

# IMPORTANT NOTE

## 2024 KEHA Manual Replacement Pages

Please find enclosed the updated pages for the KEHA Manual. All updated pages include the page number and a date in 2024 at the bottom.

Please use these pages to replace **identically numbered** pages with **any date prior 2024**. Items in bold in the table of contents for the Handbook and Appendix were updated this year.

The complete manual can be found on the KEHA website at the following address:

[www.keha.org](http://www.keha.org)

# KEHA MANUAL

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## AWARDS AND CONTESTS Deadline/Contact Chart

CATEGORY	NAME OF CONTEST	FORMS and/or REQUIREMENTS	DEADLINE	AWARD	CONTACT PERSON
Leadership Development	Volunteer Service Units (VSUs)	<i>See Handbook 86-87 and 89-93 Forms Appendix 19-20a</i>	Club-July 1 County-Aug. 15 Area-Sept. 15	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> ) (Per category)	Nancy Snouse 117 Meadowlark Road Russell, KY 41169 wsnouse@msn.com
	Community Volunteerism Award	<i>See Handbook 88</i> Club & County	March 1	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	KEHA Scholarship Contributions and Local Scholarship Awards	<i>See Handbook 87</i>	Club-July 1 County-Aug. 15; December 15 (with dues); and March 1	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
Management & Safety	No contest will be conducted in 2024-2025				Peggy Tracy peggytracy@att.net
Cultural Arts & Heritage	Creative Writing/Poetry (1 entry/person)	<i>See Handbook 37-39</i>	March 1	Certificate (1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> )	Cindy Moore 2707 Sunnyside Road Eminence, KY 40019 502-706-0579 cjrnl@bellsouth.net
	Creative Writing/Memoirs (1 entry/person)	<i>See Handbook 37-39</i>	March 1	Certificate (1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	Creative Writing/Short Story (1 entry/person)	<i>See Handbook 37-39</i>	March 1	Certificate (1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	Cultural Arts & Heritage Passport	<i>See Handbook 36</i>	July 1	\$100 prize (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
International	Most Coins Collected: • Coins for Change • KY Academy/Ghana	<i>See Handbook 73</i>	December 15 (with dues)	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	Tammy Alford 165 Oak Ridge Road Morgantown, KY 42261 270-999-3222 tamalford@att.net
	International Projects and Programs Award	<i>See Handbook 73</i>	March 1	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	One-Time International Mini Grant: Creating Welcoming Communities	<i>See Handbook 72</i>	March 1	\$500 (1 <sup>st</sup> ); \$150 (2 <sup>nd</sup> ); \$100 (3 <sup>rd</sup> )	
Environment, Housing & Energy	Adopt-A-Highway Awards	<i>See Handbook 49</i>	March 1	Gift Card (1 <sup>st</sup> ) – county with most miles and most miles as % of membership Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	Rhonella Chaffin P.O. Box 1057 Louisa, KY 41230 rhonella@att.net

## AWARDS AND CONTESTS, *CONTINUED*

CATEGORY	NAME OF CONTEST	FORMS and/or REQUIREMENTS	DEADLINE	AWARD	CONTACT PERSON
Family & Individual Development	Self-Care Contest	<i>See Handbook 55</i>	March 1	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	Amelia Godfrey 625 Main St. Apt. 102 Paintsville, KY 41240 Meme6968@yahoo.com
Food, Nutrition, & Health	Ovarian Cancer Financial Contributions	<i>See Handbook 60</i>	December 15 (with dues)	Gift Card – Largest amount & largest amount per member Certificates – 100% participation & over \$1,000	Esther Bailey 304 Somerset St. Stanford, KY 40484 hadasah5@hotmail.com
	First-time Ovarian Cancer Screenings – County Award	<i>See Handbook 60</i>	Club-July 1 County-Aug. 15	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	Ovarian Cancer Fundraising Contest	<i>See Handbook 60</i>	March 1	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	Let No Child or Senior Go Hungry	<i>See Handbook 60a</i>	March 1	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	Food Culture in Other Countries	<i>See Handbook 60a</i>	March 1	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
4-H Youth Development	Innovative Partnership Project	<i>See Handbook 64-65 (Details page 64, entry form page 65)</i>	March 1	Gift Card and \$50	Denise Boebinger 3725 Bald Knob Road Frankfort, KY 40601 dboebinger@me.com
	Volunteer Hours for 4-H (club, county, area)		March 1	Certificate and small gift	
	4-H Camp Scholarships (club, county, area)		March 1	Certificate and small gift	
Membership Recognition	Membership Increase	<i>Based upon dues submitted in December</i>	December 15 (with dues)	Certificate for counties with 25 new members. Gift Card (1 <sup>st</sup> ) and certificates (2 <sup>nd</sup> & 3 <sup>rd</sup> ) highest increase by number & percentage.	Martha E. Colley 204 Desert Inn Ct. Hopkinsville, KY 42240 270-839-1531 cell marthaky3@live.com
	Membership Tenure Recognitions (50, 60, 65, 70 and 75 years)	<i>See Appendix 17</i>	January 31	Listed in the KEHA State Meeting Program.	

## OFFICER NOMINATION FORM

**Check One:** County \_\_\_\_\_ Area \_\_\_\_\_

NAME OF NOMINEE \_\_\_\_\_

ADDRESS OF NOMINEE \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

**Personal Sketch of Nominee:**

Hobbies \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Offices Held in KEHA – List years served in each office at each level:**

Offices Held:	Local Club	County	Area	State
President				
Vice President				
Secretary				
Treasurer				
Educational Chairman List:				
Committee Chairman List:				

## STATE CHAIRMAN NOMINATION FORM

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

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

**Forms should be sent by certified mail and must be postmarked no later than thirty (30) days prior to the start of the KEHA Annual Meeting.**

NAME OF NOMINEE \_\_\_\_\_

ADDRESS OF NOMINEE \_\_\_\_\_

COUNTY \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Educational Chairmen: (Check One)

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

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

### Offices Held in KEHA – List years served in each office at each level:

Offices Held:	Local Club	County	Area	State
<b>President</b>				
<b>Vice President</b>				
<b>Secretary</b>				
<b>Treasurer</b>				
<b>Educational Chairman</b> <i>Please List:</i>				
<b>Committee Chairman</b> <i>Please List:</i>				

## STATE OFFICER NOMINATION FORM

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

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

**Forms should be sent by certified mail and must be postmarked no later than thirty (30) days prior to the start of the KEHA Annual Meeting.**

NAME OF NOMINEE \_\_\_\_\_

ADDRESS OF NOMINEE \_\_\_\_\_

COUNTY \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Nomination for: (check one)	President <input type="checkbox"/> President-Elect <input type="checkbox"/> 1 <sup>st</sup> Vice-President for Program <input type="checkbox"/> 2 <sup>nd</sup> Vice-President for Member Resources <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/>	( <input type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> )
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**Offices Held in KEHA – List years served in each office at each level:**

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

Committee Chairmen (list):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be completed by County President or Vice President

## 20\_\_ to 20\_\_ Membership Recognition Report

\_\_\_\_\_ County Extension Homemakers Association

### 50, 60, 65, 70 and 75 Year Members

Please include names of members reaching these milestones in this reporting year

NAME	NUMBER OF YEARS

### Deceased Members

List members to be included in the Memoriam at the next State Meeting

- \*
- \*
- \*
- \*
- \*

**Completed by:** Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Counties send reports to Area Vice President by December 31.**

**Area Vice Presidents compile the information and submit an area report to the KEHA 2<sup>nd</sup> Vice President by January 31.**

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

Martha E. Colley  
204 Desert Inn Ct.  
Hopkinsville, KY 42240  
270-839-1531 cell  
[marthaky3@live.com](mailto:marthaky3@live.com)

**Use reverse side for additional names**



**Cultural Arts & Heritage Program of Work Report**  
**From July 1, 2024, to June 30, 2025**

<b>Name of person completing this form:</b> _____	
<b>Phone:</b> _____	<b>Email:</b> _____
<b>For clubs reports:</b> Club reports are due to the County Cultural Arts and Heritage Chairman by <b>July 1, 2025</b> .	
<b>Club Name:</b> _____	
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2025</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2025. A copy of the submission should be mailed to the Area Cultural Arts and Heritage Chairman by August 15, 2025.	
<b>County:</b> _____	<b>Number of Clubs reporting:</b> _____

**Reading and Kentucky Literacy**

How many members in your club/county/area used the KEHA Book List this year? \_\_\_\_\_

Number of books read from the **KEHA Book List:** \_\_\_\_\_

Number of books read **NOT from** the KEHA Book List: \_\_\_\_\_

Does your county have a Homemaker Book Club? Yes \_\_\_\_\_ No \_\_\_\_\_

**KEHA Cultural Arts and Heritage Passport**

Number of members who participated in the Passport Challenge: \_\_\_\_\_

Total number of places/events logged in the Passports: \_\_\_\_\_

How many Passports included a description of a work of art? \_\_\_\_\_

**Understanding the Elements and Principles of Art:**

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

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

Number of individuals who received a lesson on evaluating photography \_\_\_\_\_

*Using the information learned from the current Program of Work:*

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

Number of individuals who took photographs \_\_\_\_\_

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

**Other:**

Does your club or its individual members sell craft items to support Homemaker or other community projects?

Yes \_\_\_\_\_ No \_\_\_\_\_ Total funds generated: \_\_\_\_\_

Number and types of programs funded: \_\_\_\_\_

Please indicate the number of members in your (club/county/area) who sell craft items to supplement their household income. \_\_\_\_\_

**Comments** (use back if necessary)

***Environment, Housing and Energy Program of Work Report***  
**From July 1, 2024, to June 30, 2025**

<b>Name of person completing this form:</b> _____	
<b>Phone:</b> _____	<b>Email:</b> _____
<b>For clubs reports:</b> Club reports are due to the County Environment, Housing and Energy Chairman by <b>July 1, 2025</b> .	
<b>Club Name:</b> _____	
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2025</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2025. A copy of the submission should be mailed to the Area Environment, Housing and Energy Chairman by August 15, 2025.	
<b>County:</b> _____	<b>Number of Clubs reporting:</b> _____

***Environment, Housing & Energy***

1. Number of members who took actions related to environment, housing and energy listed below between July 1, 2024, and June 30, 2025:
  - a. How many Homemakers attended a lesson on radon? \_\_\_\_
  - b. How many have tested for radon in their homes during this reporting year? \_\_\_\_
  - c. How many have annual testing for radon in their homes? \_\_\_\_
  - d. How many have radon mitigation systems in their homes? \_\_\_\_
  - e. How many Homemakers had a lesson on carbon monoxide? \_\_\_\_
  - f. How many know how to detect for carbon monoxide in their homes? \_\_\_\_
  - g. How many have carbon monoxide detectors in their homes? \_\_\_\_
  - h. How many Homemakers had a lesson on indoor air quality? \_\_\_\_
  - i. How many know and took steps to improve their indoor air quality? \_\_\_\_
  - j. How many Homemakers had a lesson on home safety/emergency preparedness? \_\_\_\_
  - k. How many KEHA members have emergency preparedness kits? \_\_\_\_
  - l. How many KEHA members have taken steps to make their homes safer? \_\_\_\_
  - m. How many members coordinated a program with Waste Management Offices in their county? \_\_\_\_
  - n. How many initiated or participated in an Adopt-A-Highway project: \_\_\_\_
  
2. What topics/areas of Environment, Housing and Energy would your club/county be interested in learning more about?
  
  
  
  
  
  
  
  
  
  
3. Please share a one paragraph description of an environment, housing and/or energy program conducted by your club/county. (Use back of page if needed.)

**4-H Youth Development Program of Work Report**  
**From July 1, 2024, to June 30, 2025**

<b>Name of person completing this form:</b> _____	
<b>Phone:</b> _____	<b>Email:</b> _____
<b>For clubs reports:</b> Club reports are due to the County 4-H Youth Development Chairman by <b>July 1, 2025</b> .	
<b>Club Name:</b> _____	
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2025</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2025. A copy of the submission should be mailed to the Area 4-H Youth Development Chairman by August 15, 2025.	
<b>County:</b> _____	<b>Number of Clubs reporting:</b> _____

Has the County 4-H Educational Chairman met with the 4-H agent? \_\_\_\_\_

Were the Homemaker Hobbies/Expertise questionnaire filled out and tabulated? \_\_\_\_\_

Number of 4-H Youth engaged in activity with Extension Homemakers: \_\_\_\_\_

Number of total KEHA Volunteer Hours with 4-H for this year: \_\_\_\_\_

Number of 4-H Events supported through Homemaker volunteers: \_\_\_\_\_

Number of 4-H Clubs lead by Homemaker volunteers: \_\_\_\_\_

Number of Homemakers who volunteered with 4-H Communications Programs: \_\_\_\_\_

Number of Homemakers who assisted with 4-H Project Days \_\_\_\_\_

Number of Homemakers who served as Adult Counselors at 4-H Camp: \_\_\_\_\_

Amount of 4-H Camp Scholarships provided in dollars: \_\_\_\_\_

***Please list as much information that is relevant to assist our evaluation:***

How can we further the 4-H partnership with KEHA?

\_\_\_\_\_

\_\_\_\_\_

What other resources do you need to work with young people?

\_\_\_\_\_

\_\_\_\_\_

Is there a youth program you would like to start in your county?

\_\_\_\_\_

\_\_\_\_\_

***Family and Individual Development Program of Work Report***  
**From July 1, 2024, to June 30, 2025**

Name of person completing this form: _____	
Phone: _____	Email: _____
<b>For clubs reports:</b> Club reports are due to the County Family and Individual Development Chairman by <b>July 1, 2025</b> .	
Club Name: _____	
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2025</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2025. A copy of the submission should be mailed to the Area Family and Individual Development Chairman by August 15, 2025.	
County: _____	Number of Clubs reporting: _____

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

Number of members who said this program was helpful: \_\_\_\_\_

What publication did you use? \_\_\_\_\_

Suggestion to make this topic better: \_\_\_\_\_

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

How many did you distribute? \_\_\_\_\_ Purpose for kit: \_\_\_\_\_

**2. *Self-Care and Self-Pampering***

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

\_\_\_\_\_  
\_\_\_\_\_

What publication did you use? \_\_\_\_\_

**3. *Self-Care and Strengthening Family and the Community***

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

***Food, Nutrition and Health Program of Work Report***  
**From July 1, 2024, to June 30, 2025**

<b>Name of person completing this form:</b> _____	
<b>Phone:</b> _____	<b>Email:</b> _____
<b>For clubs reports:</b> Club reports are due to the County Food, Nutrition and Health Chairman by <b>July 1, 2025</b> .	
<b>Club Name:</b> _____	
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2025</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2025. A copy of the submission should be mailed to the Area Food, Nutrition and Health Chairman by August 15, 2025.	
<b>County:</b> _____	<b>Number of Clubs reporting:</b> _____

***Food, Nutrition and Health (Area Chairs: Please list each county’s number of participants.)***

1. Number of members who:
 

a. Had an annual physical / check-up _____	e. Had a diabetes screening _____
b. Had a mammogram _____	f. Participated in a local blood drive _____
c. Had an ovarian cancer screening _____	g. Participated in a local health fair _____
d. Had a first-time ovarian cancer screening _____	
  
2. Did your club/county host an Ovarian Cancer Awareness fundraiser? Yes \_\_\_ No \_\_\_  
 If yes, how many attended? \_\_\_\_\_ How much money was raised? \_\_\_\_\_  
 a. Did you participate in other activities to raise awareness of ovarian cancer? \_\_\_\_\_
  
3. Program of Work Lessons – List number of members who:
  - a. Participated in a lesson on Let No Child or Senior Go Hungry? \_\_\_\_\_
  - b. Contributed something to a Blessing Box? \_\_\_\_\_
  - c. Participated in a lesson on Travel Kentucky from Your Kitchen? \_\_\_\_\_
  - d. Made a food from a different Kentucky region/area? \_\_\_\_\_
  - e. Participated in a lesson on Food Culture from Other Countries? \_\_\_\_\_
  - f. Cooked a food from another country? \_\_\_\_\_
  - g. Practiced a custom from another country? \_\_\_\_\_
  
4. Food security – Number of:
  - a. Members who donated to a local food bank or food pantry \_\_\_\_\_
  - b. Members who volunteered time at a local food bank or food pantry \_\_\_\_\_
  - c. Children served by a local “backpack for hunger” program \_\_\_\_\_
  
5. Physical Activity – List number of members who:
  - a. Exercised regularly (20-30 minutes at least 3 times weekly) \_\_\_\_\_
  - b. Helped implement environmental changes for physical activity (i.e. install a walking path, bike trail, etc.) \_\_\_\_\_
  - c. Reported an improvement in overall health due to increased activity \_\_\_\_\_
  
6. Nutrition – List number of members who:
  - a. Gained knowledge and made healthy food choices \_\_\_\_\_
  - b. Purchased fresh foods at a local farmers market \_\_\_\_\_
  - c. Supplemented their diets with healthy foods they produced/preserved \_\_\_\_\_
  
7. Please list 1 or 2 exciting Food, Nutrition, and Health programs you would like to see implemented.
  
8. If your club/county has conducted any Food, Nutrition, and Health programs NOT listed above, please share details.

***International Program of Work Report***  
**From July 1, 2024, to June 30, 2025**

<b>Name of person completing this form:</b> _____
<b>Phone:</b> _____ <b>Email:</b> _____
<b>For clubs reports:</b> Club reports are due to the County International Chairman by <b>July 1, 2025</b> .
<b>Club Name:</b> _____
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2025</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2025. A copy of the submission should be mailed to the Area International Chairman by August 15, 2025.
<b>County:</b> _____ <b>Number of Clubs reporting:</b> _____

***International***

1. Number of members who received lesson information on Creating Welcoming Communities: \_\_\_\_
2. Number of members who implemented a project/plan on Creating Welcoming Communities: \_\_\_\_
3. Number of members who received lesson information on Healthy Eating Around the World: \_\_\_\_
4. Number of members who tried a new food as a result of participating in Healthy Eating Around the World: \_\_\_\_
5. Number of members who received updates on Ghana or the Philippines: \_\_\_\_
6. Number of members who participated in International Month: \_\_\_\_
7. Number of members who received or learned information about ACWW: \_\_\_\_
8. Number of members who received or learned information about NVON: \_\_\_\_
9. Number of members who participated in homemaker international outreach support programs (Coins for Change/Ghana library/other): \_\_\_\_\_
10. Number of members who adopted a plan of action on cultural awareness: \_\_\_\_

Please tell us about any special successes or cultural outreach work in your county that you'd like to brag about! Comments:

**Leadership Development Program of Work Report**  
**From July 1, 2024, to June 30, 2025**

Name of person completing this form: _____	
Phone: _____	Email: _____
<b>For clubs reports:</b> Club reports are due to the County Leadership Development Chairman by <b>July 1, 2025</b> .	
Club Name: _____	
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2025</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2025. A copy of the submission should be mailed to the Area Leadership Development Chairman by August 15, 2025.	
County: _____	Number of Clubs reporting: _____

1. Trainings conducted and participation: (Check those that apply and provide participation numbers.)
  - a. Club, county or area officer training \_\_\_\_\_ Number trained: \_\_\_\_\_
  - b. Club, county or area chairman training \_\_\_\_\_ Number trained: \_\_\_\_\_
2. How did the training you received enable you to achieve your goals?
  
3. Number of members who received lesson information on parliamentary procedures: \_\_\_\_\_
4. **EXTENSION** Volunteerism: Hours members volunteered for **Extension** activities/events: \_\_\_\_\_
5. **KEHA** Volunteerism: Hours members volunteered for **KEHA** activities/events: \_\_\_\_\_
6. **COMMUNITY** Volunteerism: Hours members volunteered for **Community** activities/events: \_\_\_\_\_
7. **PERSONAL** Volunteerism: Hours members volunteered for **Personal** activities/events: \_\_\_\_\_
8. Educational scholarships awarded. (Please do not include 4-H Camp scholarships in this section. Report those numbers and amounts via the 4-H Youth Development report.)
  - a. Club scholarships – How many? \_\_\_\_\_ Total amount given: \$ \_\_\_\_\_
  - b. County scholarships – How many? \_\_\_\_\_ Total amount given: \$ \_\_\_\_\_
  - c. Area scholarships – How many? \_\_\_\_\_ Total amount given: \$ \_\_\_\_\_
9. Describe one program that enabled your club, county or area to have a positive impact in your community.

**Management and Safety Program of Work Report**  
**From July 1, 2024, to June 30, 2025**

<b>Name of person completing this form:</b> _____	
<b>Phone:</b> _____	<b>Email:</b> _____
<b>For clubs reports:</b> Club reports are due to the County Management and Safety Chairman by <b>July 1, 2025</b> .	
<b>Club Name:</b> _____	
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2025</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2025. A copy of the submission should be mailed to the Area Management and Safety Chairman by August 15, 2025.	
<b>County:</b> _____	<b>Number of Clubs reporting:</b> _____

1. Transferring Cherished Possessions

Number of members who:

- a. Increased their understanding of what makes up an estate. \_\_\_\_\_
- b. Increased their understanding of legal considerations for non-titled property. \_\_\_\_\_
- c. Plan to start an Asset Distribution Plan. \_\_\_\_\_
- d. Plan to start writing a Letter of Last Instruction. \_\_\_\_\_
- e. Plan to contact an estate planning professional. \_\_\_\_\_
- f. Plan to update or create a will. \_\_\_\_\_

2. Emergency Health Information Cards

Number of members who:

- a. Plan to fill out and use an EHI Card for self. \_\_\_\_\_
- b. Plan to share the information and/or EHI card template with others. \_\_\_\_\_
- c. Number of people with whom members shared the EHI Card: \_\_\_\_\_

3. Scams and Frauds

Number of members who:

- a. Feel prepared to protect their money from fraud as a result of the programming: \_\_\_\_\_
- b. Received possible fraudulent offers (by phone, email, mail, in-person, etc.): \_\_\_\_\_
- c. Took steps to reduce offers: \_\_\_\_\_
- d. Implemented strategies to protect themselves from scams, frauds, and security breaches: \_\_\_\_\_
- e. Reported potential scams to authorities: \_\_\_\_\_
- f. Actively monitored for identity theft by checking annual credit reports or enrolling in a monitoring program: \_\_\_\_\_

4. Additional Lessons

Please share a description of ANY other type of management and safety program conducted by your club/county/area.



## **E AWARDS LUNCHEON**

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program.
- Provide table decorations, including head table, (favors optional) for awards luncheon. Budget amount: \$500. Decorations may serve as door prizes.
- Provide hostesses to take tickets at door.
- Provide hostesses to meet and seat special guests (list to be provided by KEHA 1st VP/Program).
- Assist KEHA Board with distribution of materials. Volunteers needed: 10-12

## **F OPENING BANQUET**

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program.
- Provide table decorations, including head table, (favors optional) for meal function. Budget amount: \$500. Decorations may serve as door prizes.
- Provide hostesses to take tickets at door.
- Provide hostesses to meet and seat special guests (list to be provided by KEHA 1st VP/Program).
- Assist KEHA Board with distribution of materials. Volunteers needed:10-15

## **G GENERAL SESSION(s)**

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program.
- Master Farm Homemaker Board Representative and Advisor give assistance.
- Determine and arrange for stage/head table decorations. Budget amount: \$200.
- Provide hostesses to meet and seat special guests (list to be provided by KEHA 1st VP/Program).
- Assist KEHA Board with distribution of materials. Volunteers needed 8-12

## **H LEARNING SESSIONS/WORKSHOPS**

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program.
- Work with KEHA 2nd Vice President to prepare presenter gifts using KEHA merchandise. Budget amount: \$450.
- Provide hostesses at each learning session/workshop to introduce presenter and assist with the needs of speaker/presenter. Hostess should be aware of the contact person for technology help if needed by presenter.
- Hostesses maintain session registration lists and monitor doors as speaker is presenting. Volunteers needed: 8-12 (1-2 per meeting room for each session time block)

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

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program and Treasurer.
- Develops and provides bid sheets for silent auction items and oversees bidding.
- Provides individuals to collect and arrange items.
- Develops and provides contributors with a receipt for tax deduction purposes.
- Provides tickets for raffles baskets, collection bags for tickets, and workers to sell tickets. Budget amount: \$100 for tickets and supplies.
- Coordinates drawing and announcement of raffle basket winners. (Determine in advance if winner must be present to collect the prize.)
- Assists in collection of silent auction money and distributes the items to respective bidders.
- Asks KEHA State Treasurer to be present at collection of money.
- Volunteers needed: 15-20 scheduled in shifts (Demand is heaviest during check-in/set-up and check-out.)

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

- STATE BOARD CONTACT PERSON – KEHA 1<sup>ST</sup> Vice-President/Program
- Work with the KEHA 1st Vice President to arrange set-up of display area and insure that all needed supplies for display are available.
- Develop and provide bid sheets for quilt squares, considering table space available near the display.
- Determine a system for collecting “viewer’s choice” votes, considering table space available.
- Provide volunteers to receive and display quilt squares. Volunteers needed: 2-3 per shift
- Provide volunteers to monitor the quilt square display during viewing and bidding. Volunteers needed: 1-2 per shift
- Provide volunteers to close the auction, take down the display, tally viewer’s choice votes, and collect payment from successful bidders. Total payment amount should be delivered to the treasurer. Volunteers needed: 4-6 during the designated time
- Designate a volunteer to take photos and information of the viewer’s choice winner to email to the KEHA State Advisor during the meeting. The amount of total proceeds should be reported to the 1<sup>st</sup> Vice President and KEHA Advisor for announcing.

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

### **TRADE SHOW**

- Keep notebook or digital files with information that can be shared with the next host area. Notebook/files should be given to KEHA State 1st Vice-President at the end of the State Meeting.
- Send letters and/or emails to prospective vendors. (Examples and mailing list should be kept in the trade show notebook.) Budget amount: \$100.
- Coordinate with KEHA State 1st Vice President to ensure that space is used adequately and that the number of vendors is appropriate for the space available. Provide final vendor listing for program to State 1<sup>st</sup> Vice President and KEHA State Advisor.
- Send confirmation letters and set-up instructions to vendors.
- Provide leaflet listing vendors (for hostess table) and place cards for booths.
- Have hostesses available to greet vendors and assist them with set-up. Volunteers needed: 2-4

### **HANDS ON ACTIVITIES**

- Provide instructors and supplies for a variety of ‘make-it and take-it’ style hands-on activities at the KEHA State Meeting. Sessions are generally an hour. Two time blocks of sessions may be offered. A registration form is available for the host committee to collect activity information.
- Coordinate with State 1<sup>st</sup> Vice President to ensure adequate space and room setup is available.
- Develop descriptions of the session activities and presenters by or before early January for the KEHA newsletter. Provide photos of the craft/activity/item if possible.
- Set pricing to adequately cover costs but maintain affordability for each activity. Inform instructors that reimbursement for supplies will not occur until after Stae Meeting is complete.

### **HOSTESS/HOSPITALITY**

- Work with KEHA 1st Vice President to determine theme and logo for KEHA State Meeting.
- Design T-shirt and tote bag (or other registration gift). Budget amount: \$5 per gift for 450 items.
- Secure final numbers for T-shirt and tote bag/gift orders from the KEHA State Treasurer.
- Stuff bags with any hospitality items and/or state meeting materials prior to registration opening.
- Work with the registration committee to distribute tote bags/gifts and T-shirts as needed. Volunteers needed: 1-2 per shift
- Provide hostesses to staff a hospitality table providing local information for KEHA State Meeting attendees. Volunteers needed: 1-2 per shift