American Legion Auxiliary

UNIT Year-End Impact Numbers Report

Unit #_____, Unit Name _____

Department _____

Unit President _____

Your Name (if other than president) _____

Your Email _____

Here is what our unit did in the 12 months from ____/_____/2016 to _____/_____/2017:

1. **Our service for veterans** *(examples include hours volunteering at the VA, helping wounded warriors and elderly veterans at home, providing transportation, distributing poppies, recording veteran histories, raising money for the Veterans Creative Arts Festival, fundraising events at your unit or post, assisting with veterans job fairs, helping homeless veterans and their families, advocating for The American Legion legislative agenda that supports veterans, organizing a Walk, Run & Roll, etc.)*

   Hours volunteered (by members reporting): _____

   Dollars we spent: $_____

   Value of in-kind donations received: $_____
   In-kind donations are non-cash donations of goods or services that offset your expenses.
   Total amount of contributions made to other organizations or agencies (except Child Welfare Foundation)
   Number of veterans assisted: _____

   Number of *Veterans in Community Schools* presentations facilitated: _____

   Number of poppies or poppy items distributed:_____

   Dollars raised from the poppies or poppy items distributed: $_____

2. **Our service for active-duty and reserve military** *(examples include shopping for and preparing care packages, writing letters, contacting legislators, helping with US military or National Guard send-off and welcome-home events)*

   Hours volunteered: _____

   Dollars spent: $_____

   Number of US servicemembers served: _____

3. **Our service for military families: Include programs specifically for military and veterans' children.**
   (*examples include organizing and delivering hero packs, helping with service projects, providing child care, tutoring at school, distributing Blue Star Banners, clipping coupons for active-duty military, adopting a military family, providing G.I. Josh dogs, etc.)*

   Hours volunteered: _____

   Dollars spent: $_____

   Number of military families served: _____

4. **Scholarships our unit presented:**

   Number of scholarships presented/awarded: _____

   Dollar amount of local scholarships $_____

   Dollar amount donated to department scholarships $_____

5. **Service to our Children & Youth (Note: Some of this information will also be reported to The American Legion)**

Number of hours volunteered serving all children, not just military children: _____

Number of hours volunteered for patriotic programs for children: _____

Number of Children & Youth activities held: _____

Number of children given aid (cash or goods): _____

Dollar amount of goods given to children (whole dollar amounts, reasonable estimate): $ _____

Dollar amount of cash aid given to benefit children: $_____

Unit participation (check all that apply):

____Health & Safety (Play It Safe, Youth Suicide, Gateway Drugs) _____Halloween Safety

____April is C&Y Month _____Family Support Network

____Temporary Financial Assistance _____National Family Week

Dollar amount of parties, dinners, prizes and gifts for children related activities: $_____

Dollar amount of administrative costs (paper, equipment, etc.) for children related activities: $ _____

Dollar amount of all other expenses: $ _____

Dollar amount of contributions to TAL Family Support Network: $ _____

Dollar amount of contributions to American Legion Endowment Fund: $ _____

Dollar amount of contributions to all other child service charities: $ _____

Dollar amount of contributions to American Legion Child Welfare Foundation: $ _____

Dollar amount of contributions to Temporary Financial Assistance: $ _____

6. **ALA Girls State**

Total number of volunteer hours spent on recruiting delegates for ALA Girls State: _____

Number of volunteers: _____

Expenditures for promotion of and recruitment for ALA Girls State: _____

7. **Service to Our Communities**

Total number of hours doing community service for any projects not included in questions 1 through 6 (i.e., blood drives, walks for community causes, food pantries, etc.): _____

Total dollars spent doing community projects not included in questions 1 through 6: $_____

*When completed, send to:*_____ *by*_____/_____/_____
(Get name and date from district or county, if applicable, or department)