



Minnesota Women of Today

Local Program Manager Report

PLEASE TYPE OR PRINT - Send this copy to your State Delegate, and one copy to the appropriate District Program Manager.

Chapter _____ District _____ Trimester 1 2 3
Print Name _____ LPM ___ Other ___ Programming Area _____
Email _____ Phone _____

Internal

Certifications

Number of Individuals	Type of Certification

Chapter Certified Yes No

External

Number of Persons Participating _____

Total Service Hours Worked for this Period _____

(Total Service Hours = number of hours worked x number of members working)

Money Raised/Donated _____

State Entries

Number of State Entries _____ Award _____

Number of State Entries _____ Award _____

1. Projects, programs, or activities your chapter completed this trimester. Check this box if no activity.
2. How did you promote your area (i.e. speakers at meetings, chapter newsletter and/or local paper articles, reports at meetings, etc.)?
3. Do you have any problems, questions, or comments concerning this area?