include trade schools, online courses, one-off community classes such as Microsoft Office or other personal development courses that would facilitate job procurement, career enhancement, etc.

Q. How much are the education grants per applicant?

A. At this time, the maximum amount to be granted is \$500. Funding for this program is based on fund availability and determined by the DAV Auxiliary National Finance Committee annually.

Q. How do I apply?

A. Applicants will complete an application for assistance preapproval. The application will be reviewed by the DAV Auxiliary Education Program Committee. If approved, applicants will receive notification of the amount granted and what information will be required within 60 days of course completion in order to receive reimbursement.

Q. What is covered?

A. When considering the grant amount, the committee will take several factors into consideration such as course cost, lab fees, books, and other class necessities as determined by the committee. Expenses **not** considered are parking, transportation, meals, or lodging.

Applicant must acknowledge that they did not otherwise receive any other free financial assistance (such as scholarships, GI Bills, and education grants) that when combined with this benefit would result in an overpayment of the original course cost.

The DAV Auxiliary is not responsible for state, local, federal taxes, or laws or regulations regarding benefits of this nature and are the sole responsibility of the recipient.



DISABLED AMERICAN VETERANS AUXILIARY VOCATIONAL/TRAINING ASSISTANCE APPLICATION



GENERAL INFORMATION:

Name of Applicant: _____
Last First Middle

Permanent Address: _____
Number & Street

City, State & Zip Code

(Area Code) Phone Number

Email Address

RELATIONSHIP TO DISABLED VETERAN:

☐ Self ☐ Spouse ☐ Child

VOCATIONAL/TRAINING EDUCATIONAL FACILITY:

Name: _____ Phone: _____

City, State, & Zip Code : _____

Course Name: _____ Course Start Date: _____

Course Cost (required for preapproval decision): \$ _____

PERSONAL DEVELOPMENT AND/OR CAREER ADVANCEMENT:

Explain your purpose for taking this course and how it will improve your personal development, workplace skills and/or career advancement opportunities. Attach a separate sheet, 500 words maximum.

By signing this application:

- You affirm the accuracy of the information submitted and confirm that you are a disabled veteran, their spouse or child who intends to complete the course indicated.
- You will not otherwise receive any other free financial assistance such as scholarships, GI Bills, education grants, etc., for this course that when combined with this benefit would result in an overpayment of the original course cost.
- You understand that financial assistance grants are based on funding availability and at the discretion of the DAV Auxiliary Education Program Committee.
- The DAV Auxiliary is not responsible for state, local, federal taxes, or laws or regulations regarding benefits of this nature and are the sole responsibility of the recipient

Applicant's Signature

Date

This application must be completed, signed and sent with required attachments to the National Disabled American Veterans Auxiliary Headquarters, 860 Dolwick Dr., Erlanger, KY 41018.

Rev. 11/2021



DISABLED AMERICAN VETERANS AUXILIARY EDUCATION SCHOLARSHIP ELIGIBILITY AND QUALIFICATIONS



The DAV Auxiliary Education Scholarship Program was established to provide education scholarships for students attending an accredited college, university, or vocational school in the United States or Territory.

Scholarship Amounts Available*:

Full-time student with a minimum of 12 credit hours not to exceed \$2,500

Part-time student with a minimum of six credit hours not to exceed \$750

Unique student with less than six credit hours not to exceed \$750

**The amount of scholarships granted each year will be determined by the National Education Committee, DAVA National Headquarters, and the National Finance Committee. If a scholarship is granted, a check will be sent directly to the school, not to the student. The decisions of the Scholarship Committee are final.*

Requirements:

- Be at least a high school senior.
- GPA of at least 2.5 (submit copy of official transcript of grades).
- Provide a narrative about personal career/life aspirations, not to exceed 500 words.
- List what you have done to serve disabled veterans/families during the past two years.
- Complete the most current application (Rev. Sept. 2022).
- Applications must be completed, signed, and postmarked **no later than March 24, 2023**, to be considered.

Application Forms:

Application forms are available at www.davauxiliary.org or by contacting DAV Auxiliary National Headquarters at 833.368.1220.



DISABLED AMERICAN VETERANS AUXILIARY EDUCATION SCHOLARSHIP APPLICATION



1. GENERAL INFORMATION:

Name of Applicant: _____
Last First Middle

Permanent Address: _____
Number & Street

City, State & Zip Code

(Area Code) Phone Number

Email Address

Date of Birth: _____

Complete name and address of the school you will be attending:

School phone number: _____

Year of Education: Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐

Full-Time Student ☐
(Minimum of 12 credits)

Part-Time Student ☐
(Minimum of 6 Credits)

Unique Request Student ☐
(Less than 6 credits)

Date you plan to attend school: _____ Number of years you plan to attend: _____

Proposed major & profession: _____

Anticipated Graduation Date: _____

2. UNIQUE REQUEST ONLY (less than 6 credits):

Briefly explain your unique request. (Why you will need to take fewer than 6 credits)

3. CAREER/LIFE ASPIRATIONS

Explain your career/life aspirations and how your education will help achieve these goals.
Attach a separate sheet, 500 words maximum.

4. LIST OF SERVICES TO DISABLED VETERANS/FAMILIES

On a separate sheet, provide a chronological list (not a summary) of what you have done to service disabled veterans or their families during the past two years.

Submit any additional information that might affect your application for a scholarship.

I hereby affirm the correctness of the information submitted.

Applicant's Signature

Parent/Guardian Signature (if student is under 18)

Date

Date

Submission Checklist:

- ☐ Completed Application (must be the most recent application Rev. Sept. 2022).
- ☐ Career/life aspirations.
- ☐ List what you have done to serve disabled veterans/families during the past two years.
- ☐ Copy of official transcript of grades.
- ☐ **School's W-9** (can be obtained from the financial aid/bursar office).

This application must be completed, signed and postmarked NO LATER THAN MARCH 24, 2023, and sent to the National Disabled American Veterans Auxiliary Headquarters at the address below.

National Education Scholarship Fund
Disabled American Veterans Auxiliary
860 Dolwick Dr.
Erlanger, KY 41018



DISABLED AMERICAN VETERANS AUXILIARY SERVICE PROGRAM FINANCIAL ASSISTANCE REQUEST

Article II of the DAV Auxiliary Constitution codifies the purpose of the organization to include, in part, advancing “the interests and work for the betterment of all wounded, injured, and disabled veterans and their families....” In carrying out this stated purpose, DAV Auxiliary has created a Service Program to assist surviving spouses of service-connected disabled veterans in times of dire financial need.

Requestor must be the surviving spouse of a service-connected disabled veteran. Funds will be payable directly to the financial need only, not the individual. The one-time maximum payment will not exceed \$500.

Applicant is to complete this application and submit the necessary documentation such as copies of outstanding utility bills, mortgage/rent payment, medical bills, etc. Consideration will only be given to requests deemed essential/emergency in nature per the program guidelines. In order that we can verify the balance owed, complete contact information must be provided along with a signed consent form.

Applicant's Full Name _____
First MI Last

Maiden Name, if applicable _____ Date of Birth _____

Mailing Address: _____
House Number, Street & Apt. #

_____ City State Zip Code

Phone _____ Email: _____
Home Mobile

Applicant is the surviving spouse of a service-connected disabled veteran: ☐ Yes ☐ No

Veteran's full name: _____ Date of death: _____

Veteran's branch of military service: _____ Service Dates, if known: _____

Have you received monetary assistance from the DAV Auxiliary Service Program in the past?
Yes ☐ No ☐

Reason for request:

Signature _____ Date: _____

Complete and send to:

DAV Auxiliary
860 Dolwick Dr.
Erlanger, KY 41018
Email: dava@dav.org

Notice: The DAV Auxiliary National Finance Committee shall determine an amount to be disbursed in a calendar year. Once exhausted, no further distribution will be granted.

Disabled American Veterans Auxiliary Service Program



The Disabled American Veterans Auxiliary's Service Program fund assists individuals in emergency financial need. The funds are not paid to the applicant, but credited directly to an outstanding bill. It is necessary that the organization be able to verify and confirm the amount of the bill(s) that are submitted before any funds may be expended.

I hereby give my consent to the Disabled American Veterans Auxiliary to request information concerning bills that I have presented.

Signature

Date

Street Address

City, State, Zip Code

Complete and return to:

Disabled American Veterans Auxiliary
860 Dolwick Dr.
Erlanger, KY 41018

Reactivating a Unit

If a unit wishes to reactivate within the 18 month time frame they must do the following:

Contact those members in the state at-large who previously belonged to the unit and may wish to transfer from the state at-large. This list can be provided by national headquarters to the State Commander or State Adjutant assisting with the process. These members do not have to be new members since this is a reactivation of unit that existed previously.

- In order to reactivate, the unit must have ten (new or transfer) senior members, as well as members willing to hold an office or chairmanship in order for the unit to function.
- Transfers must be filled out for each member. Note: state and/or national at-large transfers will take immediate effect in the reactivated unit.
- An election shall be held.
- A completed officer report form, completed transfer forms, applications and any money that is to be applied to the members shall be mailed directly to National Headquarters along with a letter requesting reactivation.
- If all information is correct, the unit shall be activated under the original charter. The charter should have been sent to National Headquarters when the unit disbanded.
- If the unit charter has been misplaced and was not sent in to National Headquarters a duplicate will be issued for a fee of \$10.00. It shall state "duplicate" on the charter.
- The state department shall be instructed to return any money and property that may have been submitted by the unit at the time the unit disbanded.
- If the unit was indebted (mandates) to the organization at the time of revocation, they must remit that indebtedness payment before reactivation can be processed.

It is important to remember that when a unit disbands, the money that they have must be sent to their state department and not given to the parent organization. The state department will hold the funds in escrow for 18 months. The instructions above are for a unit that is reactivating prior to a deadline of 18 months. After 18 months, the unit cannot reactivate under the existing charter and all funds will then go into the general fund of the state department.

PROCEDURE FOR DISBANDING AN AUXILIARY UNIT

When unit membership has decided that due to inactivity, lack of interest, or the failure to hold the required amount of business meetings, they find their only recourse is to disband, we are asking that the following steps be observed.

- First, units must contact the state department to discuss the issues they are facing.
- The unit **may not**, under any circumstances, spend down the money in their unit bank account/s. In accordance with the National Constitution and Bylaws, the funds will be held in escrow by the state department for 18 months. In the event of a reactivation, the funds are returned to the unit.
- The state department will be responsible for arranging a special unit meeting to discuss the issues facing the unit. Special meeting notification must be sent to all adult members advising that a meeting will be held for the purpose of discussing charter retention and their attendance is critical to the unit's future and the mission of our organization. Provide meeting location, date, and time.
- If the special meeting proves futile due to lack attendance or those present vote to disband, if the state department is in concurrence, they must submit a letter to national headquarters requesting revocation. **This letter is to include all efforts made by the state department to assist with unit charter retention.** Sometimes, all a unit needs is reassurance and the support of their state leaders. ***No action will be taken by national headquarters without this official notification and explanation.***
- In the event of charter revocation of a parent chapter, the Auxiliary unit may still retain its charter upon vote of the unit followed by proper notification provided to national headquarters.

Upon charter revocation, all property, money and effects of the unit, with the exception of the charter, shall revert to the State Department to be held in trust for a period of 18 months. In the event the unit charter is not reissued within a period of 18 months, said property shall become the absolute property of the State Department.

It bears repeating that **unit funds shall go to the auxiliary state department when a unit disbands since it cannot be expended for any other activity, program, or to other organizations, including the parent chapter.**

The original charter must be sent to National Headquarters for safekeeping.

The purpose of the procedure listed above is to give each member advance notice that the charter may be revoked due to inactivity or other reasons and provide the opportunity for them to invest the time and work necessary to save the unit charter.

AMERICANISM REPORT 2022-2023

Fill out in triplicate: Send two copies to
address listed at right:
Keep one copy for Unit files.

Must be postmarked by: _____

Additional pages may be added to further explain any information given on this report. Please remember to number the items on any additional pages to correspond with the questions.

PLEASE PRINT

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

NUMBER OF SENIOR MEMBERS _____

1. Number of Americanism Programs your Unit sponsored _____ Number of Essay Contests

Sponsored _____

2. Number and size of flags your Unit presented. 4 x 6 in. _____

4 x 6 ft. _____ 5 x 8 ft. _____

3. Describe any Americanism Programs presented and what literature was displayed or distributed.

4. How many Americanism reports were given at your meetings? _____

5. Did your unit observe all holidays and display the American Flag when possible? Yes_____ No_____

6. Were Unit members and others encouraged to vote and to promote civic duty awareness? Yes___ No___

7. Did your Unit support the POW/MIA program? Yes_____ No_____

8. List Americanism activities such as Memorial and Veterans Day Services, Parades, etc. (Do not include Special Americanism Program.)

Submitted by:

Signature of Commander and/or Chairman

SPECIAL AMERICANISM PROGRAM 2022-2023

Fill out in triplicate: Send two copies to
address listed at right:
Keep one copy for Unit files.

Must be postmarked by: _____

PLEASE PRINT OR TYPE

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

NUMBER OF SENIOR MEMBERS _____

SELECT ONE: CATEGORY 10 TO 200 _____ CATEGORY 201 AND OVER _____

A Special Americanism Program has to be an event that the General Public and Dignitaries are invited to attend. Suggested topics could be articles within the Auxiliary Manual, citizenship, veterans, special essays, patriotic plays, music, etc. Additional pages may be added to further describe this program.

1. Did you have a Special Americanism Program? Yes _____ No _____

*Complete a report for each Special Americanism Program completed by the Unit

Date of Program _____

Type of Program _____

Was the public invited? _____

2. Describe your program: (Please do not attach pictures or newspaper clippings)

3. Explain Media Coverage (Social Media, TV, radio, local newspaper)

4. List any dignitaries who attended:

5. Total number in attendance. _____

Submitted by:

Signature of Commander and/or Chairman

COMMUNITY SERVICE REPORT 2022-2023

Fill out in triplicate. Send two copies to
address listed at right:

Keep one copy for Unit files.

Must be postmarked by: _____

Print Legibly

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

NUMBER OF SENIOR MEMBERS _____ Total senior members working on Community Service _____

Refer to the **Community Service Table of Values** as your guideline. Monetary donations by the Unit should be listed only in the column designated for Unit Checks. All other cash donations from members should be listed in the last column. If the total amount exceeds **\$1,000**, attach itemized explanation of expenditures. Additional explanation and detail of unit activities may be attached (limit to three pages). The report of services provided by the unit members within the community may not include relatives.

	<u>Miles</u>	<u>Hours</u>	<u>Donations by Unit Checks</u>	<u>Value all Other Donations</u>	<u>Cash Donations from Members</u>
11. Family Services: Direct aid to families, visits, clothing, food, errands, transportation, etc.	_____	_____	\$ _____	\$ _____	\$ _____
12. Facility Visits: Nursing homes, treatment centers, health care centers/hospitals, etc.	_____	_____	\$ _____	\$ _____	\$ _____
13. Professional & Trade Services/ Payments: Medical/dental, electrician, plumber, etc.	_____	_____	\$ _____	\$ _____	\$ _____
14. Recreation & Entertainment: Excursions, parties, reading, gifts, therapeutic sewing, baking, etc.	_____	_____	\$ _____	\$ _____	\$ _____
15. Special Projects and Programs: Caregiver Initiative, Efforts for the Deployed, etc.	_____	_____	\$ _____	\$ _____	\$ _____
Totals:	_____	_____	\$ _____	\$ _____	\$ _____
			Total of All Donations \$ _____		

Submitted by: _____

Signature of Commander and/or Chairman

JUNIOR ACTIVITIES REPORT 2022-2023

Please report all Junior Activities on this form.

Fill out in triplicate. Send two copies to
address listed at right:

Keep one copy for Unit files.

Must be postmarked by: _____

PLEASE PRINT:

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

Total Junior Membership _____ Do you have a chartered Junior Unit? _____

How many Juniors participated in activities? _____

Are you sponsoring a DAVA Junior member for the 2022-2023 national competition? _____ If yes,
don't forget to send in a junior award questionnaire and attached resume.

List number of volunteer hours and describe the activities in the categories listed below. (The reverse side
or additional paper may be used as well as a few snapshots.)

1) VA Medical Center: _____ Hours Activities: _____

2) Hospital/Nursing Home: _____ Hours Activities: _____

3) Community Service: _____ Hours Activities: _____

4) Forget-Me-Not Drives: _____ Hours Activities: _____

5) Americanism: _____ Hours Activities: _____

6) Chapter/Unit Activities: _____ Hours Activities: _____

7) Veterans Day: _____ Hours Activities: _____

8) School/Church: _____ Hours Activities: _____

9) Miscellaneous: _____ Hours Activities: _____

_____ Total Hours

Submitted by:

Signature of Commander and/or Chairman

DAVA JUNIOR AWARD QUESTIONNAIRE

Directions: Please read carefully

- 1) Do **NOT** send this form if you do not have a candidate.
- 2) Form must be completed by Chairman or Commander.
- 3) Chairman or Commander **shall** write and attach a brief synopsis relating their knowledge of candidate's abilities or activities.
- 4) Fill out in triplicate. Keep one copy for unit files.
Send two copies to address listed at right:
- 5) Questionnaire must be postmarked by: _____
- 6) A resume in the candidate's **own handwriting** MUST accompany this form.
- 7) A unit does not have to have a junior charter to nominate a candidate for any of the Junior Awards.

A total of three awards will be given. Please place a checkmark by the age group of the candidate.

☐

Outstanding Junior Award
(Ages 7 - 10)

☐

Outstanding Junior Award
(Ages 11 - 14)

☐

Outstanding Junior Award
(Ages 15 - 17)

**** PLEASE NOTE THAT NO JUNIOR IS ELIGIBLE TO WIN THE SAME TITLE TWICE ****

PLEASE PRINT

Candidate's Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Member of Unit (Name and Number) _____ State _____

Number of years as an active DAVA member _____

List total volunteer hours for the CURRENT MEMBERSHIP YEAR ONLY for the following:

VA Medical Center	_____	Chapter/Unit Activities	_____
Hospital/Nursing Home	_____	Veterans Day	_____
Community Service	_____	School/Church	_____
Forget-Me-Not Drive	_____	Miscellaneous	_____
Americanism	_____		

NOTE: Participation in the above categories should be fully explained and verified on the candidate's attached resume. Please use that resume to list all other activities (Ex.: Scouts, 4-H, etc.) and hours for 2022-2023 only. Additional snapshots may be submitted.

Candidate's Signature _____ Parent/Guardian Signature _____

Commander and/or Chairman's Signature _____

LEGISLATIVE REPORT 2022-2023

Fill out in triplicate. Send two copies to
address listed at right:

Keep one copy for Unit files.

Must be postmarked by: _____

PLEASE PRINT

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

TOTAL NUMBER OF SENIOR MEMBERS _____

THIS NATIONAL LEGISLATIVE REPORT IS FOR LEGISLATION ON VETERANS' BILLS ONLY

Contacts reflect the number of letters, telephone calls, telegrams, emails, faxes and personal visits made and/or received by a member from: Federal level - President, Senators or Representatives; State level - Governor, State Senators or Representatives; Local level - Mayor, City or Town Council, County Commissioners or other elected officials. **Follow-ups** are "Thank you for your support" letters on listed bill. **Do not attach bulletins or letters to your report.**

1. Total number participating in Legislative program _____
2. Total number of meetings Unit participated in discussion on Veterans' bills _____
3. Total Legislative contacts and Follow-Up "Thank You" letters at Federal, State, and Local Levels: _____

Bill #	Topic	# of Federal Contacts	# of Federal Follow-Up	# of State Contacts	# of State Follow-up	# of County, City, Local Contacts	# of County, City, Local Follow-up
Total Contacts & Follow-up "Thank You" letters (this page)							
Totals from the back side of this report (if applicable)							
GRAND TOTAL							

If additional space is needed, list bill numbers, topic, and number of contacts on the back of this report.

Submitted by:

Signature of Commander and/or Chairman

(Continued from front side)

3. Total Legislative contacts and Follow-Up “Thank You” letters at Federal, State, and Local Levels.

Bill #	Topic	# of Federal Contacts	# of Federal Follow-Up	# of State Contacts	# of State Follow-up	# of County, City, Local Contacts	# of County, City, Local Follow-up

Contacts Made on Legislation with No Bill Numbers							
	<i>Examples: removing unemployability for disabled veterans,</i>						
Total Contacts & Follow-Up “Thank You” letters (this page)							

MAE HOLMES NATIONAL OUTSTANDING UNIT REPORT 2022-2023

Complete this report **LAST** as the totals must agree with your other reports. You may use the **reverse side** for additional explanation and details.

Make four copies. Send three copies to address
Listed at right:
Keep one copy for your unit records.

Must be postmarked by: _____

PLEASE PRINT:

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

Number of **Senior** Members _____

Number of **Junior** Members _____

Total number of Members _____

1. **Membership:** Did your unit have a membership drive and/or program? _____
How many members were obtained? _____ Explain your membership drive and/or program.

2. **Americanism:** Number of programs, parades, and essay contests which your Unit sponsored or participated _____ Describe the most outstanding:

3. **Legislation:** Total number of meetings Unit participated in discussion on Veterans' bills? _____
Total number of Federal, State and Local legislative contacts. _____

4. **Junior Activities:** Describe the activities of your junior members:

	Total Value (\$)	Hours	Miles
5. VAVS			N/A
6. Community Service			

Note: If over \$1000 reported in Total Value column for any of the reports, attach copy of the report(s) **FORM ONLY** - no attachments

7. Explain any other **SPECIAL** projects which your unit sponsored or were participants:

Submitted by: _____
Signature of Unit Commander

V.A.V.S. REPORT 2022-2023

Fill out in triplicate. Send two copies to
address listed at right:
Keep one copy for Unit files

Must be postmarked by: _____

PLEASE PRINT OR TYPE

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

TOTAL NUMBER OF SENIOR MEMBERS _____

LOCATION OF DVA MEDICAL CENTERS _____

LOCATION OF DVA SATELLITE CLINICS _____

1. Certified VA Volunteer Hours ONLY	<u>NUMBER</u>	<u>*DVA Certified HOURS</u>
Regularly scheduled (R/S) volunteers (Senior members)	_____	_____
Sponsored volunteers (non-members)	_____	_____
Occasional volunteers (non R/S)	_____	_____
TOTAL	_____	_____
Number of NEW VA volunteers that were recruited this year	_____	

2. List and explain Unit Projects and Value of each (**one project per line**). If additional room is needed, please use reverse side or attach additional sheet.

_____	\$	_____
_____	\$	_____
_____	\$	_____
Total....	\$	_____

3. Donations (**one project per line**). If additional room is needed, please use reverse side or attach additional sheet. (Examples: DAV Transportation Network or Winter Sports Clinic).

_____	\$	_____
_____	\$	_____
_____	\$	_____
Total....	\$	_____

TOTAL VALUE OF 2 and 3..... \$ _____

All expenditures must be itemized on back of report or on an attached sheet

4. Was a Special Fundraiser held to benefit **VAVS**? Yes _____ No _____
Total number of volunteer hours for the program _____ Total amount raised \$ _____

Briefly explain the program:

If more space is needed to complete this report, please continue on the reverse side or attach additional sheet.

***DVA includes VAMC, VA Outpatient Clinics, VA Hospice, VA Home-Health, VA Nursing Homes, VA Foster Care, VA Vet Centers, National VA Cemeteries, VA Regional Offices. State Veterans' Homes and Cemeteries if a *Memorandum of Understanding* (MOU) is in place. Hours must be certified through VAMC.**

Submitted by: _____
Signature of Commander and/or VAVS Chairman

