

**VFW Aux. Department of California
Program and Award Recognition
Report Form 2018/ 2019**

In order for your Auxiliary to be considered for end of year awards, a report must be submitted at least quarterly to the Department Chairman and your District Chairman. Reports submitted should include the period of May 1, 2018 through April 15, 2019. See instruction pamphlet for detailed explanation of "**HOW TO REPORT.**" Mail one copy of the completed report, and all attachments, to the Department Chairman for 2018-2019 (addresses in the Department Roster and the Department Program Book) and one copy to your District Chairman.

Auxiliary Number _____

District Number _____

Period of Report

From _____ **To** _____

Program of THIS report:

Choose only one (1) program per Report Form from the box at right. Report only projects that pertain to that program on this report.

The programs listed to the right that are not in bold print are listed for information only, to let you know which program to report them under.

1. Americanism/Patriotic Instructor

1-a. POW / MIA

1-b. U.S. Flag Education

2. Buddy Poppy / National Home

2.-aDonations made to National Home

2.-bPromoted buddy poppies throughout the year

3. Extension

4. Hospital

5. Legislative

6. Membership

7. Scholarships

7-a. Voice of Democracy

7-b. Patriot's Pen

7-c. Continuing Education Scholarship

7-d. Young American Creative Patriotic Art

8. Veterans & Family Support

8-a. National Veterans Services (NVS)

8-b. National and Military Support Programs

8-b-i. Military Assistance Program (MAP)

8-b-ii. Unmet Needs

8-b-iii. Operation Uplink

8-b-iv. Sports Clip Help a Hero Scholarship

8-c. California VFW Service Department

9. Youth Activities

9-a. Youth Groups Supporting Our Troops

9-b. Youth Group Work

9-c. Marie Klugow Scholarship

Publicity is reported under each individual Program

The numbers entered should reflect only the projects reported on this report form.	Total Projects on this Report	Number of Members Participating	Total Hours Worked	Total Number of Miles	Total Value or Dollars Spent

Auxiliary Number _____ **District Number** _____ **Program** _____

Briefly describe the projects completed by the Auxiliary. Please use additional sheets, at least one for each project described. Be sure that you put your Auxiliary Number and District number and the program name on every sheet attached. With each project reported, attach any newspaper clippings, photos or other pertinent items that help you describe your project. Include the planning sessions and information as well.

Submitted by: (Print Name and Title) _____

Phone Number: _____ **Date:** _____

E Mail: _____ **(print clearly)**

Description of Project:

Be sure to attach any form (s) required by the Program Chairman in addition to the description of the project, i.e. Hospital Credit sheets, Community Service forms, etc. Include all pertinent information regarding the project (i.e., Number of Buddy Poppies used, number of Labels sent to National Home, hours for planning the project, preparation for the project, etc.)

Use additional sheets if necessary – list your Auxiliary, District and page number on each sheet.

Program Promotion

Describe how the Chairman promoted this program. Please count the program promotion as 1 project.
