

MINNESOTA WOMEN OF TODAY
LOCAL PROGRAM MANAGER (LPM) REPORT FORM
State Delegate Copy

Chapter _____ District Number _____ Quarter 1 _____ 2 _____ 3 _____ 4 _____

LPM _____ Phone _____ E-mail _____

Programming Area _____

Internal:

Certifications:

Number of Members Certified and Type of Certifications:

of Individuals _____ Certification: _____

of Individuals _____ Certification: _____

Chapter Certified Yes _____ No _____

External:

of Persons Served _____

Total Service Hours Worked for this Period _____

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

Certifications: (Civic Awareness)

State Entries # _____ Award _____

State Entries # _____ Award _____

Money Raised/Donated _____

- 1. Projects, programs, or activities your chapter completed this quarter. 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?

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