



Department of Minnesota
State Veterans Service Building
20 W 12th St. #314 St Paul MN 55155
Telephone 651-224-7634 Fax 651-224-5243
Toll Free 1-888-217-9598

Email – deptoffice@mnala.org Website – www.mnala.org

DATE: December 29, 2023

FROM: Christie Avant, Department Secretary

TO: Unit Presidents

RE: Unit Annual Report Forms & Trophy and Award Guidelines

Your Unit Annual Report forms are enclosed. Annual Reports should include everything your Unit has done from April 1, 2023 through March 31, 2024. Please distribute the forms to the appropriate Chairman. Each Chairman will have to fill out the form only once. Annual Reports are also available on our web page – www.mnala.org

Please collect all completed reports from your Chairmen and mail them to the DISTRICT Chairman for each program. These must be returned on or before April 15, 2024.

If your Unit did not have any activity in a program this year, complete the top informational part of the report and mark it "Did Not Participate" and send it to the District Chairman. Your Unit will receive credit for filing a report for the program.

Certificates of Merit are awarded by the Department Chairmen in Americanism, Children & Youth, Community Service, Education, History-Senior and Junior, Junior Activities, Leadership, Legislation, Memorial, National Security, Past President Parley, Poppy, Public Relations, VA & R. These are based on the activities of your Unit in the programs as reported in your Unit's Annual Reports.

Please note that Senior and Junior History certificates will be awarded based on histories submitted.

Let's try and have 100% reporting this year. We need everyone's help and cooperation to do it!!

If you have any questions regarding the reports, please contact the appropriate Department Chairman (see Unit Guide) or the Department Office. We will be happy to assist you in any way we can.

You are receiving the Trophy and Awards packet along with the Annual Report forms this year as I see them working hand in hand. While filling out Annual Reports, please check through the Trophy and Awards to see if you have programs you would like to enter for an award. Units work so hard and Units more need to enter and be recognized for their efforts.

Sincerely,

A handwritten signature in black ink, appearing to read "Christie Avant".

Christie Avant, Department Secretary

**Department of Minnesota
2023-2024 Unit Annual Report Form
Americanism**

Unit Number _____ Name of Town _____ District Number _____

Name of Unit _____ Unit Chairman's Name _____ Unit Membership _____

1. Did your Unit participate in Americanism programs at school? _____
2. Did your Unit participate in any Flag Education program this year? _____ Total Programs _____
3. Did your Unit distribute Flags this year? _____ Total Number _____
4. Did your Unit participate in Veterans Day? _____ How? _____
5. Did your Unit participate in a Memorial Day program? _____ Total Number of Services _____
6. Did your Unit participate in any other Holiday or community events? _____ Total # _____

What events? _____

Were you wearing ALA Branding? _____

7. Did your Unit participate in our youth programs? _____
 - a. National Essay Contest _____
 - b. Girl Scouts _____
 - c. Junior Activities _____
8. Did your Unit participate in The American Legion Programs? _____
 - a. Oratorical Contest _____
 - b. American Legion Baseball _____
 - c. TAL Girls Softball _____
 - d. Junior Shooting Sports _____
 - e. Post Home or SAL programs _____
 - f. Blue Star Banner Program _____

9. Number of Flags presented to schools, organizations, etc. _____ Cost? _____ Hours? _____

10. Did your Unit promote Americanism any other way that you would like to share with other Units? _____

Total number of hours volunteered _____ Total money donated/spent _____

Mail completed report to your District Americanism Chairman.



Department of Minnesota
2023-2024 Unit Annual Report Form
Auxiliary Emergency Fund

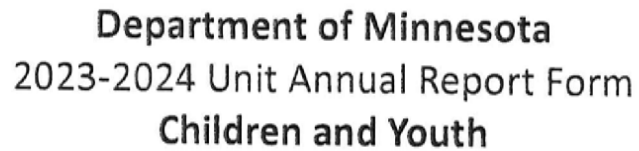
Unit Number _____ Name of Town _____ District Number _____

Name of Unit Unit Chairman's Name Unit Membership

1. Did your Unit host an event to raise funds for the AEF? _____
Yes No
2. Describe what kind of event your Unit hosted or held: _____

3. Amount raised \$ _____
4. List of American Legion Family members who have made personal donations:
Name: _____ \$'s donated _____
Name: _____ \$'s donated _____
Name: _____ \$'s donated _____
5. Did any Junior's participate? _____ \$'s donated
Yes No
6. What did they do? _____ How many Junior's participated?
7. Add any additional information on a separate sheet of paper. Please do not list names of any member receiving assistance from AEF (due to privacy issues).

Mail completed report to your District AEF Chairman.



Name of Unit	Unit Chairman's Name	Unit Membership
--------------	----------------------	-----------------

	Amount Spent or Donations	Volunteer Hours
Youth Hero Awards		
Good Deed Awards		
Kids of Deployed are Heroes 2		
Children & Youth Month		
Purple Up for Military Kids		
Supported Homeless Veterans Children		
Temporary Financial Assistance		
Halloween Safety		
Other Child Safety Events		
Missing Children		
D.A.R.E. Drug and Alcohol Prevention		
Youth Suicide Prevention		
American Legion Child Welfare Foundation		
Legionville		
National Family Week		
Children Activity Bags for St. Cloud VAMC		
Military Children's Table		
Boys and Girls Clubs of America		
Tragedy Assistance Program for Survivors		
Big Brothers Big Sisters		
Totals		



Department of Minnesota
2023-2024 Unit Annual Report Form
Children and Youth

Did your Unit set up a Military Children Table with an explanation of the items on the table?

How many Youth Hero Awards did your Unit give out?

How many Good Deed Awards did your Unit give out?

What activities did your Unit host for Children and Youth in your communities?

Mail completed report to your District Children and Youth Chairman.



Department of Minnesota
2023-2024 Unit Annual Report Form
Community Service

Unit Number _____ Name of Town _____ District Number _____

Name of Unit _____ Unit Chairman's Name _____ Unit Membership _____

What Community Service activities/projects did individual members of your Unit participate in to promote community awareness of the ALA and who was served by these activities/projects?

What was the total number of hours volunteered by individual members? _____

What was the total amount of money spent/donated by individual members? _____

What was the total number of miles driven by individual members when volunteering? _____

What Community Service activities/projects did your Unit organize and/or participate in to promote community awareness of the ALA and who was served by these activities/projects?

Did your Unit participate in any of the ALA suggested days of service and who was served by these projects (9/11 National Day of Service, Martin Luther King Jr. Day of Service, etc.)?

Did your Unit partner with other organizations in your community on activities/projects? _____

What did your Unit do to promote American Legion Family Day (last Saturday in April)?

What was the total number of hours volunteered by your Unit? _____

What was the total amount of money spent/donated by your Unit? _____

Was Auxiliary apparel worn while representing the ALA as an individual or as a Unit? _____

Please use additional sheets to record your activities/projects. Including photos is encouraged.

Mail or email a copy to your District Community Service Chairman. Keep a Unit copy for records.

**Department of Minnesota
2023-2024 Unit Annual Report Form
Education**

Unit Number _____ Name of Town _____ District Number _____

Name of Unit Unit Chairman's Name Unit Membership

1. Please list your Unit's participation with **Scholarships** and funds spent on other **Education** Resources.

Scholarship # of Applications Submitted

National President's Scholarship _____

Spirit of Youth Junior Scholarship _____

Non-Traditional Student Scholarship _____

Junior Auxiliary Loyalty Scholarship _____

Department of Minnesota Scholarship _____

American Legion Legacy Scholarship _____

Other Scholarship Funds _____

Other Resources distributed, please specify and list #'s and/or value _____

2. Education Program Unit participation: Literacy programs: # Hours _____ \$ Spent _____

Give 10 to Education: Value _____ # of Schools Served _____

Describe Unit activities completed in the area of "Give 10 to Education:"

Classroom Reading Program: Hrs _____ # of Schools Served _____

Assistance to a needy student: Hrs _____ # of Schools Served _____

of military children served: _____ Clothing Donated Value \$ _____

Box Tops for Education: Value _____ # of Schools Served _____

3. Did your Unit participate in **Veterans in Community Schools**? Yes ___ No ___

of Volunteer Hours _____ # of Schools Served _____ \$ Spent _____

Describe how Veterans in Community Schools programs were presented:

4. Did your Unit support Veterans pursuing Higher/Vocational Education? Yes ___ No ___

If Yes, please describe: _____

Did your Unit support or collaborate on **American Legion Programs**:

Schools Served # Vol. Hrs. Amt. Donation/value

American Education Week _____

Oratorical Contest _____

of Outstanding Schools awarded Citations _____ # of Outstanding Students awarded Citations _____

5. If your Unit actively supported Veterans associations on campus, please describe:

On the back or separate paper, please describe any additional activities completed by your Unit in this program including activities to promote lifelong learning by your Unit members. Please attach a "Give 10 to Education" form.

Mail completed report to your District Education Chairman.

**Department of Minnesota
2023-2024 Unit Report Form
Girls State**

Unit Number _____ Name of Town _____ District Number _____

Name of Unit _____ Unit Chairman's Name _____ Unit Membership _____

Did your Unit participate in Girls State 2023? Yes _____ No _____

Number of Schools represented by your Unit for Girls State 2023: _____

Number of Girls Sponsored: _____

Registration Fee per girl. Amount Unit paid \$ _____ Amount Legion paid \$ _____

Amount SAL paid \$ _____ Amount Others paid \$ _____

Did you give your students money to purchase souvenirs? Yes _____ No _____

Monetary Donations over and above registration fee(s). \$ _____

How did your Unit raise funds to support the Girls State program?

Did you require an application from interested students? Yes _____ No _____

Did you interview and make the final selection of citizen? Yes _____ No _____

If not, who made the decision? _____

Did you hold an informational meeting for interested students and their parents? Yes _____ No _____

How many hours did your members volunteer for the Girls State program?

How did you increase awareness of the ALA Minnesota Girls State Program?

Did your Unit utilize social media for the Girls State program?

(explain) _____

Comments: (can be attached or written on the back of form).

Mail completed report to your District Girls State Chairman.



American Legion Auxiliary

A Community of Volunteers Serving Veterans, Military, and their Families

HISTORY RULES 2023-2024

**All entries are to be sent to the Department History Chairman,
Renee Suess, 678 Independence Drive, Big Lake, MN 55309**

When you write the History of your Unit (both Senior and/or Junior), please use the following rules:

1. Using the history paper sent from department for the first page, include the name of the; Unit, Location, District, Name of Unit Historian, Unit President, and the date at the top of the sheet. (three copies are to be made: one sent to the Department; second to the District President; and third for the Unit records).
 - a. Use plain white paper if your history requires more than one page.
 - b. If you need to handwrite your histories, please make sure they are legible.
 - c. Originals may be copied.
 - d. DO NOT FOLD
2. Names of elected and appointed officers should run in sequence across the page. (Do not list chairmen).
3. One paragraph on each program accomplished and a concise story of the Unit's administrative, social or specialty programs. Be original and unique.
4. Please include your financial information- How much you raised or spent in your chairmanships or special projects. This is a request from National.
5. Four photos or newspaper clippings may be used in the history entered for trophies and awards. They must be scanned into your history report in the appropriate place. If you are handwriting your report, please place it on a separate sheet or sheets of paper.
6. It is recommended that all District, Department and National Chairmen and Officers serving **from your Unit** be listed at the end of your History report.
7. **YOUR HISTORY MUST BE SIGNED.**

To be considered for a Department Award, an extra copy of your history must be sent to the Department Historian with a note or an entry form designating it as an entry for competition and the name of the award you are applying for. The Unit history must be mailed to **Renee Suess, 678 Independence Drive, Big Lake, MN 55309** by April 15th

These rules apply to Junior Histories also.

The Junior Historian must write, compose, and sign the History.

AMERICAN LEGION AUXILIARY HISTORY

UNIT # _____ UNIT LOCATION _____ DISTRICT # _____

REPORTING YEAR _____ MEMBERSHIP _____

UNIT PRESIDENT _____ (Signature) UNIT HISTORIAN _____ (Signature)

1. Condense only main activities from unit history on one side of this sheet.
2. Type or write plainly in black ink.

3. Do not fold - mail with annual report forms.
4. History for unit files may be more detailed.

AMERICAN LEGION AUXILIARY HISTORY

UNIT # _____ UNIT LOCATION _____ DISTRICT # _____

REPORTING YEAR _____ MEMBERSHIP _____

UNIT PRESIDENT _____ (Signature) _____ UNIT HISTORIAN _____ (Signature) _____

1. Condense only main activities from unit history on one side of this sheet.
2. Type or write plainly in black ink.

3. Do not fold - mail with annual report forms.
4. History for unit files may be more detailed.

AMERICAN LEGION AUXILIARY JUNIOR HISTORY

UNIT # _____ DISTRICT # _____

REPORTING YEAR _____ JUNIOR MEMBERSHIP _____

JUNIOR PRESIDENT _____ JUNIOR BUS ORGAN _____
(Signature) (Signature)

1. Condense only main activities from unit history on one side of this sheet.
2. Type or write plainly in black ink.

3. Do not fold - mail with annual report forms.
4. History for unit files may be more detailed.

**Department of Minnesota
2023-2024 Unit Annual Report Form
Junior Activities**

Unit Number _____ Name of Town _____ District Number _____

Name of Unit _____ Unit Chairman's Name _____ Unit JR Membership _____

Did your unit have an organized Junior Unit this year? Yes ____ No ____

How many Junior members attended the Junior meetings? _____

If not organized, did you have Junior members who were actively volunteering or participating in programs or projects? Yes ____ No ____ How many? _____

Does your unit encourage Junior members to attend Senior meetings? Yes ____ No ____

Does your unit encourage Junior members to volunteer with Senior members? Yes ____ No ____

Did you increase your Junior membership this year? Yes ____ No ____

By how many? _____

Did you acknowledge Junior members who recruited new members? Yes ____ No ____

Did you have any Junior members who graduated to Senior membership? Yes ____ No ____

Did you acknowledge these Junior members? Yes ____ No ____ How? _____

How many Juniors participated in the Leadership Correspondence Course? _____

How many participated in Junior Member of the Year? _____

How many Juniors participated in the Veterans History Project? _____ # Submitted _____

How many Juniors participated in the VA Student Volunteer Program? Yes ____ No ____ Hours _____

How many Juniors participated in the Mean Stinks program? _____

How? _____

How many Juniors worked on the Patch Program? _____ How many patches were earned? _____

Did your Juniors create awareness of the Children of Warriors National Presidents Scholarship? _____

Yes ____ No ____ How? _____

Did your Juniors make any donations this year? Yes ____ No ____ How much? _____

To Whom? _____

How many hours did your Juniors volunteer this year? _____

How many volunteer hours were spent in direct service to veterans? _____

What service projects did your Juniors participate in? (Provide details) _____

How many Juniors participated in one of the virtual Junior member trainings? _____

What activities did they find informative and fun? _____

How many Juniors attended District Junior Conference? _____

How many Juniors attended Department Junior Conference? _____

How many Juniors attended the Junior Fun Weekend at Legionville? _____

What activities did they find informative and fun? _____

Please include any other information that you would like to share. Attach additional sheets if necessary.

Mail completed report to your District Junior Activities Chairman.

**Department of Minnesota
2023-2024 Unit Annual Report Form
Leadership**

Unit Number _____ Name of Town _____ District Number _____

Name of Unit Unit Chairman's Name Unit Membership

Did members attend Department/District leadership workshop yes or no?

Did any Members from your Unit attend National Mission Training? Yes or no If so, how many members went? _____

Did your Unit promote the American Legion Auxiliary Academy classes. Yes or no
How many members did the online ALA Academy? _____

What courses were completed? _____

_____ (include all courses that were completed . Use back of this page if necessary)

Did you submit a candidate for Unit Member of the Year? _____

How many members attended the following?

1. Breakout sessions at the 2022-23 Convention _____

2. How many attended the Mid-Winter _____

3. How many attended other District Meetings _____

4. How many members attended Fall Conference _____

Did Unit members do anything special to enhance the leadership program (e.g. additional training and what were the topics)? If so, please explain

Mail completed report to your District Leadership Chairman.



Department of Minnesota
2023-2024 Unit Annual Report Form
Legislation

Unit Number _____ Name of Town _____ District Number _____

Name of Unit Unit Chairman's Name Unit Membership

Did unit members visit the American Legion's Legislative website to keep current on legislative priorities? ☐ Yes ☐ No

Did members of your unit subscribe to the American Legion's legislative action alerts? ☐ Yes ☐ No

Did members of your unit download and review the American Legion Auxiliary Advocacy Guide? ☐
Yes ☐ No

Did your unit host a meet the candidate night in your community? ☐ Yes ☐ No

If so, write a note on what you did:

Did members of your unit attend the 2024 Veterans Day on the Hill? ☐ Yes ☐ No

How many members attended? _____

Did members meet with a representative while at an event? _____

If so, how many? _____

Did members of your unit contact representatives this year?

Who was contacted?

How were they contacted? ☐ Phone ☐ Email ☐ Letter ☐ In person

Did they hear back from the representative? ☐ Yes ☐ No

Did you fill out a congressional contact report form for a meeting? ☐ Yes ☐ No

Did your unit do an event or educate members in January for Legislation month? ☐ Yes ☐ No

If so, what did you do?

Please use another sheet if you have anymore to share about your Legislative program this year that was not asked above.

Mail completed report to your District Legislation Chairman.



Department of Minnesota
2023-2024 Unit Annual Report Form
Memorial

Unit Number _____ Name of Town _____ District Number _____

Name of Unit _____ Unit Chaplain's Name _____ Unit Membership _____

1. Number of deceased members in your Unit: Seniors _____ Juniors _____
Gold Star Mothers _____ Charter Members _____

2. Did your Unit host some type of ceremony to honor deceased members (Memorial Service, Draping of the Charter, etc?) Please explain:

3. Did your Unit receive or donate Memorials? Please explain and include total dollar amount:
\$ _____

4. What else did your Unit do in the Memorial Program? Please explain: (Suggestions: *offer prayer at meetings & events; visit sick & shut in members; sent cards & letters to sick & bereaved members of the American Legion Family; encourage prayer on special occasions & for our military personnel & their families; hold joint services with Legionnaires & SAL for Memorial Day, etc.*)

Please continue on an additional page if needed.

Mail completed report to your District Chaplain.



UNIT NUMBER _____ DISTRICT NUMBER _____

Please list in alphabetical order by Unit, the names of the deceased members of your Unit for the Auxiliary year from April 1, 2023 to March 31, 2024 (Indicate if Senior or Junior, if Gold Star or Charter member. List the highest office held at National, Department, District or Unit level. Verify correct spelling of all names.)

[illegible]



Name of Unit	Unit Chairman's Name	Unit Membership
--------------	----------------------	-----------------

1. Support active-duty military families by working with an installation Family Readiness Group (FRG). Contact the Family Readiness Center on your nearby military installation for more information.

- On a separate piece of paper, share the FRG activities you checked above (750 letters max).

- On a separate piece of paper, share your Unit's collaborations you checked above (750 letters max).

3. How many applications for "Salute to Servicemembers Award" did you submit?
4. Did you use the DPAA (Defense POW/MIA Accounting Agency) site? Explain what you used it for on a separate piece of paper (750 letters max).
5. What did your Unit do to promote the "Be The One" initiative – be the one to save one. How did you destigmatize getting help for those with suicidal thoughts. On a separate piece of paper, share your Unit's activities (750 letters max).
6. Do you have a POW/MIA or Missing Man table displayed at your Post Home?

Mail completed report to your District National Security Chairman.



Department of Minnesota
2023-2024 Unit Annual Report Form
Past Presidents Parley

Unit Number _____ Name of Town _____ District Number _____

Name of Unit

Unit Chairman's Name

Unit Membership

1. Does your Unit have a Past Presidents Parley? _____
2. Was it new this year? _____ Reorganized this year _____
3. Did your Unit submitted an application for the Unit Member of the year Award? _____
4. Did your Unit submitted application(s) for the Past Presidents Parley Health Care Scholarship? _____ If yes how many _____
5. Did your Unit recognized female Veterans or assist them throughout the year?
_____ If YES please explain how this was done _____

(please use back if more space is needed)

6. Did your Unit nominated an active duty servicewoman? _____
If YES, how many and what branch of service were represented? _____

(please use back if more space is needed)

7. Please use this space to include any other information about your Past Presidents Parley you would like to share.

(please use back if more space is needed)

Mail completed report to your District Past Presidents Parley Chairman.

Department of Minnesota
2023-2024 Unit Annual Report Form
Poppy

Unit Number _____ Name of Town _____ District Number _____

Name of Unit Unit Chairman's Name Unit Membership

1. Number of large poppies ordered _____
2. Number of small poppies ordered _____
3. Was this an increase over last year? Yes _____ No _____
4. Number of poppy cards displayed by your Unit _____
5. Did your Unit sponsor a Little Miss Poppy contest Yes _____ No _____
6. Did your Unit sponsor a Poppy Poster contest Yes _____ No _____
7. Did you send a poppy to elected officials? Yes _____ No _____
8. What were the total donations received from your poppy drive this year? _____
9. How many members of the Legion family assisted with your Poppy drive? _____

How did your Unit promote the Poppy program and increase revenue?

What did your Unit do to educate your community on the meaning and history of the poppy?

Did your Unit celebrate National Poppy Day?

Did your unit help in the increase of Poppy Makers in your community? What did your unit do?

Mail completed report to your District Poppy Chairman.



Department of Minnesota **2023-2024 Unit Annual Report Form** **Public Relations**

Unit Number _____ Unit Location _____ District Number _____

 Name of Unit

 Unit Chairman's Name

 # Paid Members (as of report)

Newsletter:

Does your Unit have a newsletter? ☐ Yes ☐ No E-Bulletin? ☐ Yes ☐ No

Joint Publication with Post? ☐ Yes ☐ No

Did you Unit give a gift subscription to the Auxiliary magazine to business/facility in your community? ☐ Yes ☐ No

Social Media:

	Does your unit have any of the following?	Is this a new account this year?	If not, how many years have you had this account? Also list the URL.
Website	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facebook Page	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
YouTube Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
"X" (Twitter) Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Instagram Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Media:

Was your unit was mentioned in local media? ☐ Yes ☐ No

of times via print? _____

of times via television/cable? _____

of times via radio? _____

How many times did you meet with reporters? _____ How many letters of appreciation did your unit send? _____

Did you utilize any of the resources available on the National website? ☐ Yes ☐ No

Dollars spent on PR efforts: \$ _____ Hours spent on PR efforts: _____

Brand Loyalty:

How did your unit members work to build the image of the American Legion Auxiliary in your community?

Mail completed report to your District Americanism Chairman.



Department of Minnesota
2023-2024 Unit Annual Report Form
Risk and Compliance

Unit Number _____ Name of Town _____ District Number _____

Name of Unit Unit Treasurer Unit Membership

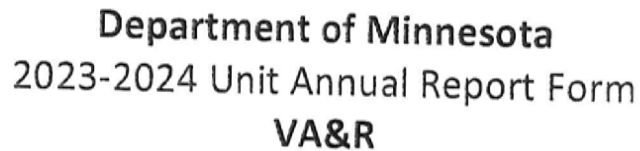
Does your unit have a checking/savings account? _____

How many signatures are required on checks? _____

Do you complete an annual audit? _____

Have you filed your annual 990? _____

Mail completed report to your District Risk and Compliance Chairman.



Name of Unit	Unit Chairman's Name	Unit Membership
--------------	----------------------	-----------------

Mail completed report to your District VA&R Chairman.

2023 – 2024 UNIT SERVICE TO VETERANS VOLUNTEER HOURS REPORT

Please report those Unit members who have served as Service to Veterans volunteers for the Auxiliary year beginning April 1, 2023 to March 31, 2024. List each member and her hours individually. This will enable the Department Office to log the hours for historical and award purposes. Use additional paper if necessary. Return report to Department office postmarked by April 15, 2024.

[illegible]

**Department of Minnesota
2023-2024 Unit Annual Report Form
Gift Shop**

Unit Number _____ Name of Town _____ District Number _____

Name of Unit _____ Unit Chairman's Name _____ Unit Membership _____

Volunteer hours at the Gift Shop: _____

Dollars spent: _____

Veterans helped at the Gift Shop: _____

In story form explain your experience helping at the Gift Shop:

Mail completed report to the Department Gift Shop Chairman,
Beverly Grose, 1606 Havens Moor, Sauk Rapids, MN 56379