Appendix

Contents: This section contains many useful forms, certificates and information sheets for use by KEHA groups on all levels. Included is the form for submitting dues to the State Treasurer along with the County Membership Report which must accompany it. The County/Area Information Sheets must be submitted following County and Area Annual Meetings, or anytime there is a change in Officers or Chairs. It is important and necessary to keep mailing lists up to date. A question and answer page about the KEHA Program of Work Report Form can be found, along with the Report Form, in this section. Nomination forms along with a contests and awards chart are also included here. There are examples of the US Certificate of Merit and the KEHA Certificate of Recognition. To receive these certificates as well as other KEHA organizational aides, use the Annual Publications Order Form included in this section.

NOTE: DUPLICATE THESE PAGES AS NEEDED. KEEP THESE AS ORIGINALS.
KEHA ANNUAL MEETING

AREA SHOWCASE

Send this form to: KEHA 1st Vice-President of Program
Deadline: March 1

Each area is allowed to bring two displays that highlight a specific program they have been successful with in their area. These may be county projects but each area may select only two. There will be a table to place your display on.

Contact Person_____________________________________________________

Address ________________________________________________________

Phone ________________________________________________________

Area ________________________________________________________

Title of Display _______________________________________________

Description of Display ___________________________________________

_______________________________________________________

_______________________________________________________

Appendix 1
August 2005
KEHA ANNUAL MEETING
PRESENTER FORM

Send this form to: KEHA 1st Vice-President for Program
Deadline:          October 1

Contact Person __________________________________________________________
Address________________________________________________________________
______________________________________________________________________
Telephone______________________________________________________________
Title of workshop as you want it printed____________________________________
Description of Workshop/Demonstration:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Cost per person attending______________          Cost of additional kits ____________
Maximum Attendance__________Minimum Attendance_____________
Please indicate if you will need any of the following:
  Tables____________  Wall Space__________
  Chairs____________  Electricity__________
    ___________I will furnish my own display, supplies. AV equipment, etc. Please let us
                 know what you will be bringing so we may assign the proper space.
______________________________________________________________________
______________________________________________________________________
KEHA will not be held responsible for injury, damage, accidents, theft, or breakage, to
materials or persons presenting at the KEHA Annual Meeting. I understand and will
comply with the above terms and regulations set forth in this agreement.

Signature___________________________________ Date___________________
Organization____________________________________________________________

Appendix 2
June 2007
SAMPLE
KEHA ANNUAL MEETING
TRADE SHOW EXHIBITOR FORM
Due March 1

Send this form to: KEHA Treasurer       Make check payable to KEHA

Contact Person_____________________________________________________

Address _____________________________ Telephone_____________________

Description of Exhibit_______________________________________________
                                                                 ___________________________________________________________________
                                                                 ___________________________________________________________________

Please indicate days and times you wish to exhibit:
    First day____________________________
    Second day____________________________

Please indicate the number you will need of the following: (If there is a charge for these items you will be responsible for paying. Contact the KEHA 1st Vice-President for Program for current rates.)

   1 - 6x8 exhibit area_________ Electricity_________
   2 - 6x8 exhibit area_________ Tables______Skirted______
   Wall Space_________________ Chairs__________
   Booth with backdrop_________ Extension Cords_______

_______I will furnish my own display, supplies, AV Equipment, etc. Please let us know what you will be bringing so we may assign the proper space.
                                                                 ___________________________________________________________________

KEHA will not be held responsible for injury, damage, accidents, theft or breakage, to materials or persons exhibiting at the KEHA Annual Meeting. I understand and will comply with the above terms and regulations set forth in this agreement.

Signature________________________________________________

Organization/Business______________________________________

Date____________________________________________________

Appendix 3
August 2005
ASSOCIATED COUNTRY WOMEN OF THE WORLD

Membership Application

NAME_________________________________________________________________________

ADDRESS_____________________________________________________________________

____________________________________________________________________________

CITY_______________________________ STATE __________ ZIP________

COUNTRY_____________________________

DATE_________________________________

Three years $90.00

Membership includes:

Membership Card,
The Countrywoman magazine,
and more information on ACWW

Please return to:

The Associated Country Women of the World (ACWW)
General Secretary
Mary Sumner House
24 Tufton Street
London, England SW1P 3AY

To access the most current membership information for ACWW, visit their website at www.acww.org.uk

Appendix 4
June 2007
ACWW Letter Friends Application

Name___________________________________________________

Address_________________________________________________

City__________________________State___________________

Zip Code___________________

Approximate age_______________

Profession or Occupation___________________________________

Profession or Occupation of Spouse__________________________

Can you correspond in a language other than English?____________

Which language or dialect?______________________

Hobbies or Special Interest__________________________________

Return completed form to:

The Associated Country Women of the World
(ACWW)
Mary Sumner House
24 Tufton Street
London, England SW1P 3AY

Appendix 5
June 2007
KEHA INTERNATIONAL EXCHANGE PROGRAM
HOMEMAKER APPLICATION
Due March 1

General Information

Name____________________________________________________________
Address___________________________________________________________
Phone________________________Work______________________________
Date_________________Place of Birth________________________________
Married____ Single_____ Name of Spouse___________________________
Religion (Optional)____________ Childre n_____ Ages_____________
Number of years in Homemakers_____ Officer___State___Area____ County

At what levels have you served as International chairman?

________________________________________________________________

Briefly list leadership roles:__________________________________________

________________________________________________________________

________________________________________________________________

Overseas travel experience: (Indicate when, where, and for what purpose)

________________________________________________________________

________________________________________________________________

________________________________________________________________

Valid Passport?_____YES _______NO

Please list any languages other than English that you are fluent in. List your competency in them as poor, fair, very good

<table>
<thead>
<tr>
<th>Language</th>
<th>Speaking</th>
<th>Reading</th>
<th>Writing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language</td>
<td>Speaking</td>
<td>Reading</td>
<td>Writing</td>
</tr>
<tr>
<td>Language</td>
<td>Speaking</td>
<td>Reading</td>
<td>Writing</td>
</tr>
</tbody>
</table>

Appendix 6
August 2005
List your hobbies and special interests:__________________________________________

__________________________________________________________________________

Health Limitations__________________________________________________________

__________________________________________________________________________

Write a short paragraph on why you want to participate in the Homemakers Exchange Program: ____________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature (Applicant)__________________________________________

Signature (County President)___________________________________
NATIONAL VOLUNTEER OUTREACH NETWORK, INC.
Vision Subscription Form

NAME__________________________________NEW_____RENEWAL_____

ADDRESS________________________________________________________

CITY_____________________________ STATE_____________ ZIP_________

E-MAIL ADDRESS_________________________________________________

PHONE______________________

DATE_______________________

VISION Subscription is $15.00 for three years
You get nine NVON VISIONs plus the upcoming release of the NVON Handbook

Make checks payable to: National Volunteer Outreach Network, INC.

Mail: Marietta Gutierrez, NVON Treasurer
1312 Winnebago
North Little Rock, AR 72116
Phone: (501) 758-2120
Email: mariet01@msn.com

Subscription Renewal–

Check your mailing label for the renewal date. The date is located above your name.
KEHA STUDY OR RESEARCH MINI-GRANT APPLICATION
(Page 1 of 2)

NAME ___________________________ COUNTY _______________________

ADDRESS _______________________________________________________

Street or Box Number

City    State    Zip Code

Check One:

_____ County Extension Agent for Family & Consumer Sciences

_____ Extension Specialist for Family & Consumer Sciences

_____ Kentucky Extension Homemakers Association Club Member

Application Number
For Judging Only

Send to: 2nd Vice-President for Member Resources

Appendix 9
June 2007
Title of Project ____________________________________________________

Date Proposed Project Will Begin_______________ End___________________

Amount Requested for Project (max. $300) $_____________________________

Have you previously received a KEHA mini-grant?  Yes_______ No__________

Identify the problem that utilization of this mini-grant would correct.

Describe the course of action needed, i.e. workshops, leader training, etc.

Outline a plan for sharing the information obtained with KEHA members.

List other sources of money.

Provide Budget.

Project Report Due One Year from receipt of Grant monies.

If, for any reason, you are unable to complete the project described above, all monies must be returned to the Kentucky Extension Homemakers Association, Inc.

Signature of Applicant ___________________________ Date __________

Application Number ____________________________

For Judging Only

Appendix 10

June 2007
KENTUCKY EXTENSION HOMEMAKERS ASSOCIATION
EVANS/HANSEN/WELDON SCHOLARSHIP APPLICATION

Please fill out and submit three copies of application form and three (3) copies of each letter of recommendation to Leadership Development Educational Program Chairman by March 1. Must be typed.

The purpose of the Kentucky Extension Homemakers Association Scholarship program is to help provide funds to enable a deserving student(s) who is a Kentucky resident earn a degree.

Name of Applicant___________________________________________________
Home Address________________________________________________________
County______________KY_Zip__________Phone(      )___________________
Date of Birth_________________Gender ______Marital Status______________
Father’s Name_________________________ Living ( ) Deceased ( )
Father’s Occupation________________________________________________
Mother’s Name_________________________ Living ( ) Deceased ( )
Mother’s Occupation________________________________________________
Number of children in family_____Number in school______college_________
What is applicant’s major?____________________________________________
Year you will be enrolled Freshman___Sophomore___Junior___Senior_____
Has applicant applied for other scholarships?   Yes__________No____________
List other scholarships awarded to you.________________________________
Approximate gross annual income of family $____________________
List amount you estimate might be available to you from each of the following sources:
Personal savings_____ Parents_____ Job_____ Other_____ Total______

Appendix 11
August 2005
List Activities You Participate In:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

List Special Activities/Clubs You Participate In:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

List Special Honors/Awards You Received:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

State in 100 words or less your educational plans and goals.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

ALL INFORMATION WILL REMAIN CONFIDENTIAL
To be filled out by Faculty-Advisor

STUDENTS
NAME _________________________________________________

GRADE POINT AVERAGE __________________________________
Please comment on the following qualities, or ask other school personnel to do so:

Dependability: ____________________________________________
__________________________________________________________

Leadership: ______________________________________________
__________________________________________________________

Service: __________________________________________________
__________________________________________________________

Participates in extra-curricular activities: _______________________
__________________________________________________________

_____________________________
Counselor’s Signature

_____________________________
School Name

Appendix 13
August 2006
Beginning in 2007, there will be a new scholarship at the University of Kentucky. An endowed scholarship has been established with the help of the College of Agriculture. This scholarship will be given to a person who plans to pursue a career as a Family & Consumer Sciences Extension Agent. The scholarship is our effort to help educate new FCS agents who will benefit the entire state.

Rules and regulations governing the Family & Consumer Sciences Scholarship

A The scholarship(s) will be awarded to students who:
1. Plan to pursue a career as a Family & Consumer Sciences Extension Agent within the state of Kentucky,
2. Have a junior or senior standing in the School of Human Environmental Sciences within the College of Agriculture,
3. Are in good academic standing with a minimum cumulative GPA of 3.0 in the School of Human Environmental Sciences within the College of Agriculture.

B Recipients of the scholarship will be allowed to use the award for regular semester coursework and/or an internship for course credit in Family and Consumer Sciences Cooperative Extension within a county Cooperative Extension office in the state of Kentucky.

C A student who received the scholarship as a junior may apply for renewal as a senior if a cumulative GPA of 3.0 is maintained.

D Students wishing to apply will need to use the standard UK College of Agriculture scholarship application for upperclass students form. The application form will be available in December on the College of Agriculture website at [www.ca.uky.edu/students](http://www.ca.uky.edu/students), through the School of Human Environmental Sciences Student Services office, and through the office of the Associate Dean for Academic Programs.

E Applications are due by March 1st to:

Scholarship Program Coordinator
College of Agriculture
N-6 Agricultural Science Bldg. North
Lexington, Kentucky 40546-0091
KENTUCKY EXTENSION HOMEMAKERS ASSOCIATION
HOMEMAKER SCHOLARSHIP APPLICATION

Please fill out and submit three copies of application form and three (3) letters of recommendation to chairman of Scholarship Committee by March 1.

Chairman: Leadership Development Educational Program Chairman

Name of Applicant_________________________________________________
Home Address_____________________________________________________
County______________KY_Zip__________Phone(______)___________________
Occupation________________________________________________________
Number of children in family_______Number in school_______college____
What is applicant’s major?___________________________________________
Year you will be enrolled Freshman___Sophomore___Junior___Senior____
Has applicant applied for other scholarships?         Yes__________No_________
List other scholarships awarded to you.________________________________
Approximate gross annual income of family $____________________
List amount you estimate might be available to you from each of the following sources:
Personal savings_______Job_________Other_______Total________

Appendix 18
August 2005
List Activities/Clubs You Participate In:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

List Special Honors/Awards You Received:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

State in 100 words or less your educational plans and goals: and how KEHA has influenced your decision.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
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__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Appendix 19
August 2005
KEHA STATE
AWARDS AND CONTESTS COVER SHEET

Due March 1

This form must be sent for each entry submitted to the state for judging. Please submit your contest entry bound and tabbed in a folder to the appropriate educational chairman.

Name of contest entered______________________________________________________________

Category entered (check one)_____ Individual _____ Club _____ County _____ Area

County___________________________________________________________

Area_____________________________________________________________

Contact Person_____________________________________________________

Address___________________________________________________________

Phone_________________________________
<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>SUBCATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. APPAREL</td>
<td>Novelty</td>
</tr>
<tr>
<td></td>
<td>Quilted</td>
</tr>
<tr>
<td></td>
<td>Pieced</td>
</tr>
<tr>
<td></td>
<td>Appliquéd</td>
</tr>
<tr>
<td></td>
<td>Accessory</td>
</tr>
<tr>
<td>2. ART, 3-DIMENSIONAL</td>
<td>Carving</td>
</tr>
<tr>
<td></td>
<td>Sculpture</td>
</tr>
<tr>
<td>3. ART, NATURAL</td>
<td>Wood</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>4. BASKETRY</td>
<td>Plain</td>
</tr>
<tr>
<td></td>
<td>Dyed Material</td>
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<tr>
<td></td>
<td>Novelty</td>
</tr>
<tr>
<td></td>
<td>Miniature (under 4 inch)</td>
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<tr>
<td></td>
<td>Cane</td>
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<tr>
<td>5. BEADING</td>
<td>Jewelry</td>
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<tr>
<td></td>
<td>Bead-weaving</td>
</tr>
<tr>
<td></td>
<td>Miscellaneous</td>
</tr>
<tr>
<td>6. CERAMICS</td>
<td>Hand-formed</td>
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<tr>
<td></td>
<td>Molded</td>
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<tr>
<td></td>
<td>Pre-made</td>
</tr>
<tr>
<td>7. COUNTED CROSS STITCH</td>
<td>14 Count &amp; Under</td>
</tr>
<tr>
<td></td>
<td>16 – 22 Count</td>
</tr>
<tr>
<td></td>
<td>Specialty Cloth (linens, etc.)</td>
</tr>
<tr>
<td>8. CROCHET</td>
<td>Yarn</td>
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<tr>
<td></td>
<td>Thread</td>
</tr>
<tr>
<td>9. DOLL/TOY MAKING</td>
<td>Porcelain/China</td>
</tr>
<tr>
<td></td>
<td>Cloth</td>
</tr>
<tr>
<td></td>
<td>Handmade Toy other than Porcelain/China or Cloth</td>
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<td>10. DRAWING</td>
<td>Pastels</td>
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<tr>
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<td>Pen &amp; Ink</td>
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<td>Pencil-Black</td>
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<td>Pencil-Color</td>
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<td>11. EMBROIDERY</td>
<td>Basic Embroidery</td>
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<td></td>
<td>Crewel</td>
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<td>Machine Embroidery</td>
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<td>Swedish</td>
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<td></td>
<td>Tatting/Lace Making</td>
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<td>Miscellaneous</td>
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<td>12. FELTING*</td>
<td>Wet Method</td>
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<tr>
<td></td>
<td>Needle Method</td>
</tr>
<tr>
<td>13. HOLIDAY DECORATIONS</td>
<td>Spring</td>
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<td></td>
<td>Summer</td>
</tr>
<tr>
<td></td>
<td>Autumn</td>
</tr>
<tr>
<td></td>
<td>Winter</td>
</tr>
<tr>
<td>14. KNITTING</td>
<td>Hand</td>
</tr>
</tbody>
</table>

Appendix 21
June 2007
CULTURAL ARTS EXHIBIT CATEGORIES ~ 2008 Continued

15. NEEDLEPOINT..................................................................................................................Cloth Canvas
   Plastic
16. PAINTING, ART....................................................................................................................Oil
   Acrylic
   Water Color
17. PAINTING, CHINA
18. PAINTING, DECORATIVE.................................................................................................Wood
   Metal
   Other
19. PHOTOGRAPHY....................................................................................................................Black & White (mounted & framed)
   Color (mounted & framed)
20. PILLOWS **
21. QUILTS.................................................................................................................................Machine Appliquéd (machine quilted)
   Hand Appliquéd (hand quilted)
   Hand Pieced (hand quilted)
   Machine Pieced (hand quilted)
   Machine Pieced (machine quilted)
   Novelty (stencil, embroidery, etc.) (hand quilted)
   Baby or Lap (hand quilted)
   Whole Cloth (hand quilted)
   Technology Based (hand or machine quilted)
22. RECYCLED ART (Include a before and after picture).............................................................Clothing
   Household
   Other
23. RUG MAKING
24. SCRAPBOOKING***..........................................................................................................Heritage Layout
   Family Layout
   Miscellaneous Layout
25. WALL or DOOR HANGING.....................................................................................................Fabric
   Other
26. WEAVING.............................................................................................................................Loom
   Hand (macramé, caning)
27. MISCELLANOUS..................Items not included in other categories listed, otherwise they will be disqualified

* All felted items should be entered in the Felting category under one of the subcategories. Items that have been knitted or crocheted and wet felted should not be entered in Knitting or Crochet.

** The pillow category is for pillows made using techniques not included in other categories. Patchwork and quilted pillows are examples that may be entered in this category; however, needlepoint and embroidered pillows should be entered in their respective categories.

***Scrapbooking entries are limited to 1 or 2 pages. If the entire Scrapbook is sent, please designate pages to be judged.
2008 KEHA Cultural Arts Exhibit

The following category changes/additions have been made for the 2008 KEHA Cultural Arts Exhibit:

1. **Apparel** category – **Accessory** sub-category has been added to include items such as scarves, hats, purses, fabric luggage, etc. It is important to note that items created with techniques covered under specific categories such as embroidery should be entered in their respective categories.

2. **Basketry** category – **Cane** sub-category has been added.

3. **Drawing** – Charcoal drawing sub-category has been dropped. Any charcoal drawing entries should be entered under miscellaneous.

4. **Felting** category has been added to include two sub-categories. All felted items regardless of initial construction used should be entered in one of the two sub-categories below. (*Do not enter felted items in the knitting or crochet categories*)
   a. **Wet Felting** – Any item using any method of construction such as knitting or crochet with the felting being achieved by the wet method.
   b. **Needle Felting** – Any item made or embellished using the needle felting method. May be machine or hand felted, please include the method used on the descriptive card attached to exhibited item.

5. **Painting, Decorative** – Stenciling sub-category has been dropped. Any stenciling entries should be entered under other.

6. **Quilts** category –
   a. Sub-category change: Hand pieced/Machine quilted has been changed to **Machine pieced/Hand quilted**.
   b. Sub-category addition: **Machine appliqué/Machine quilted**
   c. Sub-category addition: **Technology Based Quilt** to include either hand or machine quilting. The quilt must have been created and/or designed using computer technology. This includes pattern design software, photo transfer, embroidery design software, etc. A description of the technology used must accompany the exhibited item.

7. **Pillow** category has been added to include any pillow created using any technique not included in other categories. For example patchwork, appliqué, quilted, etc. pillows are acceptable here. Whereas pillows created with needlepoint or any of the sub-categories of embroidery should be entered in those respective categories.

8. **Rug making** – all sub-categories have been dropped. All types of rugs except woven rugs may be entered here. Woven rugs should be entered under weaving.

Appendix 22a
June 2007
All Extension Homemakers are encouraged to submit “original” items for competition in state exhibits. Identification of item should be on tag provided by state.

Areas may exhibit one item from each category and/or subcategory. Maximum number 81.

**Each article must be the work of a homemaker member and must have been completed during the past two (2) years.**

The Exhibitor and/or their representative are responsible for transporting exhibits to and from the state meeting.

Each Exhibitor must provide their own materials to properly display their item. Tape and nails cannot be used on the walls. If items are best displayed vertically, please provide a well identified easel or means of hanging exhibit from the wall.

Entries will be exhibited by category. Entries will be judged by subcategory when indicated. All items will be judged and entries will receive a participant ribbon. **Exhibitor is responsible for category/subcategory determination.**

Blue ribbons are awarded for high quality work, the number depending on the quality of the entries. A championship purple ribbon is awarded to best of the category.

If categories are to be eliminated, there will be a one year notice.

Neither the Kentucky Extension Homemakers Association nor the University of Kentucky will be responsible for any lost, misplaced, or broken items. We do not anticipate any misfortune, but this disclaimer must be clearly understood by all Exhibitors.

The exhibits will be hosted at all times. Additional security will be provided when necessary.

**Criteria for Judging:**

A. Three-dimensional art, china painting, decorative painting, drawing, art painting, and ceramics.
   1) originality; 2) artistic promise; 3) technique; and 4) composition

B. Apparel, basketry, beading, counted cross stitch, crochet, embroidery, felting, holiday decorations, knitting, natural art, needlepoint, pillows, quilts, recycled art, rug making, toy/doll making, wall or door decorations, weaving, and miscellaneous.
   1) originality; 2) workmanship; 3) color harmony; 4) beauty of design; and 5) general appearance.

C. Photography.
   1) originality; 2) content; 3) clarity; 4) technical competence; and 5) composition.

D. Scrapbooking—Please indicate page(s) to be judged if entire scrapbook is sent. Contest is limited to one-page and two-page layouts only.
   1) balance and symmetry; 2) color coordination; 3) quality of photography; 4) use of space; 5) neatness; 6) lettering; 7) journaling; 8) use of embellishment; 9) does it tell a story?

Appendix 23
June 2007
## AWARDS AND CONTESTS
### Deadline/Contact Chart

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>NAME OF CONTEST</th>
<th>ENTRY FORMS OR REQUIREMENTS</th>
<th>DEADLINE</th>
<th>AWARD</th>
<th>CONTACT PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership Development</td>
<td>Community Volunteer Units (V.S.U.’s)</td>
<td>Log Form Summary Club &amp; Individual</td>
<td>March 1</td>
<td>Certificate and Seal</td>
<td>Linda Padgett 11307 Lakeview Drive Union, KY 41091</td>
</tr>
<tr>
<td></td>
<td>Community Volunteerism Award</td>
<td><em>See Handbook</em> Club &amp; County</td>
<td>March 1</td>
<td>Plaque to 1st Place Certificate to 2nd &amp; 3rd</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scholarship Challenge</td>
<td><em>See Handbook</em></td>
<td>March 1</td>
<td>Plaque to 1st Place Certificate to 2nd &amp; 3rd</td>
<td></td>
</tr>
<tr>
<td>Management &amp; Safety</td>
<td>“It Ought to Be A Law”</td>
<td><em>See Handbook</em></td>
<td>March 1</td>
<td>Plaque to Winner Certificate to 2nd &amp; 3rd</td>
<td>Anna Francis Stinnett P.O. Box 93 Hardinsburg, KY 40143</td>
</tr>
<tr>
<td>Cultural Arts &amp; Heritage</td>
<td>Creative Writing/Poetry</td>
<td><em>See Handbook</em></td>
<td>March 1</td>
<td>Plaque (1st) Certificate (2nd &amp; 3rd)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Creative Writing/Memoirs</td>
<td><em>See Handbook</em></td>
<td>March 1</td>
<td>Plaque (1st) Certificate (2nd &amp; 3rd)</td>
<td>Barbara Seiter 8669 Valley Circle Drive Florence, KY 41042</td>
</tr>
<tr>
<td></td>
<td>Creative Writing/Short Story (1 entry per person)</td>
<td><em>See Handbook</em></td>
<td>March 1</td>
<td>Plaque (1st) Certificate (2nd &amp; 3rd)</td>
<td></td>
</tr>
<tr>
<td>International</td>
<td>County Project Award</td>
<td><em>See Handbook</em></td>
<td>March 1</td>
<td>Plaque (1st) Certificate (Runners Up)</td>
<td>Linda Heflin 320 Schmidt Road Paducah, KY 42003</td>
</tr>
</tbody>
</table>

Appendix 24
June 2007
## AWARDS AND CONTESTS, CONTINUED

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>NAME OF CONTEST</th>
<th>ENTRY FORMS OR REQUIREMENTS</th>
<th>DEADLINE</th>
<th>AWARD</th>
<th>CONTACT PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment, Housing &amp; Energy</td>
<td>Environmental Project Award</td>
<td>See Handbook</td>
<td>March 1</td>
<td>Plaque (1st) Certificate (to each Area winner)</td>
<td>Patricia Perraut 445 Ky Hwy 1743 Cynthiana, KY 41031</td>
</tr>
<tr>
<td></td>
<td>Traveling Light</td>
<td>See Handbook</td>
<td>March 1</td>
<td>Plaque (1st) Certificate (2nd &amp; 3rd)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ovarian Cancer 100% Contribution for OCRF</td>
<td>None</td>
<td>March 1</td>
<td>Certificate</td>
<td>Donna Shoemaker Rt. #1 Box 88 Tollesboro, KY 41189</td>
</tr>
<tr>
<td></td>
<td>County giving <strong>largest amount per member and largest amount overall</strong> of money to OCRF</td>
<td>None</td>
<td>March 1</td>
<td>Plaque</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Membership Increase</td>
<td>None</td>
<td>January 1</td>
<td>Certificate for counties with 25 new members. Plaque to county with largest percent of increase</td>
<td>Area President (Area President report to 2nd Vice-President)</td>
</tr>
<tr>
<td></td>
<td>1 New Member per Club</td>
<td>None</td>
<td>January 1</td>
<td>Certificate for counties that report 1 new member per club. Eg. County with 12 clubs must have 12 new members.</td>
<td></td>
</tr>
</tbody>
</table>

Appendix 25
June 2007
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  (   )
1st Vice-President for Program  (   ) Treasurer  (   )
2nd Vice-President for Member Resources  (   )

Personal Sketch of Nominee:
Gender (circle one) (optional)  M  F

Age Range (check one)  15-19 (   ) 20-24 (   ) 25-34 (   )
35-39 (   ) 40-44 (   ) 45-64 (   ) 65 + (   )

Place of Residence  Rural Farm (   ) Urban (   ) Non-farm/rural (   )
Married (   ) Single (   ) Number of Children____ Grandchildren____
Hobbies _______________________________________________________

________________________________________________________________

Offices Held in KEHA and Number of Years in Office:

Offices Held     Local Club     County     Area     State     

President_____________________________________________________

Vice President_________________________________________________

Secretary_____________________________________________________

Treasurer_____________________________________________________

Committee Chair List):___________________________________________

________________________________________________________________

Appendix 26
July 2006
Community organizations in which Nominee has served as an Officer (list and give offices held), committees served on, awards received:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

To be signed by the Nominee

Additional comments on this Nominee from Homemaker member or Agent. (An ability to assume leadership in Homemakers programs would be of great help, especially in the area you are submitting credentials.)

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

SIGNED: ____________________________

Please do not include any information except this form and do not include additional pages. All information should be included on this form.

Appendix 26a
July 2006
STATE EDUCATIONAL CHAIRMAN NOMINATION FORM

Please do not include information not requested on this form. Do not write on the back of this form. All information should be typed or legibly printed. (Qualifications listed in Bylaws Article III Section 3.)

Send to: KEHA Secretary
Forms should be sent by certified mail no later than 30 days prior to the start of the KEHA Annual Meeting.

NAME OF NOMINEE ______________________________________________
ADDRESS OF NOMINEE ______________________________________________
COUNTY __________________________________________________________
Phone_____________________________Email_______________________________

(Check One)  Environment, Housing, Energy____          Cultural Arts & Heritage____
            Family & Individual Development____   Food, Nutrition & Health____
            4-H Youth Development____                  International ______
            Leadership Development____                  Management & Safety____

Personal Sketch of Nominee: (Optional)
Gender (circle one) (optional)       M    F
Age Range (check one)  15-19 (   )  20-24 (   )  25-34 (   )
            35-39 (   )  40-44 (   )  45-64 (   )  65 + (   )
Other: (Check all that apply) married (   ) not married (   ) children (   )
Hobbies: __________________________________________________________

Offices Held in KEHA and Number of Years in Office:

<table>
<thead>
<tr>
<th>Offices Held</th>
<th>Local Club</th>
<th>County</th>
<th>Area</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vice-President</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treasurer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committee Chairmen (list):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appendix 27
August 2005
Other: Community organizations in which Nominee has served as an Officer (list and give offices held), committees served on, awards received:

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

To be signed by the Nominee

Additional comments on this Nominee from County President or Agent. (An ability to assume leadership in Homemakers programs would be of great help, especially in the area you are submitting credentials.)

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

SIGNED: _____________________________
County President or Agent

Please do not include any information except this form and do not include additional pages. All information should be included on this form.

Appendix 28
July 2006
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 3.)

Send to: KEHA Secretary
Forms should be sent by certified mail no later than 30 days prior to the start of the KEHA Annual Meeting.

NAME OF NOMINEE ______________________________________

ADDRESS OF NOMINEE ______________________________________
_________________________________________________
County___________

Phone__________________________Email______________________________

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

Personal Sketch of Nominee: (optional)
Gender (circle one)  M     F
Age Range: (check one)  15-19 (   ) 20-24 (   ) 25-34 (   )
35-39 (   ) 40-44 (   ) 45-64 (   ) 65 + (   )
Other: (check all that apply)  Married (   ) not married (   ) children (   )
Hobbies ____________________________

Offices Held in KEHA and Number of Years in Office:

<table>
<thead>
<tr>
<th>Offices Held</th>
<th>Local Club</th>
<th>County</th>
<th>Area</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vice President</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treasurer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appendix 29
August 2005
Committee Chairmen (list):

Other: Community organizations in which Nominee has served as an Officer (list and give offices held), committees served on, awards received.

(To be signed by the Nominee)

County Council making nomination (To be signed by the County President or other officer)

Additional comments on this Nominee. (Ability to assume leadership in the Homemakers program would be of great help to the Nominating Committee.)

Please do not include any information that is not asked for on this form and do not attach additional pages. All information should be included on this form.

Appendix 30
August 2005
BONDING FORM

NAME____________________________________________________________

ADDRESS________________________________________________________

PHONE_____________________________

SOCIAL SECURITY__________________________________

BONDING COMPANY_____________________________________ 

ADDRESS________________________________________________________

PHONE______________________

This is to certify that ___________________________________can be bonded for $300,000.00.

________________________________      _____________________ 
Bonding Company Agent Signature              Date

Note: This form must be attached to the State Officer Nomination Form submitted by candidates for Treasurer.
## PERSONNEL DIRECTORY - KENTUCKY EXTENSION HOMEMAKERS ASSOCIATION STATE BOARD

### Summer 2006

### STATE OFFICERS

<table>
<thead>
<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
<th>COUNTY</th>
<th>TERM</th>
<th>PHONE / E-MAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td>Linda Kaletch</td>
<td>9512 Wickliffe Road Wickliffe, KY 42087</td>
<td>McCracken</td>
<td>270-876-7509 <a href="mailto:lkaletech@brtc.net">lkaletech@brtc.net</a></td>
</tr>
<tr>
<td>1ST VICE PRESIDENT / PROGRAM</td>
<td>Carol Perkins</td>
<td>1064 Crestwood Heights Paris, KY 40361</td>
<td>Bourbon</td>
<td>859-987-0360 <a href="mailto:carolperkins1@hotmail.com">carolperkins1@hotmail.com</a></td>
</tr>
<tr>
<td>2ND VICE PRESIDENT / MEMBER RESOURCES</td>
<td>Linda Green</td>
<td>11803 Suncrest Drive Walton, KY 41094</td>
<td>Boone</td>
<td>859-802-6748 <a href="mailto:kylbg@fuse.net">kylbg@fuse.net</a></td>
</tr>
<tr>
<td>SECRETARY</td>
<td>Dianne Higgins</td>
<td>175 Davis Mill Road Elkton, KY 42220</td>
<td>Todd</td>
<td>270-265-5239 <a href="mailto:ddhiggins@bellsouth.net">ddhiggins@bellsouth.net</a></td>
</tr>
<tr>
<td>TREASURER</td>
<td>Burnell Caswell</td>
<td>789 Clintonville Road Paris, KY 40361-9172</td>
<td>Bourbon</td>
<td>859-987-6523 <a href="mailto:emmacaswell@bellsouth.net">emmacaswell@bellsouth.net</a></td>
</tr>
</tbody>
</table>

### STATE CHAIRMEN

<p>| CULTURAL ARTS &amp; HERITAGE   | Barbara Seiter                          | 8669 Valley Circle Drive Florence, KY 41042 | Boone         | 859-525-4804 <a href="mailto:barbaraseiter@insightbb.com">barbaraseiter@insightbb.com</a>          |
| ENVIRONMENT, HOUSING &amp; ENERGY | Patricia Perraut                      | 445 KY Hwy 1743 Cynthia, KY 41031          | Harrison      | 859-234-2670 859-588-5261 (Cell) <a href="mailto:pperraut@bellsouth.net">pperraut@bellsouth.net</a> |
| FAMILY &amp; INDIVIDUAL DEVELOPMENT | Jo Ann Ellegood            | 3370 State Route 80 East Arlington, KY 42021 | Carlisle      | 270-655-7862 <a href="mailto:hw80ant@wk.net">hw80ant@wk.net</a>                      |
| FOOD, NUTRITION &amp; HEALTH   | Donna Shoemaker                        | Rt #1, Box 88 Tollesboro, KY 41189         | Lewis         | 606-798-4382 <a href="mailto:donnasueshoe@iwon.com">donnasueshoe@iwon.com</a>                |
| 4-H YOUTH DEVELOPMENT       | Nancy Broughton                        | 429 Wheatley Road Ashland, KY 41101        | Boyd          | 606-920-9555 <a href="mailto:nabs@windstream.net">nabs@windstream.net</a>                 |</p>
<table>
<thead>
<tr>
<th>Area</th>
<th>President</th>
<th>Address/Locations</th>
<th>County</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERNATIONAL</td>
<td>Linda Heflin</td>
<td>320 Schmidt Road Paducah, KY 42003</td>
<td>McCracken</td>
<td>270-554-7219</td>
<td><a href="mailto:rlheflin@comcast.net">rlheflin@comcast.net</a></td>
</tr>
<tr>
<td>LEADERSHIP DEVELOPMENT</td>
<td>Linda Padgett</td>
<td>11307 Lakeview Drive Union, KY 41091</td>
<td>Boone</td>
<td>859-384-3912</td>
<td><a href="mailto:kesmallw@uky.edu">kesmallw@uky.edu</a></td>
</tr>
<tr>
<td>MANAGEMENT &amp; SAFETY</td>
<td>Anna Frances Stinnett</td>
<td>P.O. Box 93 Hardinsburg, KY 40143</td>
<td>Breckinridge</td>
<td>270-257-8060</td>
<td><a href="mailto:stinnett4272@bellsouth.net">stinnett4272@bellsouth.net</a></td>
</tr>
<tr>
<td>PURCHASE</td>
<td>Marlene Lambert</td>
<td>264 Summer Ave. Wingo, KY 42088</td>
<td>Graves</td>
<td>270-522-8309</td>
<td><a href="mailto:cbrown44@hopkinsville.net">cbrown44@hopkinsville.net</a></td>
</tr>
<tr>
<td>PENNYRILE</td>
<td>Charlotte Brown</td>
<td>PO Box 86 Cadiz, KY 42211-0086</td>
<td>Trigg</td>
<td>270-533-6642</td>
<td><a href="mailto:vjenkins@henderson.net">vjenkins@henderson.net</a></td>
</tr>
<tr>
<td>GREEN RIVER</td>
<td>Vicki Jenkins</td>
<td>10179 US 60W Henderson, KY 42420</td>
<td>Henderson</td>
<td>270-726-8806</td>
<td><a href="mailto:lennonsky@aol.com">lennonsky@aol.com</a></td>
</tr>
<tr>
<td>MAMMOTH CAVE</td>
<td>Sandra Lennon</td>
<td>619 Milton Riley Road Russellville KY 42276</td>
<td>Logan</td>
<td>606-274-4222(H) 606-219-3276(Cell)</td>
<td>606-274-4222(H) 606-219-3276(Cell)</td>
</tr>
<tr>
<td>LAKE CUMBERLAND</td>
<td>Susan Hansford</td>
<td>PO Box 246 Somerset, KY 42502</td>
<td>Pulaski</td>
<td>859-336-7211</td>
<td><a href="mailto:susanhansford@hotmail.com">susanhansford@hotmail.com</a></td>
</tr>
<tr>
<td>LINCOLN TRAIL</td>
<td>Reba Hamilton</td>
<td>730 Lincoln Park Road Springfield, KY 40069</td>
<td>Washington</td>
<td>502-426-5158</td>
<td><a href="mailto:porpeg@bellsouth.net">porpeg@bellsouth.net</a></td>
</tr>
<tr>
<td>LOUISVILLE</td>
<td>Peggy Townsend</td>
<td>5001 Creek Circle Prospect, KY 40065-9511</td>
<td>Oldham</td>
<td>859-472-2520</td>
<td><a href="mailto:wrighthml@aol.com">wrighthml@aol.com</a></td>
</tr>
<tr>
<td>NORTHERN KENTUCKY</td>
<td>Hilda Wright</td>
<td>4309 Concord Caddo Road Falmouth, KY 41040-8978</td>
<td>Pendleton</td>
<td>606-355-2735</td>
<td><a href="mailto:jandeadams@bellsouth.net">jandeadams@bellsouth.net</a></td>
</tr>
<tr>
<td>FORT HARROD</td>
<td>Elizabeth Adams</td>
<td>122 Lancaster Road Crab Orchard, KY 40419</td>
<td>Lincoln</td>
<td>2006-2008</td>
<td>859-623-2349</td>
</tr>
<tr>
<td>BLUEGRASS</td>
<td>Coetta Combs</td>
<td>220 Stratford Drive Richmond, KY 40475</td>
<td>Madison</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Name</td>
<td>Address</td>
<td>County</td>
<td>Term</td>
<td>Email</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------</td>
<td>--------------------------------------------------</td>
<td>---------</td>
<td>--------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>LICKING RIVER</td>
<td>Janet Meyer</td>
<td>5683 Willow Lenoxburg Road Foster, KY 41043</td>
<td>Bracken</td>
<td>2006-2009</td>
<td><a href="mailto:momjk@EKNS.net">momjk@EKNS.net</a></td>
</tr>
<tr>
<td>NORTHEAST</td>
<td>Brenda Kilgore</td>
<td>2078 Powells Creek Pikeville, KY 41501</td>
<td>Pike</td>
<td>2006-2009</td>
<td>606-437-9567 <a href="mailto:bilbre36@yahoo.com">bilbre36@yahoo.com</a></td>
</tr>
<tr>
<td>QUICKSAND</td>
<td>Susan Ison</td>
<td>170 Letcher Drive Jeremiah, KY 41826-9091</td>
<td>Letcher</td>
<td>2004-2007</td>
<td>606-633-9207 (H) 606-633-0161 (O)</td>
</tr>
<tr>
<td>WILDERNESS TRAIL</td>
<td>Noreitta Thompson</td>
<td>896 E Level Green Rd Brodhead, KY 40409</td>
<td>Rockcastle</td>
<td>2002-2008</td>
<td>606-758-8377 (H) 606-256-7701 (O) <a href="mailto:purpledawn4@aol.com">purpledawn4@aol.com</a></td>
</tr>
</tbody>
</table>

**OTHER (non-voting Board members)**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Address</th>
<th>County</th>
<th>Term</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARLIAMENTARIAN</td>
<td>Barbara Brown</td>
<td>315 Stoney Pt. Grayson, KY 41143-6460</td>
<td>Greenup</td>
<td>2004-2007</td>
<td>606-473-5374 <a href="mailto:dolmaker@earthlink.net">dolmaker@earthlink.net</a></td>
</tr>
<tr>
<td>MASTER FARM HOMEMAKER</td>
<td>Marilyn Greenwell</td>
<td>192 House Bridge Road Waverly, KY 42462</td>
<td>Union</td>
<td>2006-2008</td>
<td>270-389-4865 <a href="mailto:martygreenwell@bellsouth.net">martygreenwell@bellsouth.net</a></td>
</tr>
<tr>
<td>KEAFCS PRESIDENT</td>
<td>Lora Lee Howard</td>
<td>Clay Co Ext Office PO Box 421 Manchester, KY 40962-0421</td>
<td>Clay</td>
<td>2007</td>
<td>606-598-2789 (O) <a href="mailto:lhoward@uky.edu">lhoward@uky.edu</a></td>
</tr>
<tr>
<td>KEHA ADVISOR</td>
<td>Kim Henken</td>
<td>102 Erikson Hall University of Kentucky Lexington, KY 40506-0050</td>
<td>Fayette</td>
<td></td>
<td>859-257-3887 (O) 859-519-0985 (Cell) 859-257-7565 (F) <a href="mailto:khenken@uky.edu">khenken@uky.edu</a> (<a href="mailto:rrunyons@uky.edu">rrunyons@uky.edu</a>)</td>
</tr>
<tr>
<td>Director, School of Human Environmental Sciences/Assistant Director, Family &amp; Consumer Sciences</td>
<td>Dr. Ann Vail <em>(Darlene Tipton, Administrative Support Associate)</em></td>
<td>102 Erikson Hall University of Kentucky Lexington, KY 40506-0050</td>
<td>Fayette</td>
<td></td>
<td>859-257-3887 (O) 859-257-9032 (F) <a href="mailto:ann.vail@uky.edu">ann.vail@uky.edu</a> (<a href="mailto:dtipton@uky.edu">dtipton@uky.edu</a>)</td>
</tr>
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</table>

*Appendix 34
July 2007*
# ADVISORS TO STATE CHAIRMEN (not on KEHA Board)

<table>
<thead>
<tr>
<th>Advisory Area</th>
<th>Advisor Name</th>
<th>Address</th>
<th>County</th>
<th>Phone (Office)</th>
<th>Phone (Fax)</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>CULTURAL ARTS &amp; HERITAGE ADVISOR</td>
<td>Marjorie Baker</td>
<td>242 Scovell Hall, U.K. Lexington, KY 40546-0064</td>
<td>Fayette</td>
<td>859-257-7772</td>
<td>859-257-7565</td>
<td><a href="mailto:mbake4@uky.edu">mbake4@uky.edu</a></td>
</tr>
<tr>
<td>ENVIRONMENT, HOUSING &amp; ENERGY ADVISOR</td>
<td>Linda Adler</td>
<td>118 Funkhouser Bldg., U.K. Lexington, KY 40506-0054</td>
<td>Fayette</td>
<td>859-257-3888</td>
<td>859-257-7565</td>
<td><a href="mailto:lreece@uky.edu">lreece@uky.edu</a></td>
</tr>
<tr>
<td>FAMILY &amp; INDIVIDUAL DEVELOPMENT ADVISOR</td>
<td>Carole Gnatuk</td>
<td>149 Washington Ave., U.K. Lexington, KY 40504</td>
<td>Fayette</td>
<td>859-257-7753</td>
<td>859-257-3212</td>
<td><a href="mailto:cgnatuk@uky.edu">cgnatuk@uky.edu</a></td>
</tr>
<tr>
<td>FOOD, NUTRITION &amp; HEALTH ADVISOR</td>
<td>Sandra Bastin</td>
<td>242 Scovell Hall, U.K. Lexington, KY 40546-0064</td>
<td>Fayette</td>
<td>859-257-1812</td>
<td>859-257-7792</td>
<td><a href="mailto:sbastin@uky.edu">sbastin@uky.edu</a></td>
</tr>
<tr>
<td>4-H/YOUTH DEVELOPMENT ADVISOR</td>
<td>Deana Reed</td>
<td>212 Scovell Hall, U.K. Lexington, KY 40546-0064</td>
<td>Fayette</td>
<td>859-257-5961</td>
<td>859-257-9511</td>
<td><a href="mailto:dkreed@uky.edu">dkreed@uky.edu</a></td>
</tr>
<tr>
<td>INTERNATIONAL ADVISOR</td>
<td>Dr. Hazel Forsythe (effective August 2007**)</td>
<td>212 Funkhouser Bldg., U.K. Lexington, KY 40506-0054</td>
<td>Fayette</td>
<td>859-257-4146</td>
<td>859-257-3707</td>
<td><a href="mailto:nfshazel@email.uky.edu">nfshazel@email.uky.edu</a></td>
</tr>
<tr>
<td>LEADERSHIP DEVELOPMENT ADVISOR</td>
<td>Connee Wheeler</td>
<td>102 Erikson Hall, U.K. Lexington, KY 40546-0064</td>
<td>Fayette</td>
<td>859-257-3888</td>
<td>859-257-7565</td>
<td><a href="mailto:cwheeler@uky.edu">cwheeler@uky.edu</a></td>
</tr>
<tr>
<td>MANAGEMENT &amp; SAFETY ADVISORY</td>
<td>Sue Badenhop</td>
<td>242 Scovell Hall, U.K. Lexington, KY 40546-0064</td>
<td>Fayette</td>
<td>859-257-1812</td>
<td>859-257-7792</td>
<td><a href="mailto:sbadenho@uky.edu">sbadenho@uky.edu</a></td>
</tr>
<tr>
<td></td>
<td>*Bob Flashman</td>
<td>303 Funkhouser Bldg., U.K. Lexington, KY 40506-0054</td>
<td>Fayette</td>
<td>859-257-7753</td>
<td>859-257-3212</td>
<td><a href="mailto:rflashma@uky.edu">rflashma@uky.edu</a></td>
</tr>
</tbody>
</table>

*Lead Specialist  **International Contact prior to August 2007 will be Kim Henken, KEHA Advisor
Updated 6/07
Enrollment Form
for
______________________ County Extension Homemakers Association

Name______________________________________________________________
(as used for mail purposes)

First Name__________________________________________________________

Address________________________________________________________________
______________________________________________________________________

Email_________________________________________________________________

Name of Club________________________________________________________

Date_______________________________________________________________

Phone: Home (____) __________________________

Work (____) __________________________

FAX (____) __________________________

Where do you live?  On Farm  In country, but not farm
(Circle one)  o  Town under 2,500  Town over 2,500

Circle age group:  15-19  20-24  25-34  35-44
o  45-44  55-64  65-74  75+

Appendix 36
July 2006
Ethnic Background (*Optional – circle one)*:

- White
- Black
- Hispanic
- Asian
- Other

Gender (please circle):

- Female
- Male

Number of years in club membership (please circle one):

- Less than 2 yrs.
- 2-5 yrs.
- 6-19 yrs.
- 11-15 yrs.
- 16-20 yrs.
- 21-35 yrs.
- 36-49 yrs.
- 50+

I, (print full name) _______________________________ hereby grant permission to the University of Kentucky, including its affiliates and subsidiaries, and Kentucky Extension Homemakers Association, Inc., to interview, photograph, and/or videotape me; and/or to supervise any others who may do the interview, photography, and/or videotaping; and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities and publications without compensation.

Signature: _____________________________________ Date: _______________

Witness: _________________________________________ Date: ______________

The Kentucky Cooperative Extension Service is required by Federal law to collect and maintain information regarding the characteristics of the people we serve. The information you supply is voluntary.

*Educational programs of the Kentucky Cooperative Extension Service serve all people regardless of race, color, age, gender, religion, disability, or national origin.*

Appendix 37
July 2006
COUNTY/AREA OFFICERS DIRECTORY FORM

20______ to 20______

COUNTY_______________________         AREA__________________________________

Check one:              _____ County Information Sheet     _____ Area Information Sheet

<table>
<thead>
<tr>
<th>OFFICERS &amp; EDUCATIONAL CHAIRMEN</th>
<th>NAME</th>
<th>MAILING ADDRESS &amp; EMAIL ADDRESS</th>
<th>EXPIRATION YEAR</th>
<th>AREA CODE &amp; PHONE NUMBER (Daytime)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRESIDENT-ELECT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1ST VICE-PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2ND VICE-PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appendix 38
August 2005
<table>
<thead>
<tr>
<th>OFFICERS &amp; EDUCATIONAL CHAIRMEN</th>
<th>NAME</th>
<th>MAILING ADDRESS &amp; EMAIL ADDRESS</th>
<th>EXPIRATION YEAR</th>
<th>AREA CODE &amp; PHONE NUMBER (Daytime)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CULTURAL ARTS &amp; HERITAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENVIRONMENT, HOUSING &amp; ENERGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAMILY &amp; INDIVIDUAL DEVELOPMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOOD, NUTRITION &amp; HEALTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-H YOUTH DEVELOPMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERNATIONAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEADERSHIP DEVELOPMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MANAGEMENT &amp; SAFETY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AREA CONTACT AGENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List all county presidents and agents with address, email and telephone on an attached sheet.

Appendix 39
August 2005
<table>
<thead>
<tr>
<th>Month</th>
<th>Reminder Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>Prepare club organizational materials for new year</td>
</tr>
<tr>
<td></td>
<td>Plan for county and club officer training</td>
</tr>
<tr>
<td>August</td>
<td>Plan for Membership Drive</td>
</tr>
<tr>
<td></td>
<td>Plan for marketing homemakers</td>
</tr>
<tr>
<td></td>
<td>Officer Training</td>
</tr>
<tr>
<td></td>
<td>County Council Meeting</td>
</tr>
<tr>
<td>October</td>
<td>Plan for next program year</td>
</tr>
<tr>
<td></td>
<td>Area Annual Meetings</td>
</tr>
<tr>
<td></td>
<td>Kentucky Homemakers Week (second full week)</td>
</tr>
<tr>
<td></td>
<td>Names of Area Officers to State President and KEHA Advisor</td>
</tr>
<tr>
<td></td>
<td>KEHA State Meeting Presenter Forms Due</td>
</tr>
<tr>
<td>November</td>
<td>KEHA Fall Board Meeting</td>
</tr>
<tr>
<td>December</td>
<td><strong>Mail dues by December 15. Delinquent by December 31.</strong></td>
</tr>
<tr>
<td></td>
<td>Membership report due to Area President or Vice President by December 31</td>
</tr>
<tr>
<td></td>
<td>Membership lists for Newsletter Database are due to KEHA Advisor by December 31</td>
</tr>
<tr>
<td>January</td>
<td>1 – Educational Chairman Reports due from club to county</td>
</tr>
<tr>
<td>February</td>
<td>1 – Educational Chairman Reports due from county to area</td>
</tr>
<tr>
<td></td>
<td>1 – Membership Report due to State 2\textsuperscript{nd} Vice President</td>
</tr>
<tr>
<td>March</td>
<td><strong>1 – All contests, awards, applications, scholarships, 50 year members, etc., for KEHA state meeting due.</strong></td>
</tr>
<tr>
<td></td>
<td>Educational Chairmen Reports due from area to state chairmen</td>
</tr>
<tr>
<td></td>
<td>KEHA Spring Board Meeting</td>
</tr>
<tr>
<td>April/ May</td>
<td>Registration due for KEHA State Meeting</td>
</tr>
<tr>
<td></td>
<td>KEHA State Meeting</td>
</tr>
<tr>
<td>May</td>
<td>15- State Officer, State Educational Chairmen, and Area President</td>
</tr>
<tr>
<td></td>
<td>Annual Reports sent to Kim Henken electronically (via email attachment or mailed diskette)</td>
</tr>
</tbody>
</table>

Appendix 40
June 2007
STATEMENT OF COMPLIANCE
NONDISCRIMINATING CONDUCT OF EXTENSION
FAMILY AND CONSUMER SCIENCES PROGRAMS

Homemaker Clubs are assisted by the Cooperative Extension Service. They are organized to provide all members an opportunity to participate in educational programs enabling them to more effectively contribute to the well being of their family and community. Homemaker Clubs are open to all persons regardless of race, color, gender, religion, disability, or national origin.

<table>
<thead>
<tr>
<th>Club</th>
<th>Signature of Club President</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>9.</td>
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<td>10.</td>
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<td>11.</td>
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<td>12.</td>
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<td>13.</td>
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<tr>
<td>14.</td>
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<tr>
<td>15.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appendix 41
August 2005
Homemaker clubs are assisted by the Cooperative Extension Service. They are organized to provide all members the opportunity to participate in educational programs enabling them to more effectively contribute to the well being of their family and community. Homemaker clubs are open to all persons regardless of race, age, color, gender, religion, disability, or national origin.

Signed____________________________________________________________

Club President

Address___________________________________________________________

Date__________________

Note: County Extension Agent for Family and Consumer Sciences files this form in the County Extension Office.
### KEHA PROMOTIONAL ITEMS

<table>
<thead>
<tr>
<th>Item</th>
<th># Ordered</th>
<th>Price Each</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aprons</td>
<td></td>
<td>$ 7.00</td>
<td></td>
</tr>
<tr>
<td>Brag Book</td>
<td></td>
<td>$ 1.50</td>
<td></td>
</tr>
<tr>
<td>Briefcase</td>
<td></td>
<td>$20.00</td>
<td></td>
</tr>
<tr>
<td>Cake Decorators</td>
<td></td>
<td>$ 1.00</td>
<td></td>
</tr>
<tr>
<td>Cardigan Sweatshirt</td>
<td>One size fits all</td>
<td>$ 5.00</td>
<td></td>
</tr>
<tr>
<td>Ceramic Mug</td>
<td></td>
<td>$ 4.00</td>
<td></td>
</tr>
<tr>
<td>Canvas Tote Bag</td>
<td></td>
<td>$ 6.00</td>
<td></td>
</tr>
<tr>
<td>Computer Sitter Note Holder</td>
<td></td>
<td>$ 2.00</td>
<td></td>
</tr>
<tr>
<td>Envelope Tote</td>
<td></td>
<td>$ 3.00</td>
<td></td>
</tr>
<tr>
<td>Denim Shirt</td>
<td></td>
<td>$25.00</td>
<td></td>
</tr>
<tr>
<td>Flashlight (mini)</td>
<td></td>
<td>$ 2.00</td>
<td></td>
</tr>
<tr>
<td>Garment Bag</td>
<td></td>
<td>$10.00</td>
<td></td>
</tr>
<tr>
<td>Kan-Tastic</td>
<td></td>
<td>$ 1.00</td>
<td></td>
</tr>
<tr>
<td>KEHA Note Cards/envelopes</td>
<td></td>
<td>$.15</td>
<td></td>
</tr>
<tr>
<td>Lanyards</td>
<td></td>
<td>$ 3.00</td>
<td></td>
</tr>
<tr>
<td>Manicure set</td>
<td></td>
<td>$ 2.50</td>
<td></td>
</tr>
<tr>
<td>Mouse pad</td>
<td></td>
<td>$ 1.00</td>
<td></td>
</tr>
<tr>
<td>Oven Stick</td>
<td></td>
<td>$ 1.00</td>
<td></td>
</tr>
<tr>
<td>Portfolio</td>
<td></td>
<td>$12.00</td>
<td></td>
</tr>
<tr>
<td>Pen (silver trim)</td>
<td></td>
<td>$ 3.50</td>
<td></td>
</tr>
<tr>
<td>Pen(gold trim)</td>
<td></td>
<td>$ 3.00</td>
<td></td>
</tr>
<tr>
<td>Pens: Laser Lighted</td>
<td></td>
<td>$ 1.00</td>
<td></td>
</tr>
<tr>
<td>Rolling Cart</td>
<td></td>
<td>$12.50</td>
<td></td>
</tr>
<tr>
<td>Slimster Wallet/Keychain</td>
<td></td>
<td>$ 1.00</td>
<td></td>
</tr>
<tr>
<td>Stainless Steel Note Holder</td>
<td></td>
<td>$ 2.00</td>
<td></td>
</tr>
<tr>
<td>State Pen</td>
<td></td>
<td>$ 3.00</td>
<td></td>
</tr>
<tr>
<td>T-Shirt (white-blue logo)</td>
<td>Large</td>
<td>$ 6.00</td>
<td></td>
</tr>
<tr>
<td>Tool Kits</td>
<td></td>
<td>$ 2.00</td>
<td></td>
</tr>
<tr>
<td>Tablecloth</td>
<td></td>
<td>$25.00</td>
<td></td>
</tr>
</tbody>
</table>

*Items continued on next page*
Umbrella    _____    $13.00   _____
Wired hook pen  _____    $  1.00   _____
Whisk        _____    $  1.00   _____
Zip Up Travel Bag   _____    $10.00  _____

Grand Total (price includes shipping)  _____

Please note: lower prices on many items, other items no longer available. Minimum order of $20.00 includes shipping. All other orders, shipping will be added to total.

County________________________Date_____________________
Name_________________________________________________
Address______________________________________________
Phone____________________________

Send order form with check made payable to KEHA to:  
Sharon Dunn  
P.O. Box 4525  
Winchester, KY  40392-4525

To contact Sharon with questions:  
Phone: (859) 402-8002  
Email: misntxru2@yahoo.com

Appendix 44  
June 2007
KEHA JEWELRY ORDER FORM

Send to: Harry Klitzner, 44 Warren Street, Providence, RI 02907-2400
(Phone: 1-800-621-0161; Fax: 1-800-622-9802) www.klitzner.com

Ship Order to: Name_____________________________________________________

Address_________________________________________________________________

City__________________________ KY Zip___________

Phone________________________

I. Member pins with no title are $2.25 each. **Order #3010X**

II. Title pins are $3.50 each. **Order #587XBX**

   A. Officer Pins: (Number ordered)
      President______   Vice President______
      Secretary______  Treasurer______
      Past President____ Past Officer______

   B. Anniversary Pins in 5 year increments up to 80 years:
      5 yr ____ 10 yr ____ 15 yr ____ 20 yr ____ 25 yr ____ 30 yr ____ 35 yr ____ 40 yr ____ 45 yr ____ 50 yr ____ 55 yr ____ 60 yr ____ 65 yr ____

III. Shipping Charges:

      $0 - $35 = $5.95  $35-$75 = $8.95  $75-$100 = $10.95
      $100-$150 = $12.95 $150-$200 = $14.95 $200-$300 = $17.95
      $300-$400 = $19.95

IV. Total number pins ordered:

   a. #3010X ______ KY Member Pins @ $2.25 each  $__________
   b. #587XBX ______ KY Title Pins @ $3.50 each  $__________

      Shipping  $__________
      Total Sent $__________

Note:

1. Orders must be on Homemaker or Extension Stationary. Person ordering must show proof they are authorized to order the KY pins.
2. An account may be established with Harry Klitzner, Co. for orders $25.00 or more.
3. KY pins are made up after the order is placed. Allow 3 weeks for delivery.
4. Phone orders are accepted but proof of authorization must follow in writing.

Appendix 45
August 2005
**Membership & Recognition Report**

_______  County Extension Homemakers Association

Complete this form based on your paid membership as sent to the State Treasurer.

<table>
<thead>
<tr>
<th>Total Number of Paid Members</th>
<th>Number of Members at large or Mailbox Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________________</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

**Number and Types of Clubs**

<table>
<thead>
<tr>
<th>Day</th>
<th>Evening</th>
<th>Lunch</th>
<th>Couples</th>
<th>Special Interest</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td></td>
</tr>
<tr>
<td>*</td>
<td></td>
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<td>*</td>
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<tr>
<td>*</td>
<td></td>
</tr>
</tbody>
</table>

**Deceased Members**

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

| *                     |
| *                     |
| *                     |
| *                     |
| *                     |

Send completed form to:  Linda B. Green  
KEHA 2nd Vice President  
11803 Suncrest Drive  
Walton, KY 41094

Appendix 46
June 2007
KEHA PROGRAM OF WORK REPORTS

KEHA is adopting a new reporting system that ties directly to the educational program of work for the organization and updates the method used for collecting data. The new reporting system begins with the 2006-2007 program year. On the following pages you will find report forms for each of the eight educational chairmen. The educational chairmen are as listed:

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

We are requesting that each individual club chairman or representative send a club report to the respective county chairman, the respective county chairman will send a county report to the respective area chairman and the area chairman will send an area report to the respective state chairman.

The dates for sending the reports are listed on each form. Please send the reports before the deadline.

The only way for any reporting system to work is for the information to be collected at each level - club, county, area and state. We appreciate your support of this new reporting approach and thank you in advance for helping us implement this new system.

Please use the following pages (49-54b dated July 2006) to replace the current pages 48-54 (dated August 2005) in your manual. The 2005 forms will no longer be used.
KEHA Program of Work Report
Cultural Arts

From _____________ to _______________

Club Name: _________________________

County: ___________________________  Number of Clubs reporting: ____________

Area: _____________________________  Number of Counties reporting: __________

State: _____________________________  Number of Areas reporting: ____________

Name of person completing this form: _________________________ Title: _____________

Phone: ____________________________ Email: __________________________

Instructions: Please list lessons, program and activities conducted during the year you are reporting.

● Club reports are due to the County Chairman by January 1st.
● County reports are due to Area Chairman by February 1st.
● Area reports are due to State Chairman by March 1st.

1. Did you study the Cultural Arts Lesson “Passing on Needlework Skills to Young People?”
   _____ yes _____ no
   If yes, state the results of the lesson.

2. Number of entries in the county Cultural Arts contest _____

3. Number of entries taken to the Area Cultural Arts contest _____

4. Number of entries taken to the State Cultural Arts contest _____

5. Number of entries in the Creative Writing contest in:
   Poetry _____ Memoirs _____ Short Stories _____

6. Did the county use the Book List? _____ yes _____ no
   If yes, number of books read ______

7. Did you use the bookmarks sponsored by the State as rewards? _____ yes _____ no
   If yes, number awarded ______

8. List the crafts taught in the last year and number attending each.

9. List Cultural Arts trips taken by your county and number attending.

10. Does your county have quilt guild? _____ yes _____ no
    Number of quilts made _____

Appendix 48
June 2007
11. Does your county have a basket guild? _____ yes _____ no

12. Number that attended a basket seminar in the last year _____
   Number that attended a quilt seminar in the last year _____

13. Did your area/county sponsor a Heritage Skills camp/retreat? _____ yes _____ no
   Number that attended _____

14. List service projects as result of Cultural Arts (e.g. Diabetes blankets, preemie hats &/or blankets, etc.)
   Project _______________________________ Number made _____
   Project _______________________________ Number made _____
   Project _______________________________ Number made _____

15. Number that help with a local museum _____

16. List other activities/lessons pertaining to Cultural Arts in which your county/area participated.
## KEHA Program of Work Report

**Environment, Housing and Energy**

From _______________ to _______________

**Club Name:** _________________________

**County:** ___________________________  **Number of Clubs reporting:** _______________

**Area:** _____________________________  **Number of Counties reporting:** _______________

**State:** _____________________________  **Number of Areas reporting:** _______________

**Name of person completing this form:** _________________________  **Title:** _______________

**Phone:** ____________________________  **Email:** __________________________

**Instructions:** Please list lessons, program and activities conducted during the year you are reporting.

- Club reports are due to the County Chairman by **January 1st**.
- County reports are due to Area Chairman by **February 1st**.
- Area reports are due to State Chairman by **March 1st**.

### Theme: Your Home: Past, Present and Future

1. Which of the following programs were conducted?

<table>
<thead>
<tr>
<th>Lesson/Program/Activities</th>
<th>Clubs</th>
<th>Members</th>
<th>Non-members</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Housing Lessons/Activities:</strong></td>
<td>(List number)</td>
<td>(List number)</td>
<td>(List number)</td>
</tr>
<tr>
<td>• Revitalizing Your Community through Historic Preservation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Architectural Scavenger Hunt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Controlling Clutter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Preserving Family Keepsakes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Healthy Homes (mold, safety, security, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other Housing &amp; Furnishings Lessons or Activities: <em>(Please list on back.)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Environmental Lessons/Activities:**      |       |         |             |
| • Arbor Day or Earth Day                    |       |         |             |
| • Beautification Project or Adopt a Highway |       |         |             |
| • Other Environmental Lessons/Activities: *(Please list on back.)* |       |         |             |

| **Energy Lesson/Activities: *(Please list on back.)* |       |         |             |

2. How many counties participated in this year’s contest?
   
   # of clubs with participants __________  # of members participating _____________

3. Were any special county or area programs conducted related to housing, environment and energy topics? (Example: field trips, tours, housing clinics, special workshops, etc.)
   
   Yes_____  No _____  If yes, please provide brief description. (Write on back if needed.)

Appendix 49

June 2007
1. Please complete the following chart to share information about lessons and activities:

<table>
<thead>
<tr>
<th>Specific lesson, program, workshop, or contest implemented (Please list titles below)</th>
<th># of clubs using this resource (Answer if you are a county or area chairman.)</th>
<th># and dates of your local club’s session(s) on each topic and # of different participants</th>
<th>Actions taken as a result of the lesson, program, workshop (List specific actions of clubs or individual club members; i.e., # of storybooks distributed, displays put up)</th>
<th>Outcomes Please list specific results of actions (i.e., # of parents or caregivers now reading to children daily)</th>
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</table>

2. List special activities conducted (i.e., programs, tours, field trips, etc.) not included in state Plan of Work for 2007-2010. Include name of activity, location, and date, and results (observed learning that occurred, actions taken, plans of participants to do something different, etc.):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. What part of the Plan of Work was most useful for implementing programs in Family and Individual Development? Why was that part helpful? (Please use back of page for answer.)
KEHA Program of Work Report
Food, Nutrition & Health

From ________________ to ________________

Club Name: __________________________

County: _______________________________  Number of Clubs reporting: _____________

Area: _________________________________  Number of Counties reporting: ___________

State: _________________________________  Number of Areas reporting: ______________

Name of person completing this form: __________________________  Title: ______________

Phone: ____________________________  Email: __________________________

Instructions: Please list lessons, program and activities conducted during the year you are reporting.

● Club reports are due to the County Chairman by January 1st.

● County reports are due to Area Chairman by February 1st.

● Area reports are due to State Chairman by March 1st.

VOLUNTEERED TIME & MONEY

<table>
<thead>
<tr>
<th>VOLUNTEER HOURS</th>
<th>DOLLARS</th>
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<tr>
<td>Ovarian Cancer</td>
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<td>Blood Drive</td>
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<td>Local Food Pantry</td>
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<tr>
<td>List Others:</td>
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</table>

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<tr>
<th>#Members Participated</th>
<th># Non – members</th>
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<tr>
<td>Exercise Regularly</td>
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<tr>
<td>Annual Checkup</td>
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<tr>
<td>Improved Diet</td>
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<td>Cancer Screening:</td>
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<tr>
<td>Breast</td>
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<tr>
<td>Participated in the</td>
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<tr>
<td>Kentucky Women’s</td>
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<tr>
<td>Health Registry</td>
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<tr>
<td>List Other:</td>
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</tbody>
</table>

List Food, Health & Nutrition Lessons Taught:

List UK Programs Used:

List Chairs/Groups Partners:

Use the back of this sheet for other, narrative report of special activities or bragging.

Appendix 51
June 2007
KEHA Program of Work Report
4-H/ Youth Development

From _______________ to _______________

Club Name: ____________________________
County: ________________________________ Number of Clubs reporting: ____________
Area: ________________________________ Number of Counties reporting: ____________
State: ________________________________ Number of Areas reporting: ____________

Name of person completing this form: ________________________
Title: ________________________________
Phone: ________________________________ Email: ________________________________

Instructions: Please list lessons, program and activities conducted during the year you are reporting.

• Club reports are due to the County Chairman by January 1st.
• County reports are due to Area Chairman by February 1st.
• Area reports are due to State Chairman by March 1st.

Number of members who worked with youth during the past year _______________
(This includes all youth, not just those in 4-H.)

Number of youth worked with _______________

What did you do with youth (teaching, mentoring, judging projects, etc.)?

________________________________________________________________________________________
________________________________________________________________________________________

4-H Lessons Taught: ______________________________________________________________________
________________________________________________________________________________________

What have you as a Homemaker put into practice in your own life as a result of these lessons?
________________________________________________________________________________________
________________________________________________________________________________________

How have you partnered with other Educational Chairs (i.e. Cultural Arts) or other youth related groups?
________________________________________________________________________________________
________________________________________________________________________________________

Appendix 52
June 2007
Please include information for programs conducted in the past 12 months.

1. How many clubs in your county conducted programs (club lessons, special interest lessons or workshops) as part of their International Program of Work? Total clubs _______ Total members _______

2. Which of the following and other programs/activities were conducted?

<table>
<thead>
<tr>
<th>Lesson/Program</th>
<th># of clubs</th>
<th># of members</th>
<th># non members</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beanie Babies for Iraq</td>
<td>______</td>
<td>______</td>
<td>______</td>
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<tr>
<td>Study of Finland</td>
<td>______</td>
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<tr>
<td>Other</td>
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<tr>
<td>Other</td>
<td>______</td>
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</tbody>
</table>

3. Are evaluation summaries available for any International program conducted during this time period?
   No____ Yes____ (Attach copies)

4. Were any special county programs conducted related to International?
   (Travel abroad, exchange students/homemakers, letter friends, etc.)

5. Please summarize counties participation in this year’s contest.
   Number of clubs with participants____ Number of members_____

6. Total amount collected for Pennies for Friendship and turned in from your county to the State Treasurer by December 31st.__________

Appendix 53
June 2007
LEADERSHIP FOR KEHA

What training has your club, county, or area held to train members to function as LEADERS for KEHA? You should consider all training for all officers and chairmen, not just for the Leadership Chairman.

CLUB KEHA LEADERS
CLUB Officers – Number trained ________   CLUB Chairmen – Number trained _________

COUNTY KEHA LEADERS
COUNTY Officers – Number trained ______  COUNTY Chairmen – Number trained ______

AREA KEHA LEADERS (to be completed by Area Chairman)
AREA Officers – Number trained _________ AREA Chairmen – Number trained _________

Describe training held for club, county, or area officers or chairmen.

Describe additional training you feel is needed to prepare Homemakers to function in leadership roles for KEHA.

What printed materials are needed?

Have individuals, clubs or county organizations sponsored sister clubs, nontraditional or junior clubs? Describe.

LEADERSHIP IN OTHER ORGANIZATIONS

Describe how you have used leadership training received in KEHA with other groups and organizations in your community?
Describe leadership training (sponsored by other organizations) you attended or participated in.

Describe leadership development activities you helped promote while a member of another organization.

- **COMMUNITY VOLUNTEER ACTIVITIES**
  Describe individual, club or county volunteer activities with other Extension organizations, such as 4-H, nutrition programs, farmer markets, etc.

  Describe individual, club or county volunteer activities with other community volunteer organizations and activities, such as retirement homes, hospitals, schools, retirement homes, etc.

- **SCHOLARSHIPS**
  Indicate the number of club, county and area scholarships awarded in each of these categories:

<table>
<thead>
<tr>
<th>Type of Scholarship</th>
<th>Club # awarded and $ amount</th>
<th>County # awarded and $ amount</th>
<th>Area # awarded and $ amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School – College</td>
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<tr>
<td>High School – Tech or Vocational</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KEHA Member Only - College</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>KEHA Member Only - Other</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4-H Camp</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe how funds were raised for the scholarships.

- **CITIZENSHIP** – Please indicate the number of members who:
  
  _____ Are registered to vote; _____ Voted in last election
  
  _____ Are familiar with flag etiquette; _____ Display the flag on holidays or other events

- **OTHER** - Please refer to the KEHA manual for information on the VSU program, Leadership Development contests and other information. The KEHA manual is available at your local Extension Office or online at www.keha.org.

Mail to:  Linda Padgett  
Leadership Development Chair  
11307 Lakeview Drive  
Union, KY 41091  

Appendix 54a  
June 2007
KEHA Program of Work Report  
Management & Safety  

From ______________ to ______________

| Club Name: __________________________ |
| County: _____________________________ | Number of Clubs reporting: ____________ |
| Area: _______________________________ | Number of Counties reporting: __________ |
| State: ______________________________ | Number of Areas reporting: _____________ |
| Name of person completing this form: __________________________ | Title: __________________________ |
| Phone: _____________________________ | Email: __________________________ |

**Instructions:** Please list lessons, program and activities conducted during the year you are reporting.

- Club reports are due to the County Chairman by **January 1st**.
- County reports are due to Area Chairman by **February 1st**.
- Area reports are due to State Chairman by **March 1st**.

1. Please complete the following chart to share information about lessons and activities:

<table>
<thead>
<tr>
<th>Lesson</th>
<th>Number of people that have taken the lesson</th>
<th>Number of people who have taken action from the lesson</th>
<th>Number of people interested in the subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investing on a Shoestring</td>
<td></td>
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</tr>
<tr>
<td>Investing in your Grandchildren</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>55 and Alive (Driver’s Education)</td>
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</tr>
<tr>
<td>Conversation with Older Drivers (AARP)</td>
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<tr>
<td>Claiming Lost Property</td>
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<tr>
<td>Identity Theft</td>
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<td></td>
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<tr>
<td>Other lessons? Please List:</td>
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</tbody>
</table>

2. List other lessons that you feel would benefit homemakers. What publications do you believe should be offered? ____________________________________________________________  
___________________________________________________________________________  
___________________________________________________________________________

3. Use the back to inform us of your concerns, thoughts and suggestions.  
Let us know what your group is doing concerning Management and Safety.

**Thank you for your time and effort to improve the quality of KEHA!**

Appendix 54b  
June 2007
KEHA TREASURER'S REMITTANCE FORM

Mail dues by December 15 (based on membership as of December 1 of current program year) to the KEHA Treasurer. Dues will be delinquent on December 31.

Make one check payable to Kentucky Extension Homemakers Association, Inc.

Remittances to be credited as follows:

**Name of County**

State Dues: Number of Members_______@ $3.50 per member      $________

Counties can make a contribution to any or all of the following funds:

- Pennies for Friendship .................................................................$_____
- Evans/Hansen/Weldon Scholarship .............................................$_____
- KEHA Homemaker Scholarship ..................................................$_____
- Ovarian Cancer ............................................................................$_____

**Total Amount of Check** ..........................................................$_____

Treasurer___________________________ Telephone______________________
Address___________________________________________________________
__________________________________________________________________

FOR STATE TREASURER'S USE ONLY:

Refunds

(for what)       $_________________

(for what)       $_________________

Send original form plus check to the KEHA Treasurer.

Appendix 55
August 2005
VOLUNTEER SERVICE UNITS (VSU) LOG
(Copy Form as Needed)

<table>
<thead>
<tr>
<th>Name: (contact if club/group)</th>
<th>County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Telephone:</td>
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<tr>
<td>Name of Group (if appropriate)</td>
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</table>

<table>
<thead>
<tr>
<th>Group or Individual (circle appropriate response)</th>
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<td>Date</td>
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When a minimum of 500 hours per individual or 1,000 hours per club have been accumulated, send log to county/area and finally the state Leadership Development Chairman. Log must be received at the state level by March 1 to be recognized at that year’s annual meeting. Suggested county deadline—February 1.

Please circle category you are in for VSU total hours:

500 1000 1500 2000 2500 3000

Appendix 56

July 2006
RECORD
OF
MEETINGS

Of the __________________________
Extension Homemakers Club

Of the __________________________ County
Extension Homemakers Association

Appendix 57
August 2005
The purpose of this record book is to help Homemaker Clubs keep an accurate record of meetings, activities and work accomplished through educational programs in cooperation with the University of Kentucky Cooperative Extension Service. This section includes:

- Duties of Secretary
- Names of Officers
- Names of Subject Matter Chairmen
- Names of Committee Chairmen
- Roll Call of Members and Record of Attendance
- Hints on Writing Minutes
- Space for Recording Minutes
- Monthly Club Reports
- Monthly Financial Reports

Note: Only 1 copy of the forms is provided. Please make additional copies as needed.

**DUTIES OF SECRETARY**

1. Attend planning sessions, Executive Committee Meetings and any other meetings called by the President.

2. In absence of President and Vice-President, call meeting to order and preside until the election of chairman pro-tem, which should take place immediately.

3. Keep a record of all proceedings of the organization, usually called minutes. Be accurate, your minutes can stand in a court of law.

4. Keep official membership and record of attendance.

5. Keep all committee reports on file.


7. Send reports of the meeting to the County Extension Agent for Family & Consumer Sciences immediately following club meeting. (Report forms are found in this book.)

8. Attend officers’ training meetings and assist in training the new secretary.

9. Transfer to successor all papers, records and other property of the Association within one month after your term of office expires.
Officers, Subject Matter Chairmen and Chairmen of Special Committees of the Extension Homemakers Club

For the year

OFFICERS
President______________________________________________________________
Address__________________________________________Phone________________
Vice-president__________________________________________________________
Address__________________________________________Phone________________
Secretary______________________________________________________________
Address__________________________________________Phone________________
Treasurer______________________________________________________________
Address__________________________________________Phone________________

SUBJECT MATTER CHAIRMEN
Cultural Arts & Heritage__________________________________________________
Environment, Housing & Energy___________________________________________
Family & Individual Development__________________________________________
Food, Nutrition & Health_________________________________________________
4-H Youth Development__________________________________________________
International____________________________________________________________
Leadership Development__________________________________________________
Management & Safety_____________________________________________________

OTHER CHAIRMEN (Landscape, Recreation, Inspiration, etc.)

Appendix 59
August 2005
Roll of Club Members for _____ - _____

Secretary will insert date below number of meeting. Secretary will check by marking P (present) or A (absent).

<table>
<thead>
<tr>
<th>NAMES</th>
<th>Dues Paid</th>
<th>Attendance Regular Monthly Meetings</th>
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<tbody>
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Appendix 60
August 2005
<table>
<thead>
<tr>
<th>NAMES</th>
<th>Dues Paid</th>
<th>Attendance Regular Monthly Meetings</th>
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</table>
Guidelines for Writing Minutes

The minutes of the organization become the permanent record of the group’s actions. The minutes are a record of fact, not opinion. They record what happened and not the thoughts or feelings of members or officers.

The secretary is responsible for recording and keeping minutes of all meetings. They should be written clearly in a manner which leaves no room to question actions taken by the assembly. An absent member should be able to read the minutes and have a clear understanding of the business transacted at the meeting which was missed. All names should be clearly recorded, i.e., Nancy Jones, not Ms. Jones.

Make the minutes complete, neat and accurate. Keep them as short as possible and to the point. Always take notes at the meeting. Do not write the minutes directly into the secretary’s book. Find your own “short cuts” to save time, but record sufficient information to write complete minutes. Write the actual minutes soon after the meeting while everything is fresh in your mind and before your notes are cold.

The following guidelines for writing minutes suggest a format which will aid you in preparing the minutes of each meeting.

I. The first paragraph should include:

   A. the kind of meeting (regular, special, annual, etc.)
   B. the name of the group
   C. date, time and place of the meeting
   D. whether or not the president and secretary were present and in their absence the name of their substitute
   E. the disposition of the minutes of the last meeting

II. The body should include:

   A. a separate paragraph for each topic
   B. the exact wording of all main motions, except those withdrawn, add the name of the mover of all motions
   C. resolutions, the exact wording immediately before being voted upon, (“Be it therefore resolved…”)
   D. all amendments and their disposition
   E. all points of order and appeals, whether sustained or lost, and reasons given by the chair for the ruling

III. Closing

   A. The last paragraph of the minutes should contain the hour of adjournment.
   B. The minutes should be signed by the secretary or the person who took the minutes.

Appendix 62
August 2005
Minutes of Club Meeting

Date of Meeting________________  Place______________________________
Time of Meeting________________ Hostess______________________________
The meeting was called to order by ________________________________
Monthly Club Report to
County Extension Agent for Family & Consumer Sciences

Secretary: Fill out and send to County Extension Agent for Family & Consumer Sciences immediately after each meeting.

1. Name of Club______________________________ Month _____________
   ATTENDANCE: Members______ Visitors ________ TOTAL ____________

2. Membership Status:
   Number enrolled in your club now:
   Regular Members ________________ Members-at-Large ____________________

3. Major Lesson _______________________________________________________
   Other lessons or programs _____________________________________________
   Members’ Comments on lessons _________________________________________
   ___________________________________________________________________

4. Ideas for future lessons _____________________________________________

5. How have club members used previous lessons? _________________________

6. Chairmen Reports given _____________________________________________

7. List any suggestions or questions for your agent _________________________
   ___________________________________________________________________

8. Names and address of lesson leaders for next month _____________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

Names and address of members added this month
(Please send enrollment form and dues.)
_____________________________________________________________________
_____________________________________________________________________
Phone __________________
_____________________________________________________________________
_____________________________________________________________________
Phone __________________

Appendix 64
August 2005
List any members change of address
________________________________________________________________________________
Phone ________________________________
________________________________________________________________________________
Names of members dropped this month
________________________________________________________________________________
________________________________________________________________________________
Other activities or projects this month
________________________________________________________________________________
Describe briefly
________________________________________________________________________________
________________________________________________________________________________
No. of work days _______  Attendance _______  What was done? ______________
________________________________________________________________________________
________________________________________________________________________________
9. Information shared with non-members:
   Person-to-person contact     adult ________  youth ________
   No. of groups reached     adult ________  youth ________
10. Next meeting place _____________________________  Hostess _______________
11. Date and time of next meeting ___________________________________________

Signed __________________________
Secretary

Appendix 65
August 2005
Monthly Financial Report

Club __________________________ Month _______________

Treasurer’s Report

**Balance Brought Forward** ................................................................. $__________

Income for this month:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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</tr>
</tbody>
</table>

Total Income $__________

**Total of Balance Brought Forward & Income** .......................... $__________

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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</tbody>
</table>

Total Expenditures $__________

**Balance at End of Month** ..................................................... $__________

Signed __________________________
Treasurer

Appendix 66
August 2005
KEHA IN-KIND VOUCHER

Items donated to homemakers may be tax deductible. For merchandise donated, you can give them this in-kind voucher.

Fill in: Contributors name and phone number
Recipient name (your clubs name)
Address
You must sign the form.

Under no circumstances are you allowed to fill in the value amount. Make a copy when completed and keep on file with treasurer’s reports. The donor may fill in the value amount for their own tax purposes.

KEHA IN-KIND VOUCHER FORM

Contributors Name________________________ Telephone_________

Address_________________________________ City______________

State____________________________________ Zip______________

<table>
<thead>
<tr>
<th>Description of Donated Items</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Signature of Donor:

Signature___________________________________________ Date___________

Recipients Name____________________________________________________

Address___________________________________________________________

Appendix 67
August 2005
## EXPENSE VOUCHER

**DATE________________**

**MEETING(S)_____________________________**

**MILEAGE @ $.485 mile x _______ miles =**

**MEALS not to exceed $20.00 per day**

**REGISTRATION____________________________**

**LODGING____________________________**

**TAXI____________________________**

**AIR FARE____________________________**

**POSTAGE____________________________**

**PHONE____________________________**

**SUPPLIES____________________________**

**TOTAL __________________**

Please attach all receipts

Note: Budget category to be charged 

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
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<tbody>
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</tbody>
</table>

Checks will be cut as invoice is received or twice a month unless otherwise notified.

**NAME________________________________________________________________________**

**ADDRESS____________________________________________________________________**

**ZIP____________________ PHONE____________ EMAIL________________________**

Appendix 68
June 2007