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2023-2024 National Officers

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

2023-2024 National Executive Committee Members

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

<table>
<thead>
<tr>
<th>State</th>
<th>Commander</th>
<th>Adjutant</th>
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<tr>
<td>Alabama</td>
<td>Linda Steadman</td>
<td>Carolyn Harris</td>
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<td>Idaho</td>
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<td>Lois Hoehn</td>
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<td>Tracy DiFelice</td>
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<td>Louisiana</td>
<td>Sheila Stephens</td>
<td>Kathleen Wenthe</td>
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<td>Maine</td>
<td>Diane Garofolo</td>
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<td>Debbie Mason</td>
<td>Sandi Mudget</td>
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<td>Minnesota</td>
<td>Robert McNair</td>
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<td>Mississippi</td>
<td>Michele Marshall</td>
<td>Sandra Simpson Helms</td>
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<td>Marsha Schumacher</td>
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<td>Nebraska</td>
<td>Mary Donnelly</td>
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<td>Michelle Deming</td>
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<td>North Carolina</td>
<td>Gwen Lunde</td>
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<td>North Dakota</td>
<td>Diana Pollock</td>
<td>Judy Steinhouse</td>
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<td>Ohio</td>
<td>Kristy Chisum</td>
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<td>Oklahoma</td>
<td>Vickie Partridge</td>
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<td>Cathy Kennedy</td>
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<td>Wyoming</td>
<td>Ana Rodriguez</td>
<td>Bonnie Orr</td>
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<tr>
<td>Puerto Rico</td>
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<td>Noemi Burgos de Paneto</td>
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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. Reword #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](https://www.mydav.org/member-registration/tab=1)

CONTINUING THE PROCESS...

Once you have registered, you will receive a confirmation:
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: anng1002

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.
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!**

![Login Form](image)

UTILIZING CRM...

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

![Membership CRM](image)

UTILIZING CRM...

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

![Membership CRM Details](image)
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 membership status, link to DAV, membership levels.
- View 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**
- Membership Number:
- Requested Date:
- Accepted Date:
- Status:
- Status Date:
- Date Card Received:
- Card Number:
- Card Expires:
- Card Series:
- Card Type:
- Card Description:
- Card Status:
- Card Status Date:
- Card Updated:
- Card Updated Date:
- Card Updated By:
- Membership Number:
- Requested Date:
- Accepted Date:
- Status:
- Status Date:
- Date Card Received:
- Card Number:
- Card Expires:
- Card Series:
- Card Type:
- Card Description:
- Card Status:
- Card Status Date:
- Card Updated:
- Card Updated Date:
- Card Updated By:

**USERNAME AND PASSWORD**
- Username:
- Password:

**UTILIZING CRM...**

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

**UTILIZING CRM...**

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

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

UTILIZING CRM...


RUNNING REPORTS...

Population Summary -

- 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 -

- 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

- 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 -

- 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!!

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.

Must be postmarked by: xx/xx/20xx

Print Legibly

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.

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1. **Family Services:** Direct aid to families, visits, clothing, food, errands, transportation, etc.
   - Miles: _______ Hours: _______ Donations by Unit Checks: $_______

2. **Facility Visits:** Nursing homes, treatment centers, health care centers/hospitals, etc.
   - Miles: _______ Hours: _______ Donations by Unit Checks: $_______

3. **Professional & Trade Services/ Payments:** Medical/dental, electrician, plumber, etc.
   - Miles: _______ Hours: _______ Donations by Unit Checks: $_______

4. **Recreation & Entertainment:** Excursions, parties, reading, gifts, therapeutic sewing, baking, etc.
   - Miles: _______ Hours: _______ Donations by Unit Checks: $_______

5. **Special Projects and Programs:** Caregiver Initiative, Efforts for the Deployed, etc.
   - Miles: _______ Hours: _______ Donations by Unit Checks: $_______

   **Totals:** $_______

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.)
<table>
<thead>
<tr>
<th>Itemized Community Service Details</th>
<th>Miles</th>
<th>Hours</th>
<th>Unit Checks</th>
<th>Other Donations</th>
<th>Cash Donations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Facility Visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals Family Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Professional &amp; Trade Services</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Professional &amp; Trade Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Recreation &amp; Entertainment</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Recreation &amp; Entertainment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Special Projects &amp; Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Special Projects &amp; Programs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total of All Donations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DAV Auxiliary
Those eligible for membership...

Veteran
- Grandfathers
- Fathers
- Sons
- Grandsons
- Brothers
- Uncles
- Nephews
- Spouses
- Cousins
- Stepfamily
- In-laws
- Extended Family
- Grandmothers
- Mothers
- Daughters
- Granddaughters
- Sisters
- Aunts
- Nieces

#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.
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.

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.

---

### 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:

<table>
<thead>
<tr>
<th>NAME OF UNIT</th>
<th>UNIT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

| TOTAL NUMBER OF SENIOR MEMBERS |  |
| LOCATION OF DVA MEDICAL CENTERS |  |
| LOCATION OF DVA SATELLITE CLINIC |  |

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.)

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regularly scheduled (R/S) volunteers</td>
<td></td>
</tr>
<tr>
<td>Sponsored volunteers</td>
<td></td>
</tr>
<tr>
<td>Occasional volunteers (non-R/S)</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>$</td>
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</tr>
</tbody>
</table>

**Total (all lines)** $25

---

*Please note: 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.*

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

3. **Was a Special Fundraiser held to benefit VAVS?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Total number of volunteer hours for the program** $25

**Total amount raised** $25

Briefly explain the program:

---

*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.

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

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](image)

**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:**

![Credential Committee Report](image)

**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:

Total Unit Delegates Registered ..............
Total Unit Alternates Registered ..............
Total Guests Registered ......................
Total Registered ................................

= # of credential forms indicating Unit Alternate

= # of credential forms indicating Unit Delegate

= # of credential forms indicating Guest

elected officers +
PSC/s +
PNI/s +
Unit Delegates +
Unit Alternates +
Guests =
Total Registered

The Credential Committee Report:

**VOTING STRENGTH IS AS FOLLOWS:**

<table>
<thead>
<tr>
<th>Unit #</th>
<th>Unit Name</th>
<th>Number of Life Members</th>
<th>Total Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Wichita</td>
<td>107</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>Yellowstone</td>
<td>266</td>
<td>28</td>
</tr>
<tr>
<td>3</td>
<td>Queen City</td>
<td>22</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Norristown</td>
<td>186</td>
<td>20</td>
</tr>
<tr>
<td>5</td>
<td>Watertown</td>
<td>126</td>
<td>14</td>
</tr>
<tr>
<td>6</td>
<td>Jackson County</td>
<td>306</td>
<td>32</td>
</tr>
</tbody>
</table>

**TOTAL VOTE COUNT: 109**

To Calculate Unit Voting Strength:

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

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

The Credential Committee Report:

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

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

<table>
<thead>
<tr>
<th>Unit Size Range</th>
<th>Voting Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-15 members</td>
<td>2 votes</td>
</tr>
<tr>
<td>16-25 members</td>
<td>3 votes</td>
</tr>
<tr>
<td>26-35 members</td>
<td>4 votes</td>
</tr>
<tr>
<td>36-45 members</td>
<td>5 votes</td>
</tr>
<tr>
<td>46-55 members</td>
<td>6 votes</td>
</tr>
<tr>
<td>56-65 members</td>
<td>7 votes</td>
</tr>
<tr>
<td>66-75 members</td>
<td>8 votes</td>
</tr>
<tr>
<td>76-85 members</td>
<td>9 votes</td>
</tr>
<tr>
<td>86-95 members</td>
<td>10 votes</td>
</tr>
<tr>
<td>96-105 members</td>
<td>11 votes</td>
</tr>
</tbody>
</table>
The Credential Committee Report:

= # of credential forms indicating State Officer registration

= # of credential forms indicating Resident Past National Commander registration

= # of credential forms indicating registration as a Past State Commander

TOTAL VOTING STRENGTH

Unit Voting Strength + Registered State Officers + Registered PSC/s + Registered PNC/s = Total Voting Strength

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 * 6
Total Past National Commanders Registered * 2
Total Units Registered 5
Total Unit Delegates Registered 39
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 * 2
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.)
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:

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

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:

<table>
<thead>
<tr>
<th>CREDENTIAL COMMITTEE REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONVENTION YEAR:</td>
</tr>
<tr>
<td>CHAIRMAN:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Total Elected Officers Registered</td>
</tr>
<tr>
<td>Total Past State Commanders Registered</td>
</tr>
<tr>
<td>Total Past National Commanders Registered</td>
</tr>
<tr>
<td>Total Units Registered</td>
</tr>
<tr>
<td>Total Unit Delegates Registered</td>
</tr>
<tr>
<td>Total Unit Alternates Registered</td>
</tr>
<tr>
<td>Total Guests Registered</td>
</tr>
<tr>
<td>Total Registered</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Unit #</th>
<th>Unit Name</th>
<th>Number of Life Members</th>
<th>Total Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Wichita</td>
<td>107</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>Yugoslavia</td>
<td>266</td>
<td>28</td>
</tr>
<tr>
<td>3</td>
<td>Queen City</td>
<td>22</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Norristown</td>
<td>186</td>
<td>20</td>
</tr>
<tr>
<td>5</td>
<td>Watertown</td>
<td>126</td>
<td>14</td>
</tr>
<tr>
<td>6</td>
<td>Jackson County</td>
<td>306</td>
<td>32</td>
</tr>
</tbody>
</table>

TOTAL VOTE COUNT: 109

Sample of a Convention Credential:

[Image of a convention credential template]
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 ______ 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.*
The Basics:

✓ Hold at least four (4) regular business meetings per year at a time and place set by vote of the unit.

✓ Four (4) Senior members constitutes a quorum. One member present must be the Unit Commander or a Unit Vice Commander. No quorum? Take advantage of your time to brainstorm and share ideas about DAVA's mission.

✓ Regular business meetings must be conducted in accordance with the Ritual except where it is necessary to dispense with in order to expedite business.

✓ It is the duty of all Officers to attend each meeting of the Unit. In case of the inability of any Officer to attend a meeting, notice should be given to the Commander, and an arrangement made for all pertinent books and papers in the possession of said Officer to be made available for to the meeting.

✓ If a Chair Officer is absent, the presiding Officer can designate a member to fill the chair.

Opening Ceremony of a Regular Business Meeting:

Reference: National Constitution and Bylaws

∞ Meeting called to order by the Unit Commander or highest ranking officer

∞ The chaplain invokes the blessing

∞ The Patriotic Instructor or designee will lead the “Pledge of Allegiance”

∞ The Senior Vice Commander gives the purpose of the DAV Auxiliary

∞ The Junior Vice Commander gives the eligibility for membership in DAV Auxiliary

∞ The Commander announces the meeting open for any business

∞ The Adjutant will call the roll of officers
**Order of Business:**

Reference: National Constitution and Bylaws

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

**Closing Ceremony:**

Reference: National Constitution and Bylaws

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

**Always:**

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

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

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

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

### Example

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

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

<table>
<thead>
<tr>
<th>DCU No</th>
<th>DCU Name</th>
<th>A. Goal Met</th>
<th>B. Total Junior</th>
<th>C. Total Part Life</th>
<th>D. Total Full Life</th>
<th>E. Total Paid Members</th>
<th>F. Total Members</th>
<th>G. Quota</th>
<th>H. Quota %</th>
<th>I. Quota Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>AUX Department of Kentucky</td>
<td>G</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>-15</td>
</tr>
<tr>
<td>1</td>
<td>Lexington #1</td>
<td>3</td>
<td>5</td>
<td>82</td>
<td>87</td>
<td>90</td>
<td>92</td>
<td>92</td>
<td>92%</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Elizabethown #3</td>
<td>47</td>
<td>9</td>
<td>151</td>
<td>160</td>
<td>207</td>
<td>213</td>
<td>92</td>
<td>92%</td>
<td>-6</td>
</tr>
<tr>
<td>4</td>
<td>Owensboro #4</td>
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<td>59</td>
<td>61</td>
<td>78</td>
<td>81</td>
<td>92</td>
<td>93%</td>
<td>-1</td>
</tr>
<tr>
<td>6</td>
<td>Fred Battle Memorial #6</td>
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<td>3</td>
<td>75</td>
<td>78</td>
<td>78</td>
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<td>-3</td>
</tr>
<tr>
<td>7</td>
<td>Millis Meredith #7</td>
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<td>5</td>
<td>51</td>
<td>56</td>
<td>58</td>
<td>60</td>
<td>92</td>
<td>93%</td>
<td>-2</td>
</tr>
<tr>
<td>8</td>
<td>Jocett Henry #8</td>
<td>7</td>
<td>5</td>
<td>47</td>
<td>52</td>
<td>59</td>
<td>61</td>
<td>92</td>
<td>93%</td>
<td>-2</td>
</tr>
<tr>
<td>11</td>
<td>Ohio County #11</td>
<td>0</td>
<td>1</td>
<td>27</td>
<td>28</td>
<td>28</td>
<td>29</td>
<td>92</td>
<td>93%</td>
<td>-1</td>
</tr>
<tr>
<td>19</td>
<td>Frederick R. Bristol Mem. #19</td>
<td>15</td>
<td>24</td>
<td>209</td>
<td>233</td>
<td>248</td>
<td>258</td>
<td>92</td>
<td>93%</td>
<td>-10</td>
</tr>
<tr>
<td>20</td>
<td>Glasgow #20</td>
<td>14</td>
<td>8</td>
<td>62</td>
<td>70</td>
<td>84</td>
<td>87</td>
<td>92</td>
<td>93%</td>
<td>-3</td>
</tr>
<tr>
<td>23</td>
<td>Conocrack State #23</td>
<td>G</td>
<td>0</td>
<td>6</td>
<td>452</td>
<td>458</td>
<td>458</td>
<td>100</td>
<td>100%</td>
<td>0</td>
</tr>
<tr>
<td>32</td>
<td>Wand B. Doyle #32</td>
<td>0</td>
<td>12</td>
<td>33</td>
<td>45</td>
<td>46</td>
<td>46</td>
<td>92</td>
<td>93%</td>
<td>-1</td>
</tr>
<tr>
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<td>Casey County #41</td>
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<td>93%</td>
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<tr>
<td>51</td>
<td>J. B. Glover #51</td>
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<td>8</td>
<td>25</td>
<td>33</td>
<td>33</td>
<td>33</td>
<td>92</td>
<td>93%</td>
<td>-1</td>
</tr>
<tr>
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<td>Madison County #55</td>
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<td>3</td>
<td>29</td>
<td>32</td>
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<tr>
<td>64</td>
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<td>5</td>
<td>31</td>
<td>36</td>
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<td>42</td>
<td>92</td>
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<tr>
<td>66</td>
<td>London #66</td>
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<td>62</td>
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<td>66</td>
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<td>92</td>
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<td>-2</td>
</tr>
<tr>
<td>90</td>
<td>Fred Denton #90</td>
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<td>1</td>
<td>29</td>
<td>30</td>
<td>30</td>
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<td>92</td>
<td>93%</td>
<td>-1</td>
</tr>
<tr>
<td>105</td>
<td>Wayno County #105</td>
<td>4</td>
<td>4</td>
<td>49</td>
<td>53</td>
<td>57</td>
<td>59</td>
<td>92</td>
<td>93%</td>
<td>-2</td>
</tr>
<tr>
<td>118</td>
<td>Benton #11</td>
<td>0</td>
<td>2</td>
<td>18</td>
<td>20</td>
<td>20</td>
<td>21</td>
<td>92</td>
<td>93%</td>
<td>-1</td>
</tr>
<tr>
<td>128</td>
<td>M. Vanderpool Mem. #128</td>
<td>19</td>
<td>29</td>
<td>42</td>
<td>71</td>
<td>90</td>
<td>93</td>
<td>92</td>
<td>93%</td>
<td>-3</td>
</tr>
<tr>
<td>134</td>
<td>Pikeville #134</td>
<td>13</td>
<td>9</td>
<td>40</td>
<td>49</td>
<td>62</td>
<td>63</td>
<td>92</td>
<td>93%</td>
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</tr>
<tr>
<td>141</td>
<td>Bellry #11</td>
<td>8</td>
<td>0</td>
<td>23</td>
<td>23</td>
<td>31</td>
<td>32</td>
<td>92</td>
<td>93%</td>
<td>-1</td>
</tr>
<tr>
<td>155</td>
<td>Henry County #155</td>
<td>7</td>
<td>5</td>
<td>45</td>
<td>50</td>
<td>57</td>
<td>59</td>
<td>92</td>
<td>93%</td>
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<td>160</td>
<td>Radcliff #156</td>
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<td>31</td>
<td>147</td>
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<td>283</td>
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<td>19</td>
<td>47</td>
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<td>92</td>
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<td>Science Hill #162</td>
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<td>5</td>
<td>69</td>
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<td>Johns Creek Memorial #166</td>
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<td>7</td>
<td>34</td>
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<td>44</td>
<td>45</td>
<td>92</td>
<td>93%</td>
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<td>169</td>
<td>St. John's #169</td>
<td>17</td>
<td>1</td>
<td>49</td>
<td>60</td>
<td>77</td>
<td>80</td>
<td>92</td>
<td>93%</td>
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<tr>
<td>171</td>
<td>Pikesville #171</td>
<td>0</td>
<td>1</td>
<td>49</td>
<td>60</td>
<td>77</td>
<td>80</td>
<td>92</td>
<td>93%</td>
<td>-3</td>
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</table>

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

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
<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Amount</th>
<th>Payable to:</th>
<th>For:</th>
<th>The Treasurer of:</th>
<th>Shall Issue Check To:</th>
<th>In The Amount Of:</th>
<th>For:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**Disabled American Veterans Auxiliary**

**Warrant / Voucher / Check Request**

# 
(Must Agree with Check # Issued)

The Treasurer of: State Department or Unit & Number (whichever is applicable)

Shall Issue Check To: 

In The Amount Of: 

For: Commander

Adjutant/Finance Chairman

Must be signed by Adjutant/Finance Chairman and co-signed by the Commander.
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](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.

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.

<table>
<thead>
<tr>
<th>Name of Nominee</th>
<th>Membership #</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Nominee Street Address</th>
<th>Phone #</th>
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<tbody>
<tr>
<td></td>
<td>( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Unit Name &amp; Number</th>
<th>Years of Continuous Membership</th>
</tr>
</thead>
</table>

**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.
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.
Q. Who is eligible to apply for this assistance?
A. In our ongoing mission of service to disabled veterans and their families, this assistance is available to ill and injured veterans, their spouse, and their children.

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

Q. What is the purpose of the program?
A. To assist disabled veterans and their spouse or children with course expenses for those with a desire to improve their workplace skills and for career development.

Q. For a better understanding of this program, what are some vocational/training examples?
A. Examples would include trade schools, online courses, one-off community classes such as Microsoft Office or other personal development courses that would facilitate job procurement, career enhancement, etc.

Q. How much are the education grants per applicant?
A. At this time, the maximum amount to be granted is $500. Funding for this program is based on fund availability and determined by the DAV Auxiliary National Finance Committee annually.

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

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

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

The DAV Auxiliary is not responsible for state, local, federal taxes, or laws or regulations regarding benefits of this nature and are the sole responsibility of the recipient.
DISABLED AMERICAN VETERANS AUXILIARY
VOCATIONAL/TRAINING ASSISTANCE APPLICATION

GENERAL INFORMATION:
Name of Applicant: ________________________________________
Last                                           First                         Middle

Permanent Address: ________________________________________
Number & Street: ________________________________________
City, State & Zip Code: ________________________________

(Area Code) Phone Number: ________________________________
Email Address: ________________________________________

RELATIONSHIP TO DISABLED VETERAN:
☐ Self          ☐ Spouse          ☐ Child

VOCATIONAL/TRAINING EDUCATIONAL FACILITY:
Name: _____________________________________________________
Phone: ________________________________

City, State, & Zip Code: ________________________________

Course Name: ___________________________________________
Course Start Date: ______________

Course Cost (required for preapproval decision): $ ________________________________

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

**************************************************

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

_________________________________  __________________________________________
Applicant’s Signature                          Date

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

Rev. 11/2021
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.

Rev. Sept. 2023
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
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.
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
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:
DVA 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.
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.

<table>
<thead>
<tr>
<th align="left">1. Family Services: Direct aid to families, visits, clothing, food, errands, transportation, etc.</th>
<th>Miles</th>
<th>Hours</th>
<th>Donations by Unit Checks</th>
<th>Value all Other Donations</th>
<th>Cash Donations from Members</th>
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<tr>
<th align="left">2. Facility Visits: Nursing homes, treatment centers, health care centers/hospitals, etc.</th>
<th>Miles</th>
<th>Hours</th>
<th>Donations by Unit Checks</th>
<th>Value all Other Donations</th>
<th>Cash Donations from Members</th>
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<tr>
<th align="left">3. Professional &amp; Trade Services/ Payments: Medical/dental, electrician, plumber, etc.</th>
<th>Miles</th>
<th>Hours</th>
<th>Donations by Unit Checks</th>
<th>Value all Other Donations</th>
<th>Cash Donations from Members</th>
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<tr>
<th align="left">4. Recreation &amp; Entertainment: Excursions, parties, reading, gifts, therapeutic sewing, baking, etc.</th>
<th>Miles</th>
<th>Hours</th>
<th>Donations by Unit Checks</th>
<th>Value all Other Donations</th>
<th>Cash Donations from Members</th>
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<table>
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<tr>
<th align="left">5. Special Projects and Programs: Caregiver Initiative, Efforts for the Deployed, etc.</th>
<th>Miles</th>
<th>Hours</th>
<th>Donations by Unit Checks</th>
<th>Value all Other Donations</th>
<th>Cash Donations from Members</th>
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</table>

Totals: ______ ______ $ ________ $ ________ $ ________

Total of All Donations $________

Submitted by: ________________________________

Signature of Commander and/or Chairman
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:

<table>
<thead>
<tr>
<th>Chapter/Unit Activities</th>
<th>Chapter/Unit Activities</th>
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<tbody>
<tr>
<td>VA Medical Center</td>
<td>Hospital/Nursing Home</td>
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<tr>
<td>Veterans Day</td>
<td>Community Service</td>
</tr>
<tr>
<td>School/Church</td>
<td>Forget-Me-Not Drive</td>
</tr>
<tr>
<td>Americanism</td>
<td></td>
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</tbody>
</table>

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 __________________________ Parent/Guardian __________________________
Signature __________________________________________ Signature __________________________________________
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:

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Topic</th>
<th># of Federal Contacts</th>
<th># of Federal Follow-Up</th>
<th># of State Contacts</th>
<th># of State Follow-Up</th>
<th># of County, City, Local Contacts</th>
<th># of County, City, Local Follow-Up</th>
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</table>

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

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Topic</th>
<th># of Federal Contacts</th>
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</table>

**Contacts Made on Legislation with No Bill Numbers**

*Examples: removing unemployability for disabled veterans,*
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:

5. VAVS

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 ____________________________________________

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.)

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regularly scheduled (R/S) volunteers</td>
<td></td>
</tr>
<tr>
<td>Sponsored volunteers</td>
<td></td>
</tr>
<tr>
<td>Occasional volunteers (non R/S)</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

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