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2023-2024 National Officers

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

2023-2024 National Executive Committee Members

NEC 1 st District.....	Janet Pratt
NEC 2 nd District.....	Linda Trulio
NEC 3 rd District	Erin O'Brien
NEC 4 th District	Linda Applegate
NEC 5 th District	Loretta Nosko
NEC 6 th District	Amy Bowser
NEC 7 th District	Amie Raber
NEC 8 th District	Jeff Jungkans
NEC 9 th District	Ann Wilner
NEC 10 th District	Linda Walters
NEC 11 th District	Carol Parker-Park
NEC 12 th District	Rose Williams
NEC 13 th District	Terri Young
NEC 14 th District	Meg Parsetich
NEC 15 th District	Danny Pierce
NEC 16 th District	Caroline Morris
NEC 17 th District	June Schow
NEC 18 th District	Hope Mulnix
NEC 19 th District	Diane Mason
NEC 20 th District	Sharon Thornton
NEC 21 st District.....	Kimberly Stake

2023-2024 Chairmen/Appointees

Americanism	Kathleen Wenthe
Community Service.....	Carolyn Harris
History Book Coordinator	Diane Sullivan
Junior Activities	Tammy Sigman
Legislative.....	Terry Grabowski
Mae Holmes Outstanding Unit	Christopher Easley
Membership	Melissa Pierce
VAVS Representative	Patty Davis
VAVS Deputy	Ann Glende
Chaplain.....	Aura-Lee Nicodemus
Sergeant At Arms.....	Lynn Helms Prosser
Education Scholarship Fund Chairman	Darlene Spence
Caregiver Initiative Program Chairman	Melissa Pierce
Interim Constitution and Bylaws Chairman.....	Judy Steinhouse
Interim Constitution and Bylaws Committee	Pat Kemper
Interim Constitution and Bylaws Committee	Susan Henry

2023-2024 State Officers

	<u>Commander</u>	<u>Adjutant</u>
Alabama	Linda Steadman	Carolyn Harris
Arizona	Holly Mulnix	Lisa Thomas
Arkansas	Joyce Komprood	Vera Hendrickson
California	David Bailey	Julie Weissman-Steinbaugh
Colorado	Kathy Phelps	Susan Miller
Delaware	Olivia Dittmar	Sarah Kashner
Florida	Terri Conklin	Diane Franz
Georgia	Larether Colbert	Gia Gillies
Idaho	Karen Winn	Brenda Brodin
Illinois	Karen Wendt	Paula Raymond
Indiana	Stephanie Proffit	Lynn Swanson
Iowa	Carrie Harmon	Melissa Pierce
Kansas	Lois Hoehn	Marcella Storey
Kentucky	Jane Casher	Tracy DiFelice
Louisiana	Sheila Stephens	Kathleen Wenthe
Maine		Joan Clark-Fournier
Maryland	Diane Garofolo	Carol Simmons
Massachusetts	Diane Sullivan	Janet Pratt
Michigan	Regina Fortner	Sandi Mudgett
Minnesota	Debbie Mason	Lyndsey Moe
Mississippi	Robert McNair	Sandra Simpson Helms
Missouri	Michele Marshall	Linda Gerke
Montana	Marsha Schumacher	Meg Parsetich
Nebraska	Rebecca Bowman	Harold Thompson
New Hampshire	Mary Donnelly	Jerilyn Maynard
New Jersey	Bennie Isaac	Martha Meyers
New Mexico	Michelle Deming	Victoria Salazar
New York	Amy Jo Rizzo	Linda Trulio
North Carolina	Kimberly Knowlton	Barbara Hall
North Dakota	Gwen Lunde	Judy Steinhouse
Ohio	Diana Pollock	Joyce Hutchinson
Oklahoma	Kristy Chisum	Linda Oliver
Oregon	Vickie Partridge	Kathy Clampitt
Pennsylvania	Cathy Kennedy	Laurie Stopyra
Rhode Island	Linda Folcarelli	Donna Folcarelli
South Carolina	Jacqueline Tate-Gray	Ann Wilner
South Dakota	Karen Bolton	Wanda Mix
Tennessee	Susan Evans	Lynda Shepherd
Texas	Elaine Phillips	Darlene Spence
Utah	Ken Baxley	June Schow
Vermont	Nancy Bijolle	Aura-Lee Nicodemus
Virginia	Susan Schofield	Linda Clevenger
Wisconsin	Bonnie Petersen	Patricia Davis
Wyoming	Janelle Cole	Bonnie Orr
Puerto Rico	Ana Rodriguez	Noemi Burgos de Paneto

CONSTITUTION AND BYLAW AMENDMENTS – 2023

- 1. Page N-20, ARTICLE V – NATIONAL COMMITTEES AND CHAIRMEN, Section 1: National Executive Committee, fourth paragraph. Delete “or as State Commander.” The paragraph would then read:**

Elected National Executive Committee members or Alternate National Executive Committee members shall not be eligible to serve simultaneously as the Immediate Past National Commander.

Rationale: To provide for district representation in instances where reduced membership and/or waning interest affects the availability of candidates for NEC and/or Alternate positions, and to aid state departments facing a lack of candidates to fill the State Commander position.

- 2. Page N-24, ARTICLE V – NATIONAL COMMITTEES AND CHAIRMEN, Section 6: National Interim Constitution and Bylaws Committee. Delete first paragraph and replace with the following:**

The National Interim Constitution and Bylaws Committee shall be comprised of a Chairman and two (2) additional members, all of whom are appointed by the National Commander and approved by the National Executive Committee.

Rationale: To clarify committee member appointment by the National Commander and subsequent approval by the National Executive Committee.

- 3. PAGE N-41, ARTICLE XI – PROBATION, SUSPENSION AND REVOCATION OF CHARTERS, Section 2: Suspension, First Paragraph. Add second sentence to read:**

Such suspension may be for a period of thirty days, but not more than ninety days.

Rationale: To set a time frame to have these matters handled in a timely manner.

- 4. PAGE N-42 – ARTICLE XI – PROBATION, SUSPENSION AND REVOCATION OF CHARTERS, Section 3: Revocation, First Paragraph. After the word “be”, Add “permanently”. The paragraph would then read:**

Unit or State Department Charters may be permanently revoked by the Auxiliary National Commander with the approval of the DAV Auxiliary National Executive Committee.

Rationale: To clarify that permanent Unit or State Department Charter revocation requires the approval of the DAV Auxiliary Commander and the National Executive Committee, and re-chartering would require that all requirements of a newly formed Unit or State Department Charter must be met.

5. PAGE N-42, ARTICLE XI – PROBATION, SUSPENSION AND REVOCATION OF CHARTERS, Section 3: Revocation. Insert new paragraph after first paragraph as follows:

Charters of Units or State Departments that have failed to file an annual financial report, elect necessary officers, or fulfill other obligations required in these bylaws shall be revoked and have the opportunity to reorganize under the original charter within a period of 18 months from the date of charter revocation.

Rationale: Clarifies the procedural criteria for Unit and State Department revocations and procedures to reactivate a revoked charter within an 18-month period at which time any assets held in escrow would be returned.

6. Page S-4, ARTICLE III – STATE OFFICERS, Section 3: Eligibility for State Office. Delete the words “for the past twelve (12) months.” The paragraph would then read:

Only members in good standing in a chartered Unit shall be eligible to serve as an elected or appointed State Officer.

Rationale: The current twelve (12) month restriction hinders state departments in their efforts to fill critical leadership positions. This recommended change will provide stability and progression for those state departments with a smaller active membership base.

7. Page U-7, ARTICLE XI – DUTIES OF UNIT OFFICERS, Section 3: Adjutant. Rerword #8 to read:

Ensure that the official Officer Election Report (OER) form is properly completed and submitted to state and national headquarters within ten (10) days following the annual installation. Any change(s) during the membership year also requires submitting a newly completed Officer Election Report (OER) to **state** and **national headquarters**. **NOTE:** Electronic submission of the Officer Election Report (OER) can also be performed by an elected unit officer, if necessary.

Rationale: In addition to the Adjutant, any elected officer may submit the annual election officer report online.

Note: This paragraph was accidentally omitted during the 2021 revision and needs to be reinstated. No vote necessary.

Page U-16, ARTICLE XV – UNIT FINANCE AND DUES, Section 4: Forget-Me-Not Drives. Add second paragraph to read:

Income from Forget-Me-Not Drives shall be used solely for service to disabled veterans, their dependents and survivors, and for no other purpose.

Rationale: To reiterate the use of donated Forget-Me-Not funds as specified in the DAV Bylaws. No vote necessary.

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>

The screenshot shows the 'New User Registration' form on the MyDav website. The form is divided into two main sections: 'Personal Information' and 'Account Information'. The 'Personal Information' section includes fields for First Name, Last Name, Member Email, Home Phone, Country (a dropdown menu), Address (with a 'Get Location' button), City, District, State (a dropdown menu), and ZIP. The 'Account Information' section includes fields for Birth Date, Membership Number, Username, Password, and Confirm Password. A 'SUBMIT' button is located at the bottom right of the form.

CONTINUING THE PROCESS...

Once you have registered, you will receive a confirmation:

The confirmation email template features the MyDav logo at the top, which includes the text 'KEEPING OUR PROMISE TO AMERICA'S VETERANS'. Below the logo is a navigation bar with four buttons: 'VETERANS' (with a sub-link 'Read Claims Info?'), 'MEMBERSHIP' (with a sub-link 'Join, Log In, Shop'), 'LEARN MORE' (with a sub-link 'Learn About Our Mission'), and 'HELP DAV' (with a sub-link 'Support, Solutions, Advice'). The main body of the email contains the heading 'THANK YOU FOR REGISTERING' followed by a paragraph: '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
New? Learn More

MEMBERSHIP
Join | Log In | Help

LEARN MORE
Learn About Our Mission

HELP DAV
Support | Resources | Advocacy

Please enter your username and password below.

Login

Username

Password

Remember Me

[forgot your password?](#)

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!

UTILIZING CRM...

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

UTILIZING CRM...

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

Adjutant, AIR DEPARTMENT OF WISCONSIN
 Office Authorized to Receive MAIL ASSIGNMENT OF WISCONSIN

Your memberships

Department 49 - AIR Wisconsin	Chapter/Unit Elementary Cadet #10
Status Active	Account Type Full Life
Membership number 4000181521	Active Positions Wisconsin State Executive Committee Member, Officer Authorized to Receive Mail, Adjutant, Treasurer, Legislative Chairman - AIR
Department # 49	Chapter/Unit # 10
Department 04 - AIR California	Chapter/Unit California #1
Status Active	Account Type Part Life
Membership number 0000000000	Active Positions Adjutant
Department # 4	Chapter/Unit # 1

UTILIZING CRM...

DAVA Membership Payment History – provides membership payment details for all of **YOUR** DAV Auxiliary membership/s.

MEMBERSHIP CRM

- Member Profile**
View your membership details, including Requirements, 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.

Back to Membership CRM

SEARCH FILTERS

DATE RANGE: All Dates

UNIT STATUS: All Units

MEMBERSHIP NUMBER: All

SEARCH

Results: 46,777 of 47,000

DATE	AMOUNT	STATUS	UNIT TYPE	MEMBERSHIP NUMBER	PAYING
10/20/2022	100.00	PAID	Regular payment	44- 4014-1000000	Yes
10/20/2022	100.00	PAID	Regular payment	44- 4014-1000000	Yes
10/20/2022	100000.00	Paid	Payment	44- 4014-1000000	Yes
10/20/2022	100.00	PAID	Regular payment	44- 4014-1000000	Yes
10/20/2022	100.00	PAID	Regular payment	44- 4014-1000000	Yes
10/20/2022	100.00	PAID	Regular	44- 4014-1000000	Yes

Page 1 of 1

Showing 1 - 6 of 6 rows

Showing 1 - 6 of 6 rows

UTILIZING CRM...

Membership Card Request – Did **YOU** lose your card? Damage it? Request a new one here!

MEMBERSHIP CRM

- Member Profile**
View your membership details, including Requirements, 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.

MEMBERSHIP CARD REQUEST

Back to Membership CRM

Please update your Membership Number and My Email Address. The Membership Number must exactly match the number affiliated with the membership for which you are requesting a new card.

If the Membership Number or the Email Address fields are already populated: a comment request is left in pending. Please do not submit another request until both fields are blank. Otherwise, your previous request might be needed. Please check your pending request has already been processed, please try logging out and logging back into the portal.

YOUR MEMBERSHIP NUMBER(S)

OR: Adult LifeLine / 10 - (Default 47) / Membership Number 4400000000

OR: Adult Member / 10 - (Default) / Adult 47 / Membership Number 4400000000

Membership Number

My Email Address

SUBMIT

UTILIZING CRM...

Update Username and Password – Need to change your login information? Do it here!

MEMBERSHIP CRM

- Update Username and Password**
Change your CRM portal username and/or password
- Notification of Disenroll**
Send notification of a disenrolled member to the Unit National Headquarters Membership Requirement
- Report Repository**
Reports: Chapter, and Unit reports

USERNAME AND PASSWORD

Back to Membership CRM

Username

Username

Password

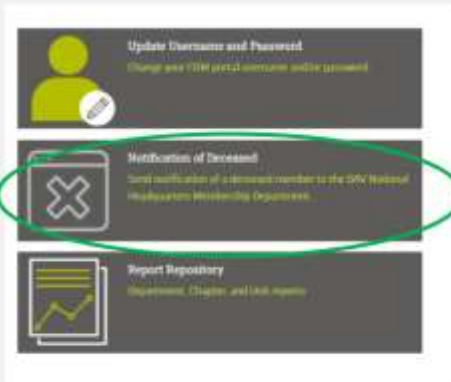
12 characters or more

Confirm Password

SUBMIT

UTILIZING CRM...

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



The navigation menu on the left shows three options: 'Update Username and Password', 'Notification of Deceased' (highlighted with a green oval), and 'Report Repository'.

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

UTILIZING CRM...

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



The navigation menu on the left shows three options: 'Update Username and Password', 'Notification of Deceased', and 'Report Repository' (highlighted with a green oval).

[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 -



The 'REPORT REPOSITORY' page shows a list of reports, with 'Population Summary Report' highlighted by a green oval.

Report Repository

DOWNLOAD POPULATION SUMMARY REPORT

DRV
 AUX

Department:

Chapter/Unit:

- ✓ 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

PDF
 AUX

Department:

Chapter/Unit:

Type: (Ctrl/Shift click for multiple)

Status: (Ctrl/Shift click for multiple)

Active
 Active - Deceased
 Active - Transferred In
 Active - Unclaimed

Full Life
 Junior
 Total

Inactive/Unable to Distribute
 Junior

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

PDF
 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:

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)
- ✓ 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:

DOWNLOAD

QUESTIONS??

- ✓ Email: dava@dav.org.
- ✓ Call: 833.368.1220

History of Taps

A Brief History of the Bugle Call Taps

by Jari Villanueva



24 NOTES THAT TAP DEEP EMOTIONS – A SUMMARY

Of all the military bugle calls, none is more easily recognized or more apt to render emotion than Taps. The melody is both eloquent and haunting. The use and history of Taps is unique to the United States military, as the call is sounded at funerals, wreath-laying and memorial services. There is great interest in the history of Taps.

The Creation of Taps

Taps began as a revision to the signal for **Lights Out** at the end of the day. Up until the Civil War, the infantry call for Lights Out was the one set down in Silas Casey's Tactics, which had been borrowed from the French. The music for Taps was adapted by Union General Daniel Butterfield for his brigade (Third Brigade, First Division, Fifth Army Corps, Army of the Potomac) in July, 1862.

General Butterfield was not pleased with the call for Lights Out, feeling that it was too formal to signal the day's end. With the help of the brigade bugler, Oliver Willcox Norton, Butterfield created Taps to honor his men while in camp at Harrison's Landing, Virginia following the Seven Days' battle, which took place during the Peninsular Campaign of 1862. The new call, sounded that night in July, 1862, soon spread to other units of the Union Army and was even used by the Confederates. Taps was made an official bugle call after the war.

Butterfield did not compose Taps but actually revised an earlier bugle call. The 24-note sequence we know today as Taps existed in an early version of the call Tattoo, which had gone out of use by the Civil War. As a signal for the end of the day, armies have used Tattoo to alert troops to prepare for bedtime roll call. General Butterfield knew this call from his days before the war as a colonel for the 12th New York Militia.

The origin of the word Taps is thought by some to have come from the Dutch word for Tattoo, or "Taptoe."

History of Taps at Funerals

How did Taps become associated with funerals? The earliest official reference to the mandatory use of Taps at military funeral ceremonies is found in the US Army Infantry Drill Regulations for 1891, although it had doubtless been used unofficially long before that time, under its former designation, Extinguish Lights.

CONDUCT DURING THE SOUNDING OF TAPS

During a rendition of Taps at a military funeral, memorial service or wreath laying ceremony,

- All present not in uniform should stand at attention with the right hand over the heart;
- Men not in uniform should remove their headdress with their right hand and hold the headdress at the left shoulder, the hand being over the heart;
- Individuals in uniform should give the military salute at the first note of Taps and maintain that position until the last note (note: if you are inside and uncovered, you stand at attention);
- Veterans and active-duty service-members not in uniform may render the hand salute;
- If you are inside and not in uniform it is proper to stand during Taps
- When Taps is sounded in the evening as the final call of the day at military bases, salutes are not required.

The Words to ‘Taps’

Verse 1 Day is done,
 Gone the sun,
 From the lake
 From the hill
 From the sky
 All is well,
 Safely rest,
 God is nigh.

Verse 2 Thanks and praise,
 For our days.
 'Neath the sun,
 'Neath the stars,
 'Neath the sky,
 As we go,
 This we know,
 God is nigh.

Verse 3 And good night
 Peaceful night
 Till the light of the dawn
 Shineth bright
 God is near
 Do not fear
 Rest, good night.

Welcome to Community Service Report 101

Community Service Report 101 Part 1

- A.** State Adjutant mails or email copies of report to units
*postmarked date (set by the State)
- B.** Complete the report header
- * Name of Unit (the official Chartered name of the unit)
 - * Unit Number
 - * City and State
 - * Number of Senior Members
 - * Total number of Senior members working on Community Service

Read all Instructions

- C.** Monetary donations by Unit - must be issued by Unit Checks

- D.** Value all other Donations

*Use Community Service Table of Value as your Guideline

New Clothing	Actual Cost
Used Clothing.....	½ Original Cost
Food.....	Actual Cost
New Furniture.....	Actual Cost
Used Furniture.....	½ Original Cost
New Household items.....	Actual Cost
Used Household items.....	½ Original Cost
Personal items.....	½ Original Cost
Gifts.....	Actual Cost
Professional/Trade Services.....	Actual Cost
Layman Services for above (not certified, licensed, etc.).....	½ Cost
Parties & Entertainment.....	Actual Cost

- E.** Cash Donations from Members

- F.** Sign and Submit your report: Signature of Commander and/or Chairman required.

COMMUNITY SERVICE REPORT 2022-2023

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

State Adjutant Name & Address

Keep one copy for Unit files.

A

Must be postmarked by: xx/xx/20xx

Print Legibly

B

NAME OF UNIT Official Chartered Name of Unit UNIT NUMBER xx

CITY Anytown STATE Any State

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

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.

C

D

E

	<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.	_____	_____	\$ _____	\$ _____	\$ _____
2. Facility Visits: Nursing homes, treatment centers, health care centers/hospitals, etc.	_____	_____	\$ _____	\$ _____	\$ _____
3. Professional & Trade Services/ Payments: Medical/dental, electrician, plumber, etc.	_____	_____	\$ _____	\$ _____	\$ _____
4. Recreation & Entertainment: Excursions, parties, reading, gifts, therapeutic sewing, baking, etc.	_____	_____	\$ _____	\$ _____	\$ _____
5. Special Projects and Programs: Caregiver Initiative, Efforts for the Deployed, etc.	_____	_____	\$ _____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____	\$ _____
Totals:	_____	_____	_____	_____	_____
			Total of All Donations		
				\$ _____	

F

Submitted by: _____
Signature of Commander and/or Chairman

*Any of the above services completed within the community must be provided to veterans and/or their families **only**. They do not have to be members of DAV or DAV Auxiliary.

Community Service Report 101

Part 2

Completing your Community Service Report

Community service outreach is in service to **all** veterans and their families in your community whether they are members of DAV and/or DAV Auxiliary

On the following page is a form to list all the community service work by your unit and/or individuals in the five different categories of the Community Service Report.

Remember to record the miles, hours, donation by unit checks, value of other donations and Cash donations from members. This is important for when it is time to complete and itemize your community service report.

Next are some general examples of activities the unit and/or members could do in each of the five categories.

Family Services

1. Drive a Veteran to Doctors Appointments
10 miles; 4 hours
2. Donate Clothing (new or used) for homeless veterans
5 miles; 2 hours; value of donation \$325.00
3. Visit with home bound veterans
6 miles; 3 hours
4. Pick up groceries for the widow of a veterans
3 miles; 2 hours

Facility Visits

1. Visit Veterans at a local Nursing home
7 miles; 3 hours
2. Monthly visited at a State Veterans Home to help with activities
20 miles; 4 hours
3. Deliver get well cards to veterans at local hospital
14 miles; 2 hours; value of donation \$25.00

Professional & Trade Services/Payments

1. Unit members repair/stain ramp and other small home repair for a veteran
7 miles; 7 hours; \$176.52 donation by unit
2. Build a handrail along outdoor steps for a veteran
4 miles; 11 hours; \$94.49 donation by unit

Recreation & Entertainment

1. Unit host 4th of July picnic for Veterans and their families
12 miles; 9 hours; \$450.00 donation by unit; \$125.00 value all other donation

Special Projects and Programs

1. Backpack/school supply giveaway for local veterans children
6 miles; 7 hours; \$400.00 value all donation
2. Support National DAVA Caregiver Initiative
\$200.00 donation by unit
3. Socks for Christmas bags for Veterans at local nursing home
6 miles; 5 hours; \$190.00 value all donation



Compile your Information and Complete the Report.

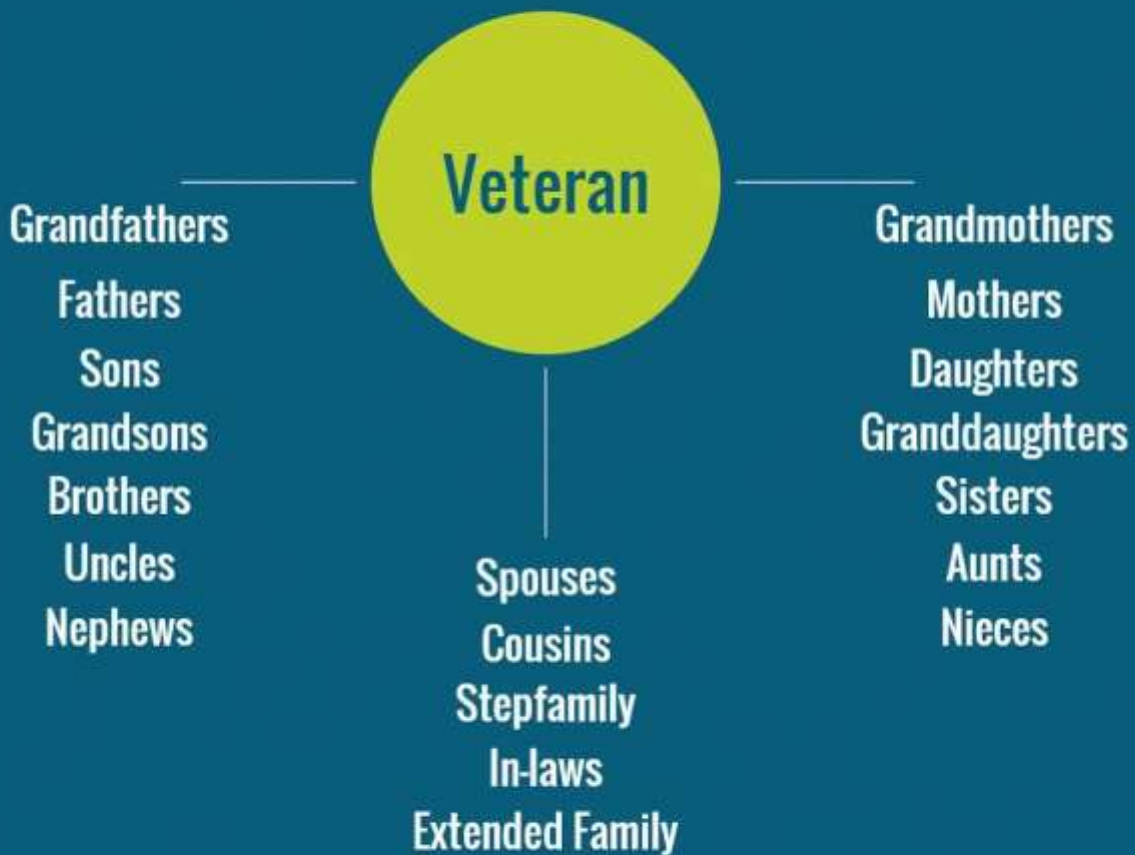
The form on the following page can be used as a monthly itemization log for the unit and members. Reports should be itemize the if the amount exceeds \$1,000.

(Recommendation from the 2023 National Judging Committee is that all Community Service report should be itemize; limited to 3 pages front only and be specific; make sure that all totals match from the actual report and the itemized sheet.)

Itemized Community Service Details	Miles	Hours	Unit Checks	Other Donations	Cash Donations
1. Family Services					
Totals Family Services					
2. Facility Visits					
Total Facility Visits					
3. Professional & Trade Services					
Total Professional & Trade Services					
4. Recreation & Entertainment					
Total Recreation & Entertainment					
5. Special Projects & Programs					
Total Special Projects & Programs					
Totals					
Total of All Donations					

DAV Auxiliary

Those eligible for membership...



#makingadifference

MEMBERSHIP APPLICATION METHODS:

DAV Auxiliary has provided us with a variety of ways to sign up new members. Take advantage of one, or all, of these to assist in your recruitment of new members. For more information on Auxiliary membership, check out the Auxiliary Procedure and Program Manual pages 5-7.

A life membership may be started for persons age 18-79 by submitting the full life membership amount of \$250 or the minimum \$20 down payment. To maintain active member status, a member should make a minimum \$10 payment per year. There is no set time to pay off a life membership, a person can pay as often or as much as they prefer. Age 80 and over is complimentary.

ONLINE APPLICATION

Simply log in to the home page of www.davauxiliary.org. Follow the online instructions, which include payment options such as full payment or automatic withdrawals.

PAPER APPLICATION


Complete a membership application providing all the required information. Indicate type of membership and amount paid. Indicate credit card information on form (if applicable) and select automatic payment withdrawal option, if desired. Submit check or money order along with membership application to national headquarters.

DAV Auxiliary Receipt	DAV Auxiliary National Headquarters 860 Dolwick Drive Erlanger, KY 41018	Toll Free 877-426-2838, Opt. 5 davauxiliary.org dava@dav.org	Membership Application
Date _____	Membership Application in Unit No. _____ State _____	Date _____	MEMBERSHIP CODE NUMBER (FOR PAYMENTS ONLY) _____
Amount Paid \$ _____	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. Name _____ DOB _____/_____/_____ <small>(REQUIRED)</small>		
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card	Address _____ City _____		
For _____ <small>Name of Member</small>	State _____ ZIP _____ Phone (_____) _____ Email _____		
<input type="checkbox"/> NEW LIFE <input type="checkbox"/> LIFE PAYMENT <small>(\$20 Down Payment)</small>	<input type="checkbox"/> NEW LIFE <input type="checkbox"/> LIFE PAYMENT <input type="checkbox"/> NEW JUNIOR <input type="checkbox"/> JUNIOR LIFE <input type="checkbox"/> JUNIOR LIFE PAYMENT <small>(\$20 Down Payment) (Complimentary) (Complimentary) (\$20 Down Payment)</small>	AMT PAID \$ _____	
<input type="checkbox"/> NEW JUNIOR <small>(Complimentary)</small>	Eligibility Through _____ Relationship _____		
<input type="checkbox"/> JUNIOR LIFE <input type="checkbox"/> JUNIOR LIFE PAYMENT <small>(\$20 Down Payment)</small>	Sponsor's Name _____ Sponsor Membership No. _____		
Life membership rate: \$250 Age 80 and older: Free	Credit Card Information: Name on Card _____ <small>(if different from above)</small>		
Life membership may be obtained with a \$20 down payment. Note: Billing will occur quarterly based on outstanding balance.	Address _____ <small>(if different from above)</small>		
I HAVE RECEIVED PAYMENT OF THE ABOVE AMOUNT.	Credit Card No. _____ Exp. Date _____		
Sponsor's Signature _____	Select Monthly Payment Amount: <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> Other - Indicate \$ _____	420000 (7/20)	


MEMBERSHIP APPLICATION DOWNLOAD

A DAV Auxiliary membership application can be downloaded to your phone or tablet, making recruitment as easy as a few clicks of a button. By downloading this membership application, members have the ability to recruit without the inconvenience of carrying paper applications. The applicant can apply for membership by using the mobile application and pay securely using their debit or credit card. To start, open your Internet browsing app (Google, Chrome, Safari, etc.) on your phone/tablet, type www.davauxiliary.org and select "Join DAV Auxiliary." Once the page has loaded, bookmark the webpage or save to the home screen of your device. If you need assistance with the process, contact National Headquarters.

Apple users:

- Tap the  on the bottom of the screen.
- Select **Add to Home Screen** icon.
- Select "**Add to Home**" option.
- Name the application. Example: DAV Auxiliary Application.
- Select **Add**.
- You will now see the DAV Auxiliary icon on your mobile device home screen.

Android Users:

- To open the option menu, tap the  in the top right hand corner of the screen. The **Option Menu** will open.
- Select **Add to Home Screen**.
- Name the application. Example: DAV Auxiliary Application.
- Select **Add**.
- You will now see the DAV Auxiliary icon on your mobile device home screen.

Windows Users:

- Tap the **More (...)** button and tap "**Pin to Start Menu.**"
- Any time that you access your Internet browser on this device, you will be able to access the mobile membership application without having to enter the link again.

JUNIOR MEMBERSHIP

Junior memberships are complimentary from birth to the day they turn 18. Families may secure a life membership for a junior at any time with a \$20 down payment and unlimited amount of time to pay the balance. Starting a life membership for a junior member not only secures the current life membership rate, it also prepares the junior for their future as a senior member of the organization. Once paid in full, no additional dues will be required.

125,000

Auxiliary members strong

Sounds good, doesn't it

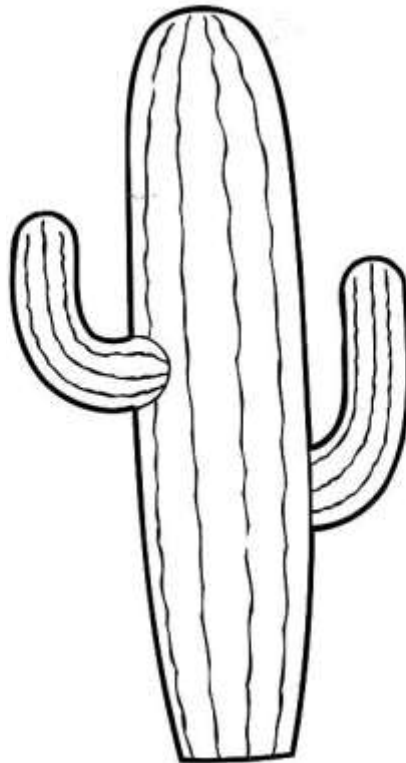
Let's work together in 2023-2024 to make it a reality!

Help us out as we "fill the cactus" for Phoenix!

And be sure to check out the DAV Auxiliary Facebook page and the Headquarters Newsletters as we post updates on our progress!

Goal: 125,000

Members needed:
5,800!!



Current members: 119,200

Together, we can do this!!!!

Drum roll please!

This year our membership incentive is:

A **PAID** trip to the 2024 Fall Conference in scenic
Lawrenceburg, Indiana

OR

A **PAID** trip to the 2025 National Convention in fabulous
Las Vegas, Nevada

To get in on this spectacular opportunity all you need to do is recruit 5 **NEW, PAID** members (at least \$20 down.) Once you have recruited five (5) members you will get one (1) entry into the drawing for this incentive. For each additional **NEW, PAID** member you will get an additional entry! Not only will you get the opportunity to win the trip of your choice to Fall Conference or National Convention, but you will be helping us reach our goal of 125,000 Auxiliary members strong!

Need another reason to recruit? You could win a pizza party for your
Unit or State department!

Every Unit and State department that reaches quota plus one will be put into a
drawing for a pizza party for their Unit or State Department plus a ton of
recognition for your accomplishments!

Let's work together to get your Unit and State in on this yummy action today!





Score a touchdown for VAVS!

Team DAV Auxiliary needs your help! We need each and every unit to find a way to be active in the VAVS program AND complete their annual report form. These hours are important to capture so we can showcase what our members do.

There have been some major changes to the 2023-2024 annual VAVS report form. Be sure you are using the **correct** form and filling out the report correctly.

Don't forget to print legibly!

Current year report!

V.A.V.S. REPORT 2023-2024

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	

Be sure you are **only** using the **current year** hours and volunteers.

1. Certified VA Volunteer Hours for this year ONLY! (Volunteers must have completed orientation and all VA required paperwork. Below information can be obtained from Voluntary Services Program Manager.)

	NUMBER	HOURS
Regularly scheduled (R/S) volunteers		
Sponsored volunteers		
Occasional volunteers (non R/S)		
TOTAL		
Number of NEW VA volunteers that were recruited this year		

Volunteers must complete orientation and all VA paperwork!

Each project and/or donation should have their own line. Be descriptive!

2. List and explain Unit Projects/Values and monetary donations. One project per line. All lines must be itemized.

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total (all lines)	\$

If you need more room, use the back or add an extra sheet.

If additional room is needed, use reverse side or add additional sheets

3. Was a Special Fundraiser held to benefit VAVS? Yes No

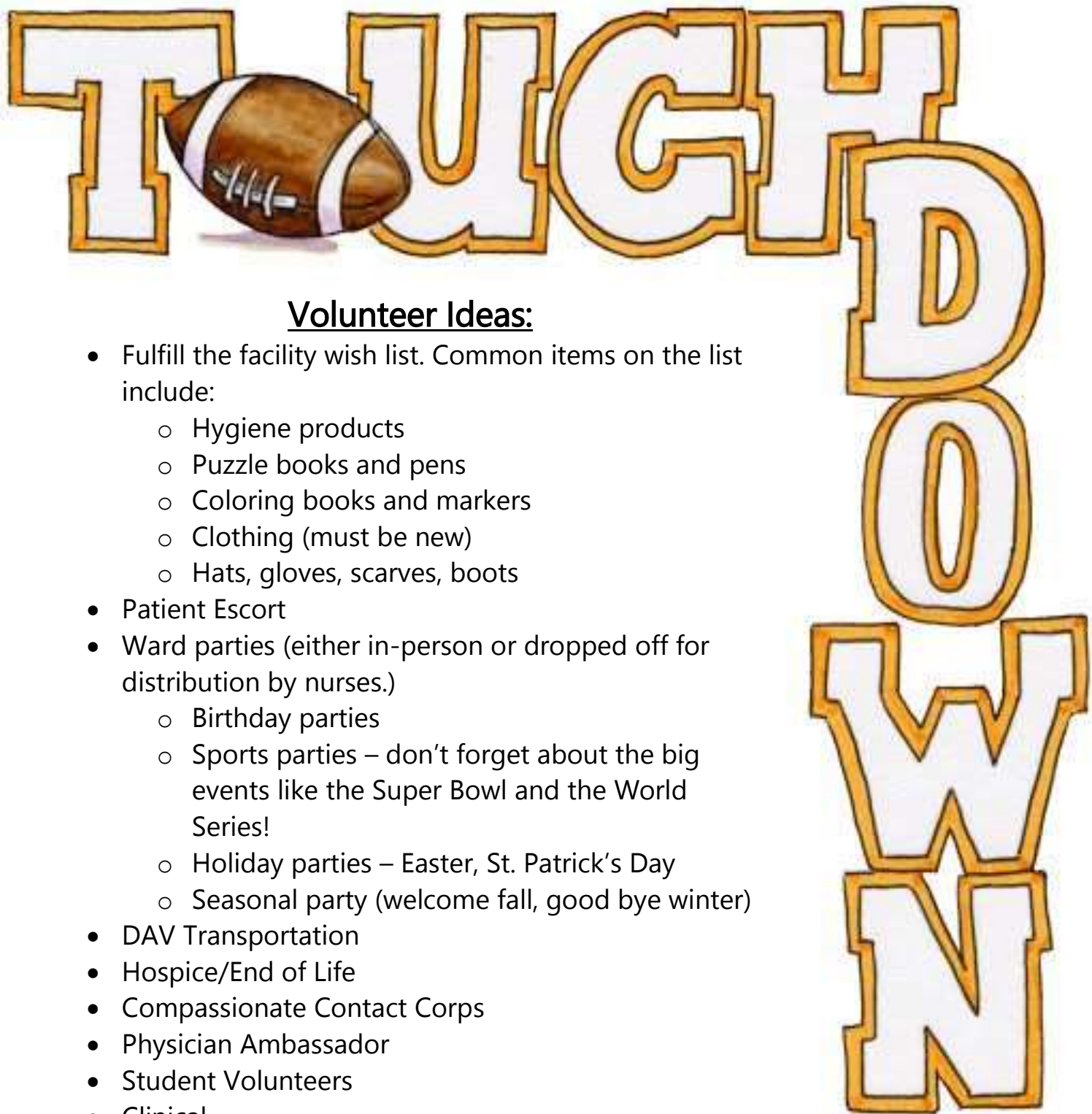
Total number of volunteer hours for the program _____ Total amount raised \$ _____

Briefly explain the program:

*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.

Make sure the report is signed!

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



Volunteer Ideas:

- Fulfill the facility wish list. Common items on the list include:
 - Hygiene products
 - Puzzle books and pens
 - Coloring books and markers
 - Clothing (must be new)
 - Hats, gloves, scarves, boots
- Patient Escort
- Ward parties (either in-person or dropped off for distribution by nurses.)
 - Birthday parties
 - Sports parties – don't forget about the big events like the Super Bowl and the World Series!
 - Holiday parties – Easter, St. Patrick's Day
 - Seasonal party (welcome fall, good bye winter)
- DAV Transportation
- Hospice/End of Life
- Compassionate Contact Corps
- Physician Ambassador
- Student Volunteers
- Clinical
- Baby Shower
- Red Coat Ambassador
- Patient Welcome Carts
 - Coffee
 - Snacks

Don't be alarmed!

You may notice that your Voluntary Services Department is now listed as the CDCE – Center for Development and Civic Engagement. This change **does not** affect the name, or mission, of the VA Voluntary Services Program!

To find a VAMC near you, visit

<https://www.va.gov/directory/guide/home.asp>.

STATE 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.

UNIT STANDING RULES

There have been questions regarding Unit Standing Rules over the past year.

There are several things a Unit needs to know about Unit Standing Rules:

1. They are not mandatory but strongly encouraged.
2. They cannot conflict with the Constitution and bylaws or your State Standing Rules.
3. They can be established by a majority vote of members present at a regular meeting without prior notice.
4. They can be suspended, modified, or rescinded at any regular Unit business meeting by vote of the members present.
5. They do not have to cover anything already in the Constitution & Bylaws or your State Standing Rules.
6. You do not need many.

Standing Rules should include:

1. Day, time, and place of the Unit Meeting.
2. Any months your Unit does not meet.
3. Any duties assigned to officers other than those indicated in the Bylaws.
4. Define things that are unique or routinely done by the Unit.

Standing Rules can take care of some Unit expenses that may come up between meetings, such as:

1. Memorial donations due to death of a member.
2. State Mandates.
3. Billing from National Headquarters.

You can have a rule to cover donations routinely made by your Unit at specific times of the year.

If your Unit decides they would like to have Standing Rules, they must be presented at a regular business meeting as follows:

1. Each rule is read on the floor of the meeting.
2. Any active member present has the right to speak on the rule.
3. Each rule is voted on by the members present.

Once you have established your Standing Rules, send a copy to your State Adjutant for the file and the State Judge Adjutant for review. A copy is given to each of your members. As your Unit gets new members, they should be given a copy.

SAMPLE OF UNIT STANDING RULES

DISABLED AMERICAN VETERANS AUXILIARY STANDING RULES

1. Unit 90 will hold its regular business meeting at 7 p.m. on the 1st Thursday of the month at the American Legion in Glen Carbon, Illinois.
The Unit will not meet in January, February, June, and August.
2. Nominations, Election, and Installation of Unit Officers and State Executive Committee members will be held in May.
3. State Mandates of \$40.00 shall be paid when due (August each year) without a vote of the Unit. The expenditure shall be listed on the Treasurer's report and approved at the next business meeting.
4. No alcoholic beverages will be consumed by members or guests while the meeting is in progress.
5. Upon receipt of the Mandate billing from National Headquarters, the voucher and check will be issued for payment. The expenditure shall be listed on the Treasurer's report and approved at the next business meeting.
6. Financial records will be closed out as of June 30th each year. The Annual Financial Report will be prepared and the IRS 990-N completed. The report will be audited at our September meeting. The report with necessary attachments and the IRS 990-N acceptance will be sent to National Headquarters no later than September 30th each year. A complete copy will be furnished to members present.
7. Upon the death of an active member, a thirty-five dollar (\$35.00) memorial donation will be sent to the family or named charity, if funds are available. The expenditure shall be listed on the Treasurer's report and approved at the next regular business meeting if funds are available.
8. Funds for attendance at conventions, SEC (State Executive Committee) Meetings, District Meetings, etc., shall be by Unit vote before attendance. No funds will be provided without submission of receipts.
9. No Unit funds shall be expended by any officer or member without proper receipts and vouchers except as noted in numbers three (3), five (5) and seven (7) above.
10. These Standing Rules may be suspended, modified, or rescinded at any regular meeting by a majority vote of the members present. These rules will be reviewed annually.
11. Unit 90 will follow the National Constitution and Bylaws of the Disabled American Veterans and the State Department of Illinois State Standing Rules. If any of the above conflict with the National Constitution and Bylaws or the State Standing Rules, they will be immediately deleted.

DISABLED AMERICAN VETERANS AUXILIARY

STANDING RULES

1. The name of the Unit shall be _____, Unit _____
2. Unit _____ will hold its regular business meeting on the _____ (week) _____ (day) of the month at the _____. The meeting will be called to order at _____ (time).
3. Unit _____ will hold its annual election and installation of officers at its May meeting. Officers elected shall be in accordance with the National Constitution and Bylaws.
4. Financial records will be closed out as of June 30th each year and the Annual Financial Report will be prepared. The report will be audited and the required IRS 990-N submitted. The report with any necessary attachments and the IRS 990-N acceptance will be sent to National Headquarters no later than September 30th each year.
5. Upon the death of an active member, a _____ will be sent to the family or named charity, if funds are available. Said action will be put before the membership for approval at the next meeting.
6. Upon receipt of the Per Capita billing from National Headquarters, the voucher and check will be issued and sent. Said action will be put before the membership for approval at the next meeting.
7. No Unit fund shall be expended by any officer or member without unit approval, proper voucher and receipt except as noted in numbers 5 and 6 above.
8. No officer or member will receive reimbursement for monies spent without prior approval for the expenditure by the membership at a regular business meeting and receipts must be presented.
9. Unit _____ will follow the National Constitution and Bylaws of the Disabled American Veterans and the _____ State Standing Rules. Should any of the above be in conflict or become in conflict with the National Constitution and Bylaws or the State Standing Rules, they will be immediately deleted.

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

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

Disabled American Veterans Auxiliary
State Department of _____
U.M.W. Officer Credential Registration Form
U.S. Main Convention Registration Form
Name _____
Address _____
City _____ State _____ Zip _____
Registered as _____ Party # _____
CHECK ONLY ONE
 Delegate Auxiliary Member
 Past State Officer State Chairman
 P.N.C. State
 X.S.C. Guest

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.

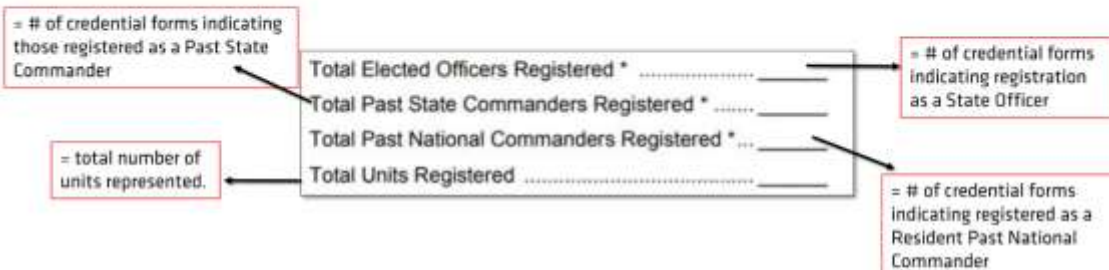
The Credential Committee Report:

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.

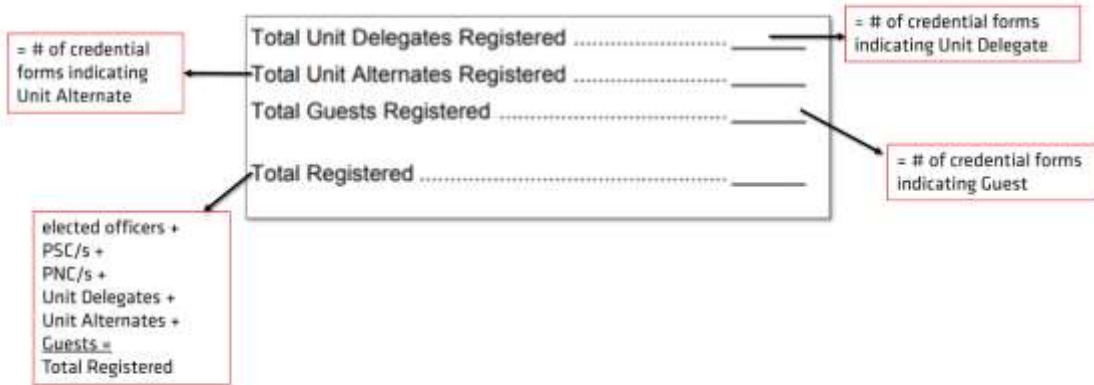
For instance: As of 12:00 p.m. on June 1, 2023.

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 the 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**.

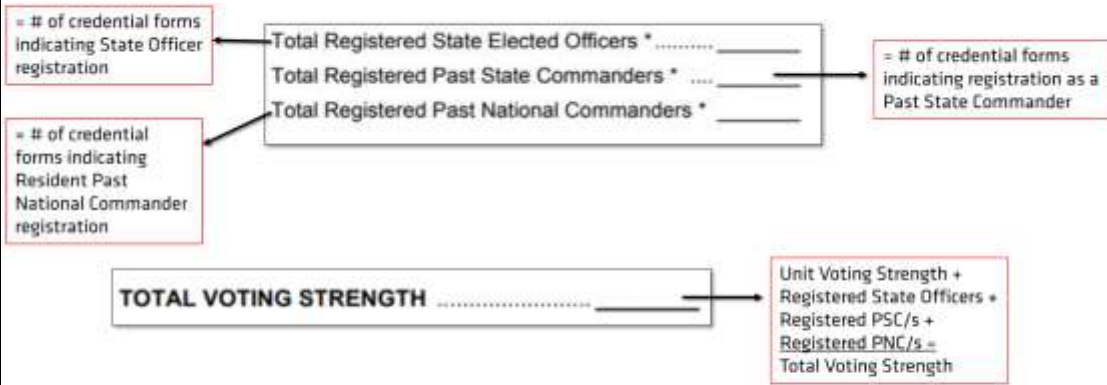
The Credential Committee Report:

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:	2023
CHAIRMAN:	John Doe
Date:	June 1, 2023, 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 #/State _____
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 2023 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: 2023-2024).
- **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. Sicknes 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.

NOTE: If your unit or state department changes bank accounts, contact national headquarters immediately!

Understanding the Population Summary

		A	B	C	D	E	F	G	H	I
DCU No	DCU Name	Goal Met	Total Junior	Total Part Life	Total Full Life	Total Paid Members	Total Members	Quota	Quota %	Quota Variance
16	AUX Department of Kentucky		303	222	2,055	2,277	2,580	2,651	97.32%	-71
1	Lexington #1		3	5	82	87	90	92	97.83%	-2
3	Elizabethtown #3		47	9	151	160	207	213	97.18%	-6
4	Owensboro #4		17	2	59	61	78	81	96.30%	-3
6	Fred Battle Memorial #6		0	3	75	78	78	81	96.30%	-3
7	Miles Meredith #7		2	5	51	56	58	60	96.67%	-2
8	Jouett Henry #8		7	5	47	52	59	61	96.72%	-2
11	Ohio County #11		0	1	27	28	28	29	96.55%	-1
19	Frederick R. Bristol Mem. #19		15	24	209	233	248	258	96.12%	-10
20	Glasgow #20		14	8	62	70	84	87	96.55%	-3
23	Corncracker State #23	G	0	6	452	458	458	458	100.00%	0
32	Wand B. Doyle #32		0	12	33	45	45	46	97.83%	-1
41	Casey County #41		0	0	38	38	38	39	97.44%	-1
51	J. B. Glover #51		0	8	25	33	33	34	97.06%	-1
55	Madison County #55		0	3	29	32	32	33	96.97%	-1
64	Hazard #64		5	5	31	36	41	42	97.62%	-1
66	London #66		2	2	62	64	66	68	97.06%	-2
90	Fred Denton #90		0	1	29	30	30	31	96.77%	-1
105	Wayne County #105		4	4	49	53	57	59	96.61%	-2
118	Benton #118		0	2	18	20	20	21	95.24%	-1
128	M. Vanderpool Mem. #128		19	29	42	71	90	93	96.77%	-3
134	Pikeville #134		13	9	40	49	62	63	98.41%	-1
141	Belfry #141		8	0	23	23	31	32	96.88%	-1
155	Henry County #155		7	5	45	50	57	59	96.61%	-2
156	Radcliff #156		95	31	147	178	273	283	96.47%	-10
158	Keavy #158		13	19	47	66	79	83	95.18%	-4
162	Science Hill #162		12	5	69	74	86	88	97.73%	-2
166	Johns Creek Memorial #166		3	7	34	41	44	45	97.78%	-1
169	J ayne #169	K	L	M	49	N	77	O	80	-3
171	ounty #171		0		30	31	31	32		-1
Active			At Large	Merged	On Hold	Revoked	Suspended			
26			1	6	2	12	0			

- A. Goal Met – If there is a “G” in this column, quota has been met.
- B. Total Junior – This is the total number of Junior members (complimentary and paid).
- C. Total Part Life – This is the total number of Part Life members (members who are not paid in full).
- D. Total Full Life – This is the total number of Full Life members.
- E. Total Paid Members – This is the total number of paid members – Part and Full life.
- F. Total Members – Junior + Part Life + Full Life members.
- G. Quota – The total number of members the unit and/or state department needed for the year.
- H. Quota % - The total members divided by the quota.
- I. Quota Variance – the difference between how many members needed and actual members.
- J. Active – The total number of active units in the state.
- K. At Large – The total number of at-large units in the state (should always be one).
- L. Merged – The number of units that have merged with another unit.
- M. On Hold – The number of units in the state that are on hold.
- N. Revoked – The number of units that have been revoked.
- O. Suspended – The number of units that are currently suspended.

Understanding the Membership Listing Report

DAV Auxiliary		Membership Listing					AUX National - AUX National		Execution Date: 9/8/2023 10:20:50 AM			
Membership #	Member Name	Address	City	St	Zip	Phone #	Email	Balance	Status	Age	Yrs of Srvc	
520522573763	F	** Apt 208 7215 N 51st Ave	Glendale	AZ	85301-2685			\$0.00	Active - Unclaimed	63	42	
52053AL06368	F	** Apt D 1765 34th St S	Fargo	ND	58103-8807			\$0.00	Active - Unclaimed	71	25	
52054AL02745	F	** 8786 Courty Road 1435	Vinemont	AL	35179-7702			\$0.00	Active - Unclaimed	91	33	
52052AL06556	F	13608 Daphne Ave	Gardena	CA	90249-2353			\$0.00	Active	89	35	
520521488962	F	4900 Shire Dr	Lithonia	GA	30038-2983			\$0.00	Active	77	9	
52055AL02348	F	Apt 26 # 302 19029 US Highway 19 N	Clearwater	FL	33764-3020			\$0.00	Active	95	25	

- A. AUX National – AUX National – When ran, this will display your unit name and number.
- B. Execution Date – The date and time the report was generated.
- C. **Denotes Unclaimed Address – When there are two asterisks by a members address, this means the address is not valid.
*Denotes Credit Card Payment – When there is one asterisk by a member’s name, this means they are set-up for automatic payments.
- D. Membership # - Membership number (first two digits represent the state, next three digits represents the unit number).
- E. F/P/J – Full-Paid Life Member (F), Part-Life Member (P), Junior (J).
- F. Member Name – Name of the member.
- G. Address – Address we have on file for the member.
- H. City – City the member resides in.
- I. State/Zip – The state and zip code of the member.
- J. Phone # - The members phone number.
- K. Email – The members email address.
- L. Balance – The amount owed on their life membership.
- M. Status
 - a. Active – Active member
 - b. Active – Transferred In – Transfer member that is active
 - c. Active – Unclaimed – Active member with a bad mailing address
 - d. Canceled – Member has canceled their membership/passed away
 - e. Deleted – Member has requested their membership be deleted immediately
 - f. Inactive/Unable to Distribute – Effective balance of the member is below \$5 and did not distribute on July 1 (these members do not count towards quota).
Encourage member to make a payment so they become active again!
 - g. Junior – Junior member (under the age of 18)
- N. Age – The age of the member.
Yrs of Srvc. – How long the member has been in DAV Auxiliary.

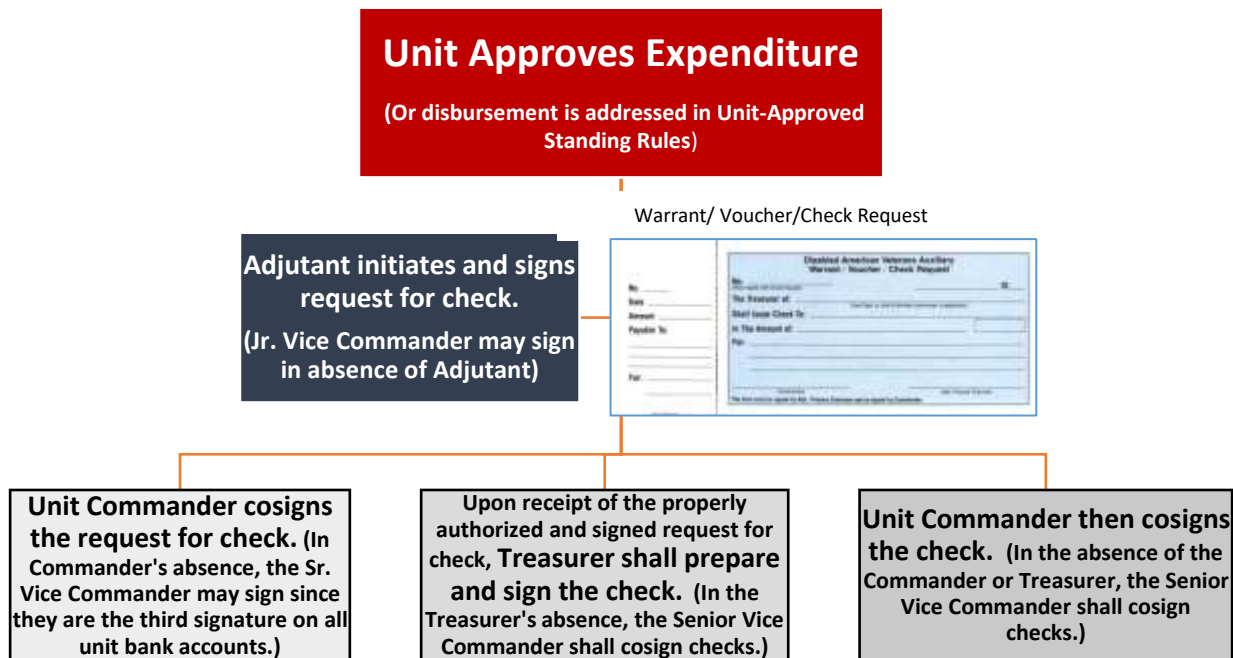
Unit

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

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

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

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

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 _____

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.)

IRS Login and 990-N e-Postcard Filing Information

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!**

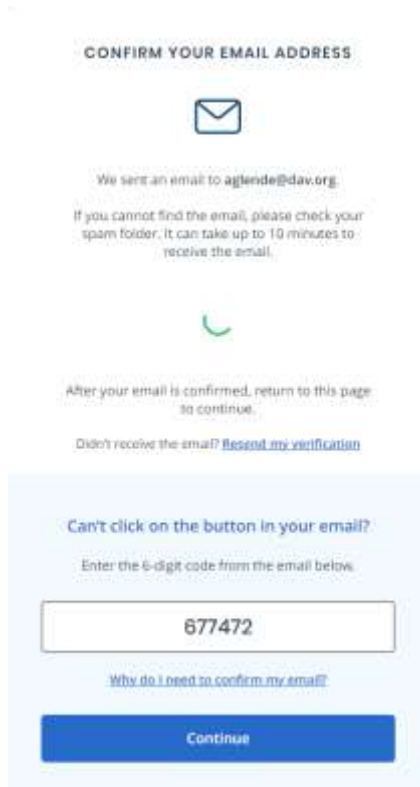
1. Visit the sign-up website: <https://api.id.me/en/registration/new>
2. Enter the information it requests:
 - Email
 - Password (should contain lower case letter, upper case letter, number, and be at least eight characters)
 - Confirm Password
3. Place a check mark in the box to accept the ID.me terms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



The image shows a screenshot of the ID.me + IRS registration form. At the top, it says "ID.me + IRS" with the IRS logo. Below that is the heading "Create an ID.me account". A light blue banner asks "Already have an ID.me account?" with a link "Sign in to ID.me". A note states "* Indicates a required field". There are three input fields: "Email*" with the placeholder "Enter your email address", "Password*" with "Enter password", and "Confirm Password*" with "Reenter password". Each of these three fields has a black arrow pointing to it from the left. At the bottom, there is a checkbox with 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.



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.



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 as a Senior member of DAV Auxiliary. **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 15, 2024.

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

Purpose: Fulfilling DAV Auxiliary's ongoing commitment to serving the educational needs of those we serve by providing financial assistance, based on available program funds, to ill and injured veterans and their immediate family members seeking education opportunities at educational facilities other than accredited colleges/universities. Example: Trade schools, career enhancement training, skill improvement, personal development, etc.

Eligibility: Disabled veteran, their spouse or child.

Reimbursement Limitations: Program funding shall be determined and allotted annually by the DAV Auxiliary National Finance Committee. Assistance shall be determined and granted at the discretion of the National Education Program Committee.

- Consideration may be given to registration fees, lab fees, and books.
- Assistance does not include parking, transportation, meals, or lodging.

Requirements: Advance submission of a completed DAV Auxiliary Vocational/Training assistance application with the following included:

- Name/address of school/facility.
- Course to be taken, including cost.
- Reason for taking the course and how it will enhance personal development for workplace skills or career advancement.
- 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.

Financial Assistance Process:

- The DAV Auxiliary Education Program Committee shall: determine fund availability (funds are allotted per calendar year); review the Vocational/Training assistance application; and determine approval status and amount granted. Maximum reimbursement is \$500.
- Applicants will be notified of the committee's approval decision.
- Within 60 days of course completion, pre-approved recipients will submit verification of course taken with proof of payment and course completion with a "C" or better grade (or a pass for course that is graded on a pass/fail basis or equivalent, thereof, at the discretion of the scholarship committee) dated within 60 days after course completion.
- Recipients will be required to complete a W-9 for check issuance purposes.

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.



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. 2023).
- Applications must be completed, signed, and postmarked **no later than March 22, 2024**, 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 Part-Time Student Unique Request Student
(Minimum of 12 credits) (Minimum of 6 Credits) (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. 2023).
- 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 22, 2024, 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

DAV Auxiliary
DAVA 4 Kids Grant Frequently Asked Questions (FAQ)

Q. Explain what this program is about.

A. DAV Auxiliary understands the sacrifices of not only injured and ill veterans, but also their children and families. DAVA 4 Kids will help a child's want become a reality. This grant can assist with a payment to attend program camps (sports, band, recreational, religious, etc.), participate in extracurricular activities (clubs, arts, sports, JROTC, school trips, etc.), and help with certain extenuating circumstances of an eligible child. The program is a small way of letting a child know that they are not forgotten and allows him or her to focus on being exactly what they are – a child!

Q. Explain extenuating circumstances.

A. A few examples of extenuating circumstances are medically necessary items not covered or fully covered by insurance, such as braces, glasses, medical equipment, etc. It can also be used to help with purchasing items for back-to-school or a special event. If you are unsure if the need qualifies, simply contact our office.

Q. Who is eligible to apply for this assistance?

A. A child ages 3-17 years old whose parent/legal guardian is an injured or ill veteran **with financial need**.

Q. Explain what a legal guardian is.

A. A legal guardian is someone who legally has the care and management of a child. This individual was granted legal responsibility to care for a child who does not have the capacity for self-care by a judge.

Q. I have multiple children in the household who are eligible. Can more than one child apply?

A. Yes. All children in the household who meet the established criteria **with financial need** are eligible to apply for one grant per calendar year not to exceed \$500.

Q. Can relatives of Veterans apply?

A. No, not at this time. Currently, only children whose parent/legal guardian is an injured or ill veteran may apply.

Q. The Veteran for whom my child is eligible through is deceased. May we still apply?

A. Yes.

.....

Since 1922, the Disabled American Veterans Auxiliary (DAVA) has collaborated with the DAV parent organization in their mission of service to disabled veterans and their families. With nearly a quarter-million members, the DAV Auxiliary programs are far-reaching and the personal rewards fulfilling. Our members are diverse in their interests, which has made the DAV Auxiliary so successful. Foremost in our hearts is the goal of making a difference in the lives of disabled veterans and their families.

To learn more, or to join, please visit www.davauxiliary.org



**DISABLED AMERICAN VETERANS AUXILIARY
DAVA 4 KIDS GRANT REQUEST**

The DAVA 4 Kids grant program was designed to assist children ages 3-17 years old whose parent/legal guardian is an injured or ill veteran **with financial need**. This grant can assist with payments to attend program camps (sports, band, recreational, religious, etc.), participate in extracurricular activities (clubs, arts, sports, JROTC, school trips, etc.), and help with certain extenuating circumstances such as braces, glasses, medical equipment, back-to-school needs, special events, etc.

Parent/Legal Guardian is to complete the application and provide activity information with cost. Consideration will be given to requests based on allowable funds as designated by the DAV Auxiliary National Finance Committee.

This program is funded solely on donations submitted by individuals, members, units, and state departments.

Applicants may receive up to \$500 no more than once per calendar year. All grants paid directly to entity upon approval.

Childs Full Name _____
First MI Last

Childs Date of Birth _____

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

City State Zip Code

Parent Phone: _____ Parents Email: _____

Service Members name: _____
First MI Last

Has the child received a grant from DAVA 4 Kids in the past? Yes No

Please explain the activity/event the child would like to participate and the financial need.

Parent/Legal Guardian Signature _____ Date: _____

Send completed application along with consent form and activity information 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.

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 2023-2024

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

3. Number and size of flags your Unit presented.

_____ 4 x 6 in. _____ 6 x 9 in. _____ 8 x 12 in. _____ 12 x 18 in. _____ 2 x 3 ft. _____ 3 x 5 ft. _____ 4 x 6 ft.
_____ 5 x 9.6 ft.- casket size _____ 6 x 10 ft.

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 2023-2024

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 2023-2024

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>
1. Family Services: Direct aid to families, visits, clothing, food, errands, transportation, etc.	_____	_____	\$ _____	\$ _____	\$ _____
2. Facility Visits: Nursing homes, treatment centers, health care centers/hospitals, etc.	_____	_____	\$ _____	\$ _____	\$ _____
3. Professional & Trade Services/ Payments: Medical/dental, electrician, plumber, etc.	_____	_____	\$ _____	\$ _____	\$ _____
4. Recreation & Entertainment: Excursions, parties, reading, gifts, therapeutic sewing, baking, etc.	_____	_____	\$ _____	\$ _____	\$ _____
5. 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 2023-2024

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? _____

List number of volunteer hours and describe the activities in the categories listed below. On the reverse side, or an additional sheet of paper, please include the name of Juniors who participated in each activity.

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
2023-2024**

Directions: Please read carefully

- 1) Form must be completed by a DAV or DAV Auxiliary member 18 years of age or older. A brief synopsis relating their knowledge of candidate's abilities or activities must be included.
- 2) Fill out in triplicate. Keep one copy for unit files.
Send two copies to address listed at right:
- 3) Questionnaire must be postmarked by: _____

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 PRINT

Candidate's Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Auxiliary Name and Unit Number _____ State _____

Number of years as a DAVA Junior 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 in the synopsis submitted by the nominator. All hours are for the 2023-2024 year only.

Nominator Signature _____ Parent/Guardian Signature _____

LEGISLATIVE REPORT 2023-2024

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

MAE HOLMES NATIONAL OUTSTANDING UNIT REPORT 2023-2024

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 2023-2024

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 _____

*DVA Certified

1. Certified VA Volunteer Hours for this year ONLY. (Volunteers must have completed orientation and all VA required paperwork. Below information can be obtained from Voluntary Services Program Manager.)

	<u>NUMBER</u>	<u>HOURS</u>
Regularly scheduled (R/S) volunteers	_____	_____
Sponsored volunteers	_____	_____
Occasional volunteers (non R/S)	_____	_____
TOTAL	_____	_____
Number of NEW VA volunteers that were recruited this year	_____	

2. List and explain Unit Projects/Values and monetary donations. One project per line. All lines must be itemized.

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total (all lines)		\$ _____

If additional room is needed, use reverse side or add additional sheets.

3. 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:

*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

