

KEHA Manual

Appendix

Contents: This section contains many useful forms 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/Area Information Sheets to submit following County and Area Annual Meetings or anytime there is a change in officers or chairpeople. The KEHA Program of Work Report Forms are included in this section. Credential forms along with a contests and awards chart are included here. This section also includes forms specific to the annual KEHA State Meeting along with pages outlining responsibilities to be assigned to areas and for voting delegates.

NOTE: DUPLICATE THESE PAGES AS NEEDED. THE MOST UPDATED FORMS ARE ALWAYS AVAILABLE IN THE MANUAL APPENDIX ONLINE AT <https://keha.ca.uky.edu/content/keha-manual>.

KEHA MANUAL

Appendix

Table of Contents

NOTE: ALL of the KEHA Manual Handbook and Appendix are new this year. If you currently use a print copy, the entire document should be replaced. If you have bookmarked specific documents or pages online, please reset your bookmarks.

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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 to the appropriate educational chairperson.**

Name of contest entered _____

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

County _____

Area _____

Contact Person _____

Address _____

Phone _____

AWARDS AND CONTESTS

Deadline/Contact Chart

CATEGORY	NAME OF CONTEST	FORMS and/or REQUIREMENTS	DEADLINE	AWARD	CONTACT PERSON
Leadership Development	Volunteer Service Units (VSUs)	<i>See Handbook 92-96 Forms Appendix 20-23</i>	Club-July 1 County-Aug. 15 Area-Sept. 15	Gift Card (1 st) Certificate (2 nd & 3 rd) (Per category)	Cyndy Humble 1687 Tebbs Bend Road Campbellsville, KY 42718 HumbleC@msn.com
	Community Volunteerism Award	<i>See Handbook 91</i> Club & County	March 1	Gift Card (1 st) Certificate (2 nd & 3 rd)	
	KEHA Scholarship Contributions and Local Scholarship Awards	<i>See Handbook 89</i>	Club-July 1 County-Aug. 15; December 15 (with dues)	Gift Card (1 st) Certificate (2 nd & 3 rd)	
Family & Individual Development	Self-Care Contest (Travel)	<i>See Handbook 58</i>	March 1	Gift Card (1 st) Certificate (2 nd & 3 rd)	Amelia Godfrey 625 Main St. Apt. 102 Paintsville, KY 41240 Meme6968@yahoo.com
Cultural Arts & Heritage	Creative Writing/Poetry (1 entry/person)	<i>See Handbook 40-41</i>	March 1	Gift Card (1 st) Certificate (2 nd & 3 rd)	Cindy Moore 2707 Sunnyside Road Eminence, KY 40019 502-706-0579 cjrnl1@bellsouth.net
	Creative Writing/Memoirs (1 entry/person)	<i>See Handbook 40-41</i>	March 1	Gift Card (1 st) Certificate (2 nd & 3 rd)	
	Creative Writing/Short Story (1 entry/person)	<i>See Handbook 40-41</i>	March 1	Gift Card (1 st) Certificate (2 nd & 3 rd)	
	Cultural Arts & Heritage Passport	<i>See Handbook 39</i>	July 15	\$50 prize (1 st) Certificate (2 nd & 3 rd)	
International	Most Coins Collected: • Coins for Change • KY Academy/Ghana	<i>See Handbook 76</i>	December 15 (with dues)	Gift Card (1 st) Certificate (2 nd & 3 rd)	Tammy Alford 165 Oak Ridge Road Morgantown, KY 42261 270-999-3222 tamalford@att.net
	International Projects and Programs Award	<i>See Handbook 76</i>	March 1	Gift Card (1 st) Certificate (2 nd & 3 rd)	
Environment, Housing & Energy	Adopt-A-Highway Awards	<i>See Handbook 54</i>	March 1	Gift Card (1 st) – county with most miles and most miles as % of membership Certificate (2 nd & 3 rd)	Rhonella Chaffin P.O. Box 1057 Louisa, KY 41230 rhonella@att.net
Management & Safety	No contest will be conducted in 2025-2026				Diana Morgan dianaml118@yahoo.com

AWARDS AND CONTESTS, *CONTINUED*

CATEGORY	NAME OF CONTEST	FORMS and/or REQUIREMENTS	DEADLINE	AWARD	CONTACT PERSON
Food, Nutrition, & Health	Ovarian Cancer Financial Contributions	<i>See Handbook 64</i>	December 15 (with dues)	Gift Card – Largest amount & largest amount per member Certificates – 100% participation; over \$1,000; & one-time gift over \$500	Esther Bailey 304 Somerset St. Stanford, KY 40484 hadasah5@hotmail.com
	First-time Ovarian Cancer Screenings – County Award	<i>See Handbook 64</i>	Club-July 1 County-Aug. 15	Gift Card (1 st) Certificate (2 nd & 3 rd)	
	Ovarian Cancer Fundraising Contest	<i>See Handbook 64</i>	March 1	Gift Card (1 st) Certificate (2 nd & 3 rd)	
	Let No Child or Senior Go Hungry	<i>See Handbook 65</i>	March 1	Gift Card (1 st) Certificate (2 nd & 3 rd)	
	Food Culture in Other Countries	<i>See Handbook 65</i>	March 1	Gift Card (1 st) Certificate (2 nd & 3 rd)	
4-H Youth Development	Innovative Partnership Project	<i>See Handbook 69-70</i>	March 1	Gift Card and \$50	Peggy Tracy 241 Bethlehem Road Paris, KY 40361-2404 859-749-1755 peggytracy@att.net
	Volunteer Hours for 4-H (club, county, area)		March 1	Certificate and small gift	
	4-H Camp Scholarships (club, county, area)		March 1	Certificate and small gift	
Membership Recognition	Membership Increase (Based upon dues submitted in December)	https://keha.ca.uky.edu/membership-campaigns	December 15 (with dues)	Certificate for counties with 25 new members. Gift Card (1 st) and certificates (2 nd & 3 rd) highest increase by number & percentage.	Martha E. Colley 204 Desert Inn Ct. Hopkinsville, KY 42240 270-839-1531 cell marthaky3@live.com
	Membership Tenure Recognitions (50, 60, 65, 70 and 75 years)	<i>See Appendix 19</i>	January 31	Listed in the KEHA State Meeting Program.	

CLUB/COUNTY/AREA OFFICER NOMINATION FORM

Check One: County _____ Area _____

NAME OF NOMINEE _____

ADDRESS OF NOMINEE _____

Phone _____ Email _____

Nomination for: (check one)

<input type="checkbox"/> President	<input type="checkbox"/> President-Elect
<input type="checkbox"/> 1 st Vice-President	<input type="checkbox"/> 2 nd Vice-President
<input type="checkbox"/> Treasurer	<input type="checkbox"/> Vice-President
	<input type="checkbox"/> Secretary
	<input type="checkbox"/> Treasurer/Secretary

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

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

Personal Sketch of Nominee:

Hobbies _____

CLUB/COUNTY/AREA OFFICER NOMINATION FORM CONTINUED

Other: Community organizations in which the nominee has served as a leader/chairperson/officer (list and give offices held), committees served on, awards received:

By signing this form, I verify I'm an active member of KEHA and my dues are current.

To be signed by the Nominee

Recommendation 1: Additional comments on this nominee from a local Homemaker member. (An ability to assume leadership in Homemakers programs would be of great help, especially in the area you are submitting credentials.)

SIGNED: _____

Recommendation 2: Additional comments on this nominee from a Homemaker Council 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.

STATE CHAIRPERSON NOMINATION FORM

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

Send to: Barbara Seiter, KEHA Secretary, 8669 Valley Circle Drive, Florence, KY 41042

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

NAME OF NOMINEE _____

ADDRESS OF NOMINEE _____

COUNTY _____

Phone _____ Email _____

Educational Chairpeople: (Check One)

- | | |
|--|--|
| <input type="checkbox"/> Environment, Housing, & Energy | <input type="checkbox"/> Cultural Arts & Heritage |
| <input type="checkbox"/> Family & Individual Development | <input type="checkbox"/> Food, Nutrition, & Health |
| <input type="checkbox"/> 4-H Youth Development | <input type="checkbox"/> International |
| <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Management & Safety |
| <input type="checkbox"/> Marketing and Publicity Chairperson | |

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

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

STATE CHAIRPERSON NOMINATION FORM CONTINUED

Personal Sketch of Nominee: (Optional)

Hobbies _____

Other: Community organizations in which the nominee has served as a leader/chairperson/officer (list and give offices held), committees served on, awards received:

By signing this form, I verify I'm an active member of KEHA and my dues are current.

To be signed by the Nominee

Recommendation 1: Additional comments on this nominee from a local Homemaker member. (An ability to assume leadership in Homemakers programs would be of great help, especially in the area you are submitting credentials.)

SIGNED: _____

Recommendation 2: Additional comments on this nominee from a Homemaker Council 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.

STATE OFFICER NOMINATION FORM

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

Send to: Barbara Seiter, KEHA Secretary, 8669 Valley Circle Drive, Florence, KY 41042

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

NAME OF NOMINEE _____

ADDRESS OF NOMINEE _____

COUNTY _____

Phone _____ Email _____

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

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

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

Personal Sketch of Nominee: (Optional)

Hobbies _____

STATE OFFICER NOMINATION FORM CONTINUED

Other: Community organizations in which the nominee has served as a leader/chairperson/officer (list and give offices held), committees served on, awards received:

By signing this form, I verify I'm an active member of KEHA and my dues are current.

To be signed by the Nominee

Candidate for KEHA State Treasurer must also submit Appendix 12 – Bonding Form.

Recommendation 1: Additional comments on this nominee from a local Homemaker member. (An ability to assume leadership in Homemakers programs would be of great help, especially in the area you are submitting credentials.)

SIGNED: _____

Recommendation 2: Additional comments on this nominee from a Homemaker Council 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.

BONDING FORM

NAME _____

ADDRESS _____

PHONE _____

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.

Date: _____

Enrollment Form for

_____ County Extension Homemakers Association

Name _____

Address _____

Email _____

Name of Club _____

Phone: Home (____) _____ Work (____) _____

Cell (____) _____ Fax (____) _____

Birth year (*Optional*): _____

Race (*Optional – circle one*): White Black or African American
 Asian/Pacific Islander American Indian Hawaiian Other

Ethnicity (*Optional - circle one*): Hispanic Non-Hispanic

Gender (*Optional - circle one*): Female Male

Year joined: _____ Total years of membership: _____

I, (print full name) _____, being eighteen (18) years of age or over, 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, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

Appendix 13
June 2025

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COUNTY/AREA OFFICERS DIRECTORY FORM

20_____ to 20_____

COUNTY_____ AREA_____

Check one: _____ County Information Sheet _____ Area Information Sheet

OFFICERS	NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER (Daytime)	YEAR TERM EXPIRES
President					
President-Elect					
1 st Vice-President					
2 nd Vice-President					
Secretary					
Treasurer					

COUNTY/AREA OFFICERS DIRECTORY FORM

20_____ to 20_____

COUNTY_____ AREA_____

Check one: _____ County Information Sheet _____ Area Information Sheet

EDUCATIONAL CHAIRPEOPLE & CONTACT AGENT	NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER (Daytime)	YEAR TERM EXPIRES
Cultural Arts & Heritage					
Environment, Housing & Energy					
Family & Individual Development					
Food, Nutrition & Health					
4-H Youth Development					
International					
Leadership Development					
Management & Safety					
Area Contact Agent					

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

Appendix 16
June 2025

EXPENSE VOUCHER

Kentucky Extension Homemakers Association

For Treasurers Use Only

Date Paid: _____

Check Number: _____

Amount Paid: \$ _____

Submitted by: _____ Date: _____

Board Position: _____

Phone Number: _____ Email Address: _____

Make Check Payable to: Name: _____

Address: _____

Total Amount Requested: \$ _____ (Please attach receipts of expenses)

Brief Explanation of Expense: _____

Expense Category:

\$ _____ Dues (Circle one: CWC ACWW NVON Other: _____)

\$ _____ Program of Work: _____ Chairperson

\$ _____ Memorial Fund (In memoriam of: _____)

\$ _____ New Board Member Orientation

\$ _____ Executive Committee (Specify officer budget: _____)

\$ _____ Board Travel to Area Meetings

\$ _____ Board Expense (Circle one: Fall Spring State Meeting)

\$ _____ NVON Registration

\$ _____ Archives

\$ _____ Insurance & Taxes (Specify: _____)

\$ _____ Public Relations (Specify: _____)

\$ _____ Outside Organizations (Specify: _____)

\$ _____ Development Grant (Recipient: _____)

\$ _____ Other: _____

If the expense above includes travel, please provide the following details.

Date of departure: _____ Date of return: _____

Mileage: _____ miles at \$.50 per mile = \$ _____ Lodging: \$ _____

Number of meals: _____ Total Meal Expense: \$ _____ (Not to exceed \$30 per day)

Parking fees: \$ _____ Air Fare: \$ _____ Taxi or ground transportation: \$ _____

All expense vouchers must be filed with the treasurer within 60 days after the expense occurs.

Checks will be cut as vouchers are received or twice a month unless otherwise notified.

Please double-check your math and retain a copy for your records.

KEHA TREASURER'S REMITTANCE FORM

Mail dues to the KEHA Treasurer by December 15. Dues will be delinquent if not postmarked by December 31.

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

Mail to: Patsy Kinman, KEHA Treasurer, 310 Falmouth St., Williamstown, KY 41097.

Questions? Contact Patsy at 859-760-6641 or fpatsy84@gmail.com.

Remittances to be credited as follows:

Name of County _____

Area: _____

State Dues: Number of Members _____ @ **\$5.00** per member \$ _____

Number of: Traditional Clubs _____ Special Interest Clubs _____ Total Clubs _____

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

Coins for Change..... \$ _____

Evans/Hansen/Weldon Scholarship..... \$ _____

KEHA Homemaker Scholarship..... \$ _____

Ovarian Cancer..... \$ _____

Kentucky Academy Library - Ghana..... \$ _____

Other: _____ \$ _____

Total Amount of Check..... \$ _____

Treasurer _____ Telephone _____

Address _____

Send original form plus check to the KEHA Treasurer.

FOR STATE TREASURER'S USE ONLY:

Date Received _____ Check # _____ Amount: \$ _____

Refunds _____ \$ _____

(for what)

(for what)

To be completed by County President or Vice President

20__ to 20__ Membership Recognition Report

_____ **County Extension Homemakers Association**

50, 60, 65, 70 and 75 Year Members

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

NAME	NUMBER OF YEARS

Deceased Members

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

*
*
*
*
*

Completed by: Name: _____

Phone number: _____

Email address: _____

Counties send reports to Area Vice President by December 31.

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

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

Martha E. Colley
204 Desert Inn Ct.
Hopkinsville, KY 42240
270-839-1531 cell
marthaky3@live.com

Use reverse side for additional names.

Volunteer Service Unit (VSU) Log (copy as needed)

Name: _____ Address: _____

County: _____ Phone: _____ Email: _____

** In 2025 the log was modified so that 4-H volunteer hours can be tracked and recorded. While 4-H hours are reported on a separate POW Report form (4-H Youth Development), they still count as part of an individual's total Extension VSU hours.*

Date	Activity/Job Performed	Hours (report each hour in only one category)				
		Extension*		KEHA	Community	Personal
		4-H	Other			
TOTALS						

Categories: Extension = Volunteer service for projects or programs directed by an Extension Agent. KEHA = Volunteer hours for projects initiated and led by KEHA members. Community = Service to other entities/organizations in the community (not Extension or KEHA projects). Personal = Unpaid service to family, friends, and neighbors. See KEHA Handbook pages 92-96 for complete category descriptions. Report all hours earned within the past KEHA year (July 1 – June 30). Logs due to the county Leadership Chairperson or designated contact by July 1.

Appendix 20
June 2025

County Volunteer Service Unit Report

This form recognizes individual hours and is used for awards.

Date completed: _____

Name of person completing this form: _____

Phone number: _____ Email address: _____

Submit report to your AREA LEADERSHIP DEVELOPMENT CHAIRPERSON by August 15.

Please list the top three members per category of volunteer Hours.

EXTENSION HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	
KEHA HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	
COMMUNITY HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	
PERSONAL HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	

Please also ensure your Leadership Development Program of Work Report Form is filed to report total VSU hours for the county.

Please list the names and total hours for all members reporting 500 or more hours of service for the KEHA year. Hours do not carry forward from previous years.

Name	Total Hours	Name	Total Hours

Club hours will no longer be reported on the VSU form.

AREA Volunteer Service Unit Report

This form recognizes individual hours and is used for awards.

Date completed: _____

Area Leadership Development Chairperson: _____

Phone number: _____ Email address: _____

Submit report to the KEHA STATE LEADERSHIP DEVELOPMENT CHAIRPERSON by September 15.

Please list the top three members per category of volunteer hours for your area.

EXTENSION HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	
KEHA HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	
COMMUNITY HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	
PERSONAL HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	

Cultural Arts & Heritage Program of Work Report

From July 1, 2025, to June 30, 2026

Name of person completing this form: _____	
Phone: _____	Email: _____
For clubs reports: Club reports are due to the County Cultural Arts and Heritage Chairperson by July 1, 2026 .	
Club Name: _____	
For county reports: County reports are due via online surveys by August 15, 2026 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2026. A copy of the submission should be mailed to the Area Cultural Arts and Heritage Chairperson by August 15, 2026.	
County: _____	Number of Clubs reporting: _____

3-YEAR (2025-2028) PROGRAM OF WORK:

You may fill in the applicable information even if it's not during the particular Program of Work timeframe.

Number of members who received a lesson on BASKETS or made BASKETS _____

Number of members who received a lesson on FIBERS _____

Number of members who received a lesson on FELTING or FELTED a project _____

COUNTY CULTURAL ARTS EXHIBIT (complete at the COUNTY level only):

Number of **members** who entered an item in the COUNTY Cultural Arts Contest _____

Number of **exhibits (total entries)** in the COUNTY Cultural Arts Contest _____

PASSPORT CONTEST (complete at the COUNTY level only):

County Cultural Arts Chairperson or County President collects all Passport Booklets by July 15 to report this data.

Number of members who participated in the Passport Contest _____

Total number of PLACES/EVENTS logged in Passport (found on last page of Passport Booklet) _____

BOOK LIST / BOOK CLUBS:

Does your club/county have a/any KEHA Book Club(s)? Yes _____ No _____

How many members have used the KEHA Book List this year? _____

Number of suggested books read from the KEHA Book List this year? _____

Number of books read (that were not on the KEHA Book List) this year? _____

HAND-CRAFTED ITEMS and ART as LIVELIHOOD:

How many members in your club or county sell their hand-crafted items or art **as part of their personal income?** _____

Do any members of your club or county sell their hand-crafted items or art **to support Homemaker or other community efforts?**

Yes _____ No _____ Comments: _____

THANK YOU:

Is there anything else you'd like to let us know?

Environment, Housing, and Energy Program of Work Report
From July 1, 2025, to June 30, 2026

Name of person completing this form: _____	
Phone: _____	Email: _____
For clubs reports: Club reports are due to the County Environment, Housing and Energy Chairperson by July 1, 2026 . Club Name: _____	
For county reports: County reports are due via online surveys by August 15, 2026 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2026. A copy of the submission should be mailed to the Area Environment, Housing, and Energy Chairperson by August 15, 2026. County: _____ Number of Clubs reporting: _____	

Environment, Housing & Energy

1. **Number of members** who took actions related to environment, housing, and energy listed below between July 1, 2025, and June 30, 2026:
 - a. Attended a lesson on radon? _____
 - b. Have tested for radon in their homes during this reporting year? _____
 - c. Have annual testing for radon in their homes? _____
 - d. Have radon mitigation systems in their homes? _____
 - e. Had a lesson on carbon monoxide? _____
 - f. Know how to detect for carbon monoxide in their homes? _____
 - g. Have carbon monoxide detectors in their homes? _____
 - h. Had a lesson on indoor air quality? _____
 - i. Took steps to improve their indoor air quality? _____
 - j. Had a lesson on indoor mold and mildew? _____
 - k. Took steps to prevent or reduce indoor mold and mildew? _____
 - l. Had a lesson on home safety/emergency preparedness? _____
 - m. Have emergency preparedness kits? _____
 - n. Have taken steps to make their homes safer? _____
 - o. Coordinated a program with Waste Management Offices in their county? _____
 - p. Initiated or participated in an Adopt-A-Highway project: _____
2. What topics/areas of Environment, Housing and Energy would your club/county be interested in learning more about?
3. Please share a one paragraph description of an environment, housing and/or energy program conducted by your club/county. (Use back of page if needed.)

4-H Youth Development Program of Work Report
From July 1, 2025, to June 30, 2026

Name of person completing this form: _____	
Phone: _____	Email: _____
For clubs reports: Club reports are due to the County 4-H Youth Development Chairperson by July 1, 2026 . Club Name: _____	
For county reports: County reports are due via online surveys by August 15, 2026 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2026. A copy of the submission should be mailed to the Area 4-H Youth Development Chairperson by August 15, 2026. County: _____ Number of Clubs reporting: _____	

Has the County 4-H Educational Chairperson met with the 4-H agent? _____

Were the Homemaker Hobbies/Expertise questionnaires filled out and tabulated? _____

Which counties filled out the questionnaire? _____

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

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

Number of 4-H Events supported through Homemaker volunteers: _____

Number of 4-H Clubs lead by Homemaker volunteers: _____

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

Number of Homemakers who assisted with 4-H Project Days _____

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

Amount of 4-H Camp Scholarships provided in dollars: _____

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

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

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

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

Family and Individual Development Program of Work Report
From July 1, 2025, to June 30, 2026

Name of person completing this form: _____	
Phone: _____	Email: _____
For clubs reports: Club reports are due to the County Family and Individual Development Chairperson by July 1, 2026 . Club Name: _____	
For county reports: County reports are due via online surveys by August 15, 2026 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2026. A copy of the submission should be mailed to the Area Family and Individual Development Chairperson by August 15, 2026.	
County: _____	Number of Clubs reporting: _____

Lessons and Overall Goals

Number of members who:

1. _____ Participated in the Mental Health Matters lesson.
2. _____ Know the difference between mental health and mental illness.
3. _____ Can identify risk factors of poor mental illness.
4. _____ Can identify signs or symptoms of poor mental illness.
5. _____ Have identified local resources that support mental health
6. _____ Intend to make mental health self-care a priority.
7. _____ Intend to support someone else with mental health needs.
8. _____ Intend to complete mental health first aid training and/or QPR training.
9. _____ Have *participated* in an FID contest this year (even if not complete/submitted).

Activities

Number of members who:

10. _____ Taught a mental health lesson.
11. _____ Distributed Extension information/resources on mental health (separately from the lesson).
12. _____ Shared one or more of NVON's Eight Dimensions of Wellness.
13. _____ Visited a senior center or nursing home.
What did you do during your visit? _____
14. _____ Made a small gift or craft for someone. How many did you distribute? _____
15. _____ Made and distributed Homemaker "survival kits." How many did you distribute? _____
16. _____ Participated in a health fair.
17. _____ Celebrated national Cheer Up the Lonely Day on July 11.
18. _____ Partnered with the local health department.
19. _____ Partnered with the local library.
20. Is there any other organization or group you partnered with to share this message? _____

-
21. If your club/county has conducted any Family and Individual Development programs NOT listed above, please share details.

Food, Nutrition, and Health Program of Work Report

From July 1, 2025, to June 30, 2026

Name of person completing this form: _____	
Phone: _____	Email: _____
For clubs reports: Club reports are due to the County Food, Nutrition and Health Chairperson by July 1, 2026 .	
Club Name: _____	
For county reports: County reports are due via online surveys by August 15, 2026 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2026. A copy of the submission should be mailed to the Area Food, Nutrition, and Health Chairperson by August 15, 2026.	
County: _____	Number of Clubs reporting: _____

Food, Nutrition and Health (Area Chairpeople: Please list each county's number of participants.)

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

International Program of Work Report
From July 1, 2025, to June 30, 2026

Name of person completing this form: _____	
Phone: _____	Email: _____
For clubs reports: Club reports are due to the County International Chairperson by July 1, 2026 .	
Club Name: _____	
For county reports: County reports are due via online surveys by August 15, 2026 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2026. A copy of the submission should be mailed to the Area International Chairperson by August 15, 2026.	
County: _____	Number of Clubs reporting: _____

Please indicate the number of members who:

1. Received lesson information on Creating Welcoming Communities: ____
2. Implemented a project/plan on Creating Welcoming Communities: ____
3. Have gained knowledge in navigating in unfamiliar cultures? ____
4. Speak a second language at home. ____ Which language(s)?

5. Participated in International Month: ____ Which month did you celebrate? _____
6. Received or learned information about NVON: ____
7. Received or learned information about ACWW/CWC: ____
8. Received updates on the ongoing Kentucky Academy in Ghana project: ____
9. Participated in fundraising for international outreach support programs (Coins for Change/Ghana library/other): _____

Contest:

- a. Did you do an international project or program? Yes ____ No ____
 - b. Did you submit something on that project or program for the contest? Yes ____ No ____
 - c. If you did a project or program and didn't enter the contest, why not? _____
- _____

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

Leadership Development Program of Work Report
From July 1, 2025, to June 30, 2026

Name of person completing this form: _____	
Phone: _____	Email: _____
For clubs reports: Club reports are due to the County Leadership Development Chairperson by July 1, 2026 . Club Name: _____	
For county reports: County reports are due via online surveys by August 15, 2026 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2026. A copy of the submission should be mailed to the Area Leadership Development Chairperson by August 15, 2026. County: _____ Number of Clubs reporting: _____	

1. Was there a club and/or county officer training? ____ Yes ____ No
 - a. Number of officers trained: _____
2. Was there a club and/or county educational chairperson training? ____ Yes ____ No
 - a. Number of chairpeople trained: _____
3. How many members received leadership training at the club or county level? _____
4. How did the training you received enable you to achieve your goals? _____
5. Number of members who received lesson information on parliamentary procedures: _____

This section is used to report county totals of volunteer hours. (Please also ensure your County VSU Report Form is filed to recognize individual hours for awards.)

6. **EXTENSION** Volunteerism: Hours members volunteered for **Extension** activities/events: _____
(NOTE: Extension VSU hours are the total of both 4-H and other Extension hours. 4-H volunteer hours also should be separately reported on the 4-H Program of Work form as well.)
7. **KEHA** Volunteerism: Hours members volunteered for **KEHA** activities/events: _____
8. **COMMUNITY** Volunteerism: Hours members volunteered for **Community** activities/events: _____
9. **PERSONAL** Volunteerism: Hours members volunteered for **Personal** activities/events: _____

10. Educational scholarships awarded. *(Please do not include 4-H Camp scholarships in this section. Report those numbers and amounts via the 4-H Program of Work report.)*
 - a. Club scholarships – How many? _____ Total amount given: \$ _____
 - b. County scholarships – How many? _____ Total amount given: \$ _____
 - c. Area scholarships – How many? _____ Total amount given: \$ _____
11. Describe one program that enabled your club, county or area to have a positive impact in your community. _____

Management and Safety Program of Work Report
From July 1, 2025, to June 30, 2026

Name of person completing this form: _____	
Phone: _____	Email: _____
For clubs reports: Club reports are due to the County Management and Safety Chairperson by July 1, 2026 .	
Club Name: _____	
For county reports: County reports are due via online surveys by August 15, 2026 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2026. A copy of the submission should be mailed to the Area Management and Safety Chairperson by August 15, 2026.	
County: _____	Number of Clubs reporting: _____

1. Stretching Your Dollars
Number of members who:
 - a. Participated in the Stretching Your Dollars lesson. _____
 - b. Can distinguish between needs and wants when prioritizing purchases. _____
 - c. Cut expenses when budgets are tight (this program year). _____ How much? \$ _____
 - d. Have charted “paydays” and due dates to prioritize spending. _____

2. Understanding Your Credit Score
Number of members who:
 - a. Participated in the Understanding Your Credit Score lesson. _____
 - b. Have requested a free credit report this year. _____
 - c. Have worked on at least one way to improve their credit scores. _____

3. Transferring Cherished Possessions / Estate Planning
Number of members who:
 - a. Participated in a Transferring Cherished Possessions and/or Estate Planning lesson. _____
 - b. Increased their understanding of what makes up an estate. _____
 - c. Increased their understanding of legal considerations for non-titled property. _____
 - d. Plan to start an Asset Distribution Plan. _____
 - e. Plan to start writing a Letter of Last Instruction. _____
 - f. Plan to contact an estate planning professional. _____
 - g. Plan to update or create a will. _____

4. Emergency Health Information Cards
Number of members who:
 - a. Plan to fill out and use an EHI Card for self. _____
 - b. Plan to share the information and/or EHI card template with others. _____
 - c. Number of people with whom members shared the EHI Card: _____

5. Please share a description of ANY other type of management and safety program conducted locally.

6. Please tell us about any successes in your county that you’d like to brag about! Suggestions are also welcome.

**KEHA ANNUAL MEETING
LEARNING SESSION/WORKSHOP PROPOSAL FORM**

Send this form to: Ann Porter, KEHA 1st Vice President, P.O. Box 88, Washington, KY 41096-0088
Questions? Contact Ann Porter at 606-584-2510 or annsporter42@gmail.com.

Deadline: **October 15**

Contact Person: _____

Organization: _____

Address: _____

Telephone: _____ Email: _____

Title of Session (as you would like it printed – please limit to 50 characters):

List ALL Session Presenters (please provide name, full title, email for each):

--

Sessions are typically 1 hour and 15 minutes long. Description of Session:

--

Cost per person attending: _____ Cost for additional kits: _____

(NOTE: Paid sessions should preferably allow for at least 20 attendees. Reimbursement for supplies will be issued after state meeting.)

Please provide your preferred number of attendees. _____ Minimum _____ Maximum

Projector, screen, laptop, microphone, sound/speakers for video, etc. may not be available in every room. Please let us know what equipment you will be bringing OR what equipment you need, so we may assign the proper equipment and space.

- ☐ I will furnish my own equipment, noted as follows:
☐ I will need the following equipment to be provided:

Presenters are responsible for bringing their own copies and session supplies. If you have an electronic presentation, it is advised you bring a backup copy on flash drive or other device.

Please indicate if you prefer to have any of the following (indicate quantity needed, and please note there is no guarantee of availability):

_____ Table for Speaker/Display _____ Microphone _____ Electricity

Rooms may be set up either theater or classroom style, based on the overall needs of the conference. If you have specific notes/needs on room setup, please indicate so here:

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 _____

Would you be willing to share your presentation and/or handouts to be posted on the KEHA website (www.keha.org) following your session? ____ Yes ____ No

KEHA ANNUAL MEETING

HOMEMAKER SHOWCASE

Send this form to: Ann Porter, KEHA 1st Vice President, P.O. Box 88, Washington, KY 41096-0088
Questions? Contact Ann Porter at 606-584-2510 or annsporter42@gmail.com.

Deadline: **March 15**

Each area is allowed to bring up to two displays that highlight a specific program that has been successful within their area. These may be club, county, or area projects. Priority should be given to projects that were KEHA grant funded. In addition, each state educational chairperson also can submit one showcase display.

Contact Person _____

Address _____

Phone _____

Area _____

Title of Display _____

Description of Display:

KEHA STATE MEETING RESPONSIBILITIES

Assigned to Areas by KEHA 1st Vice-President/Program at Fall Board Meeting

A REGISTRATION/ANNUAL MEETING INFORMATION

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice President/Program and KEHA Treasurer
- See that all registration materials, name tags, tickets for meals and seminars, etc. are printed and placed in registration envelopes for distribution at annual KEHA meeting.
- Provide workers for registration table all days of meeting. Working in shifts is recommended with the following needed per shift each day. First day: 3-4 per shift; Second day: 2 per shift; Third day: 1-2 per shift
- Work with the Host Area Planning Committee.

B VOTING DELEGATE PACKETS/INFORMATION

- STATE BOARD CONTACT PERSON – KEHA Secretary
- Prepares printed ballots for all candidates in coordination with the KEHA State Secretary.
- Prepares voting delegate packets with needed material for business meeting, including voting delegate cards and copies of the rules of convention (master copy available from the KEHA Parliamentarian). Delegates will be given the packets when they register at the state meeting.
- State Advisor works with KEHA State Secretary to determine materials voting delegates will need prior to the state meeting (i.e. candidate credentials, proposed bylaw changes) and helps with sending information to county FCS agents at least two weeks prior to KEHA Annual Meeting. FCS agents give this information to their county voting delegates.

C BUSINESS SESSION/VOTING DELEGATE REGISTRATION

- STATE BOARD CONTACT PERSON – KEHA State Parliamentarian
- Provides workers for the voting delegate area at the registration tables.
- Have voting delegates sign the county register and hand each one a voting delegate packet for their county with business session materials. (Each delegate must pick up their own packet.) Volunteers needed: 2-3 people working in shifts when the registration tables are open.
- Provides individuals to serve as hostesses and tellers during business session. Volunteers needed: 4- 6
- KEHA State Parliamentarian meets with assigned area president prior to business session for instruction. Time to be set by the parliamentarian. KEHA State Parliamentarian has the following items for the business session: sign-in sheets for delegates and ballot baskets. KEHA State Secretary provides motion forms.
- Area President assigned serves as Roll Call Committee chairperson and head teller.
- NOTE: The Business Meeting is an OPEN session. Doors must remain unlocked. Non-voting attendees are asked to remain seated and quiet, but may leave or enter early or late as necessary as long as they are not disruptive. Voting Delegates who are not seated before the meeting starts may lose voting delegate privileges.

D CULTURAL ARTS Assigned to 3-4 Areas (specific duties assigned by KEHA Cultural Arts Chairperson)

- STATE BOARD CONTACT PERSON – KEHA Cultural Arts Chairperson
- Assist with check-in and set up of Cultural Arts display items. Volunteers needed: 16-18
- Assist judges with recording scores, attaching ribbons as needed. Set items for display after judging. Volunteers needed: 20-22
- Provide hostesses to watch over exhibits during viewing hours. Volunteers needed 14-16 working in shifts of 1 to 2 hours.
- Provide hostesses to assist with pick-up of items at the close of exhibits. Volunteers needed: 14-20
- Designate a volunteer to take photos of the viewer's choice winner to email to the KEHA State Advisor during the meeting display.

E OPENING BANQUET

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program.
- Provide table decorations, including head table, (favors optional) for meal function. Budget amount: \$400. Decorations may serve as door prizes.
- Provide hostesses to take tickets at door.
- Provide hostesses to meet and seat special guests (list to be provided by KEHA 1st VP/Program).
- Assist KEHA Board with distribution of materials. Volunteers needed:10-15

F GENERAL SESSION & AWARDS LUNCHEON
GENERAL SESSION

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

AWARDS LUNCHEON

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program.
- Provide table decorations, including head table, (favors optional) for awards luncheon. Budget amount: \$400. Decorations may serve as door prizes.
- Provide hostesses to take tickets at door.
- Provide hostesses to meet and seat special guests (list to be provided by KEHA 1st VP/Program).
- Assist KEHA Board with distribution of materials. Volunteers needed: 10-12

G LEARNING SESSIONS/WORKSHOPS

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program.
- Work with KEHA 2nd Vice President to prepare presenter gifts using KEHA merchandise. Budget amount: \$600.
- Provide hostesses at each learning session and hands-on craft session to check-in attendees (list to be provided by KEHA Treasurer). Introduce presenter and assist with presenter needs. Hostess should be aware of the contact person for technology help if needed by presenter.
- Hostesses maintain session registration lists and monitor doors as speaker is presenting. Lists should be returned to the KEHA Treasurer after each session concludes. Volunteers needed: 8-12 (1 per meeting room for each session time block)

H SILENT AUCTION/BASKET RAFFLE/HOMEMAKER SHOWCASE

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program and Treasurer.
- Develops and provides bid sheets for silent auction items and oversees bidding.
- Provides individuals to collect and arrange items.
- Develops and provides contributors with a receipt for tax deduction purposes.
- Provides tickets for raffles baskets, collection bags for tickets, and workers to sell tickets. Budget amount: \$100 for tickets and supplies.
- Coordinates drawing and announcement of raffle basket winners. The ticket must be presented to collect the prize. (They do not have to be present to win, but someone must collect it on their behalf.)
- Assists in collection of silent auction money and distributes the items to respective bidders.
- Asks KEHA State Treasurer to be present at collection of money.
- Volunteers needed: 15-20 scheduled in shifts (Demand is heaviest during check-in/set-up and check-out.)

I QUILT SQUARE DISPLAY AND AUCTION

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

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

TRADE SHOW

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

HANDS ON ACTIVITIES

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

HOSTESS/HOSPITALITY

- Work with KEHA 1st Vice President to determine theme and logo for KEHA State Meeting.
- Design T-shirt and tote bag (or other registration gift). Budget amount: \$1,200 for shirts and \$2,550 for registration gift (\$5.60 per item at 450 items).
- Secure final numbers for T-shirt and tote bag/gift orders from the KEHA State Treasurer.
- Stuff bags with any hospitality items and/or state meeting materials prior to registration opening.
- Work with the registration committee to distribute tote bags/gifts and T-shirts as needed. Volunteers needed: 1-2 per shift
- Provide hostesses to staff a hospitality table providing local information for KEHA State Meeting attendees. Volunteers needed: 1-2 per shift

KEHA ANNUAL MEETING

VOTING DELEGATES ROLE AND RESPONSIBILITIES

Each county holding membership in the Kentucky Extension Homemakers Association shall have two voting delegates for the KEHA State Business Meeting. (ARTICLE II, Section 3, paragraph 2) Annual dues of the KEHA are payable by December 15 of each year to the KEHA State Treasurer and shall be delinquent if not postmarked by December 31. Any county whose dues are delinquent will not have the privilege of voting at the annual business meeting of the KEHA. (ARTICLE V, Section 1, a., second sentence)

At least two weeks prior to the state annual meeting, information packets will be sent to each county Extension office via the University of Kentucky email system and to the KEHA Board via email. The FCS Extension Agent and area KEHA president should ensure that each voting delegate receives a copy of the packet. Packets may include credentials for any candidates to be elected, proposed bylaw changes and other necessary information.

Serving as a voting delegate is an important duty. Delegates should study the documents sent to them so they can represent their county and the state organization wisely.

If a designated county voting delegate cannot attend the annual meeting, an alternate should be chosen as soon as possible and the registration sent to the KEHA State Treasurer. The delegate packet should be given to the alternate for study the issues and preparation.

Upon arriving at the annual meeting site, a delegate should sign in at the KEHA registration desk as soon as possible and pick up additional delegate information. This second packet will include items such as convention rules, treasurer's report, auditor's report, proposed budget and other important papers.

Delegates arriving at the annual meeting site on the day of the business meeting should plan to be duly registered at least one-half hour before the start of the business meeting and in their seats at least ten minutes prior to the start of the meeting unless otherwise instructed.

Before an annual meeting can transact any business, the Credentials (Roll Call) Committee chairperson (see Appendix page 35) must officially report the number of registered delegates. Since this must be the first thing done after opening ceremonies, late registration can delay the start of the meeting even though it is otherwise ready to begin.

Official voting delegates wanting to address the annual meeting should go to a microphone and be recognized by the presiding officer. They clearly state their name, title (if any) and their county. An example would be, "Madame Chairperson, I am Jane Doe, Alpha County Voting Delegate." The delegate then states the question or remark, waiting at the microphone for an answer or taking a seat, whichever is appropriate.

Each delegate will receive a voting card to use when voting on an issue. Cards should be left on the chairs after the business meeting is concluded so they can be reused.

Any questions about the delegate process may be referred to the KEHA State Parliamentarian.