

**ALABAMA WEST FLORIDA CONFERENCE UMW
CONFERENCE COMMITTEE REPORT**

COMMITTEE:	
CHAIR OF	
COMMITTEE:	
DATE:	
Committee	
Members	
Present:	
Absent:	

1	
2	
3	

Submitted by:	
Action Taken by Executive Cmt:	
Passed by Conf Ex	

Copies: 3 Committee Chair, President, Secretary - hard copies or email

ALABAMA WEST FLORIDA CONFERENCE UMW EVENT CHECK LIST

EVENT		
Date of Event		
Committee Chair		
Location of Event		
Secured Location		
Cost of Location		
includes cleaning,		
settuig up,		
electronics,		
everything		
Theme of Event	Chairs Needed	Tables Needed
Responsibility:		
Program Agenda		
Program Printed		
Deadline for content		
Estimate Cost of		
Programs Printed		
Send Content to		
Special		
Presentations		
Registration		
Registration Form		
Registration Check-in		
Nametags		
Registration People		
Set up		
Display Tables		
Resource Table		
Communion		
Stage Decorations		
Cafeteria		
Decorations		
Table Graces		
Hospitality Gifts		
Speaker(s)		
Contact/Pickup		
Speakers		
Entertainment/Music		
Skits		
Flags & Banners		
Refreshments		
Meals / Where		
Clean Up		
Submitted by		
Date		

EXPENSE VOUCHER

ALABAMA-WEST FLORIDA CONFERENCE UNITED METHODIST WOMAN

Type of Meeting/Expense Budget Line Item:

Date: Location:

Office Requesting:

Request by

NAME on Check:

Address:

Email:

Phone #

Make sure
you put
total miles
both
coming &
going

Miles	TO - FROM		Rate *	TOTAL
			\$ 0.25	\$ -
			\$ 0.30	\$ -

Single

(more than
one
qualifying)

Qualifying rider

(Name of Officer & state District / Conference Office held)

EXPENSES: (Please itemize and attach receipts)

Description of Expense	Rate Per	Amount
		
		
		
		
		
		
		
		
		
TOTAL:		\$ -

APPROVED:

CONFERENCE President
must be signed by at least one / can be email attachment

OR CONFERENCE Secretary

Date Paid Check #

CONFERENCE Treasurer

All rates are set annually by the AWF-UMW Executive Committee. 24-hour rates for officer reimbursement is \$65 for 2021 with travel separate. Checks will be issued within 10 tens of receipt of voucher with all receipts attached. Will not be paid if not properly filled out or receipts not attached. The check must be cashing within two weeks of receipt by bearer.

Revised 1/2021

POLICIES	PAGE	DESCRIPTION	2017	2018	2019	2020	2021
POLICY: II FINANCIAL POLICIES I. Sympathies Sent.. D	18	Memorials: Parent, child, husband	25	25	25	25	25
II FINANCIAL POLICIES I. Sympathies Sent.. E	18	Memorials: Conference Executive Cmt or past Conference President	50	50	50	50	50
II FINANCIAL POLICIES I. Sympathies Sent.. F	18	Illness' of Conference Executive Committee	\$5 Mission Card	\$5 Mission Card	\$5 Mission Card	\$5 Mission Card	\$5 Mission Card
II FINANCIAL POLICIES A. Honoraria	19	Honorariums for Conference Events: per 24 hr, plus travel, lodging & food					
		Speaker		100	100	125	125
		Pianist (musician)		50	50	40	40
		Song Leader		50	50	40	40
		Nurse on Duty (not supplies)				15	15
		Focus Group Leader (not supplies)		30	30	25	25
II FINANCIAL POLICIES C. Travel Expenses 1. Mileage rate	19	Mileage for Conference & District Officers to Conference events					
		Single	0.30	0.20	0.25	0.25	0.25
		> than 1 officer	0.35	0.25	0.30	0.30	0.30
II FINANCIAL POLICIES D. Registration Fees #1	19	Registration Fee for Conference Events (except Mission u)	15	15	15	20	18
#10		NSF - Return Checks on Registration	0	0	30	30	30
II FINANCIAL POLICIES G. Dependent Care/Child Care	21	Dependent care	0	0	0	50	50
II FINANCIAL POLICIES K. Scholarships and Subsidies #5	23	Conference & District Officer Scholarship for Conference Events (per day), including Mission u	no limit	55	55	55	65
L. Contributions to Other Agencies	24	Annual Contributions for Outside Agencies for Social Action					
		Church Women United	50	50	50	25	25
		Alabama Church Women 75%	75	25	25	50	50
		Florida Church Women 25%	25	25	25	25	25
		Alabama Arise	300	50	100	100	100
		Florida Impact	100	50	50	50	50
M. Guests at Meetings	24	RETIRED Deaconesses & Missionaries - at Conference Events	0	0	55	55	65
P. Love Offering	26	Love Offering Total	8.75	10.00	10.00	10.00	10.00
		Dumas Wesley	1.50	2.25	2.25	2.25	2.25
		Mission u	2.00	2.00	2.00	2.00	2.00
		A&MD	0.75	5.00	5.00	5.00	5.00
		Assembly Offering	0.25	0.75	0.75	0.75	0.75
IV PUBLICATIONS A.1.h.	27	Alert Subscription	4.00	4.00	8.00	8.00	8.00
NEW		Web Registration Fee	0.00	0.00	2.50	2.50	2.50

ALABAMA WEST FLORIDA CONFERENCE UNITED METHODIST WOMEN HEALTH FORM

For the Calendar Year

Authorization for Emergency Medical Treatment Form

<input type="text"/>		<input type="text"/>
Name		DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work #	Cell #
<input type="text"/>		<input type="text"/>
Physician's Name		Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Health Insurance Company	Policy #	Group #

Allergies to medications:

Other Allergies (food,
animals)

Conditions that treating personnel might need to be aware of:

In the event emergency medical aid/treatment is required due to illness or injury during my stay at a UMW event, I authorize ALWF UMW to call/contact:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Relation	Phone #	Alt. Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Relation	Phone #	Alt. Phone #

PLEASE CHECK ONE OF THE BELOW PLANS

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during my stay at a UMW event, I authorize ALWF UMW to:

1. Secure and retain medical treatment and transportation if needed.
2. Release my health information to the authorized individual or agency involved in the medical emergency treatment.
3. I hold harmless the AL-WFL Conference United Methodist Women, the ALWF Conference, The United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.

Non-Consent Plan

I DO NOT give my consent for emergency medical treatment/aid in the cases of illness or injury. In the event emergency treatment/aid is required, I wish the following procedures to take place:

I hold harmless the AL-WFL Conference United Methodist Women, the ALWF Conference, The United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.

<input type="text"/>	<input type="text"/>
Your Consent Signature	Date
<input type="text"/>	<input type="text"/>
Witness Signature	Date

UNITED METHODIST WOMEN - ALA WEST FLORIDA CONFERENCE			
CONFERENCE OFFICER REPORT			
Return by November 30th to all Conference and District Mission Team Members			
<i>Officers are elected and inducted into office at the Fall Spiritual Enrichment event.</i>			
YEAR			
	PRESIDENT	TREASURER	SECRETARY
Name			
Address			
City, St Zip			
Phone			
E-mail			
	VICE PRESIDENT	COMMUNICATIONS	EDUCATION & INTERP
Name			
Address			
City, St Zip			
Phone			
E-mail			
	MEMBERSHIP N&O	SOCIAL ACTION	SPIRITUAL GROWTH
Name			
Address			
City, St Zip			
Phone			
E-mail			
	NOMINATIONS Chair	WebMaster*	AWFC Board of Global Ministries rep*
Name			
Address			
City, St Zip			
Phone			
E-mail			
	Registrar*	Parliamentarian*	Racial Justice rep*
Name			
Address			
City, St Zip			
Phone			
E-mail			
	COT*	Dumas Wesley*	AWFC Board of Laity UMW
Name			
Address			
City, St Zip			
Phone			
E-mail			
	DATE OF REPORT	NOTE: to take office January 1	

UNITED METHODIST WOMEN ALABAMA WEST FLORIDA CONFERENCE

Year Submitted

The District Nominations Committee has met and below is the official recommendations for district officers to be presented this year at our Fall voting and if elected, will take office January 1st of next year.

Office	Nominee	Local Unit	Address	Phone #	Email	Term begins	Term Ends	Odd/Even when elected	New or Renewal
President								Even	
Vice President								Odd	
Secretary								Even	
Treasurer								Odd	
Education & Interpretation								Even	
Spiritual Growth								Even	
Communications Coordinator								Even	
Social Action								Odd	
Membership Nurture & Outreach								Odd	
Nominations Chair								Odd	
Nominations Cmt								Even	
Nominations Cmt								Odd	

Committee Members		Date Submitted
	Chair	
	Nom. Cmt Mmbr	
	Nom. Cmt Mmbr	
	Nom. Cmt Mmbr	
	Nom. Cmt Mmbr	
	Ex-Officio	

This Form is due to the District President by July 31st of each year. Once accepted by the Mission Team, the Chair of the Nominations Committee should send each nominee a letter of acceptance for the nominee to sign and return to the Chair of Nominations by August 31st so the information can be published in the edition of the Conference newsletter, the Alert. Nominees will be presented and voted on at a Fall event and take office January 1st of the new year.

Alabama-West Florida Conference United Methodist Women Form for Nomination from the Floor 2021 Election

Submission Deadline:

The United Methodist Women election process and bylaws allow for nominations from the floor. Please use this form for nomination from the floor for this 2021 virtual or in-person AWF-UMW Conference Officers' election. If you want to make a nomination for more than one office, you must complete a form for each.

Send all Nominations from the Floor to Peggy Cunningham, Committee on Nominations Chair,
peggyusc2011@gmail.com by _____

If you have questions, contact Peggy Cunningham, Committee on Nominations Chair, at 251-752-
.1714

1. For which office is your nomination?

President
Secretary
Communication Coordinator
Social Action Coordinator
Education & Interpretation Coordinator
Member, Committee on Nominations

2. Nominee's Contact Information (REQUIRED)

Name:
Address:
City:
Zip Code
Email Address:
Local Church / UMW:

3. Please enter the nominee's home, cell and work numbers. (REQUIRED)

Home Phone Number:
Cell Phone Number:
Work Phone Number:

4. Please identify the age range of the nominee. (Optional)

- | | |
|-----------------------------------|-----------------------------------|
| <input type="radio"/> 18-30 years | <input type="radio"/> 51-65 years |
| <input type="radio"/> 31-40 years | <input type="radio"/> 66-70 years |
| <input type="radio"/> 41-50 years | <input type="radio"/> 71 and over |



5. Please identify the ethnicity/race of the nominee. Choose all that apply. (Optional)

- ☐ African
- ☐ African-American or Black
- ☐ Asian-American or Asian
- ☐ Caribbean
- ☐ Caucasian or White
- ☐ Hispanic or Latina
- ☐ Hmong
- ☐ Native American
- ☐ Pacific Islander
- ☐ Please write in your own preferred description

8. Include nominee short bio (35 words) and a picture (head photo). (REQUIRED)

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.**Nominator Information (REQUIRED)**

Please let us know who you are.

6. Nominator Contact Information

Name:
Address:
City
Zip Code:
Email Address:

7. Please identify the District and local church to which the nominee belongs. (REQUIRED)

District:
Local Church:



United
Methodist
Women

FAITH · HOPE · LOVE IN ACTION



Alabama West Florida Conference

Date _____

Dear _____

The Report of the _____ District United Methodist Women, Committee on Nominations, for the year beginning January _____ is complete. A copy of that report, which will be presented at the _____, 20__ District Fall Event is enclosed. Please double check to see that your information is correct and notify us of any errors.

We are grateful for your willingness to serve as _____ for a _____-Year Term beginning January 1, _____. Please be assured that we will not elect you to that office and then abandon you. We will continue to hold you in our prayers, support you at the meetings and will be ready to help you in any manner.

An acceptance form is enclosed that we wish you to complete and mail back to me. This acceptance form is your way of acknowledging the duties and responsibilities that you will have if elected. If you have any questions concerning this, please feel free to call me or our district president. The form also contains information that will be published in our district newsletter prior to the Fall elections. Please return the form with a picture of yourself. The picture can be send in a digital form to my email if you wish.

At the _____ District Fall Event, you will be introduced as the Nominee for the office of _____. We will ask you to stand or otherwise let your presence be known to help members identify you and the office of _____. If elected by the body that day, you will be inducted during a ceremony that day.

If you have questions, please feel free to call me.

_____ CHAIR, COMMITTEE ON NOMINATIONS

Enclosures:

Advance copy of the Report of the Committee on Nominations
Nominations Acceptance Form
Job Responsibilities

"...I now remind you to stir into flame the gift of God which is within you." - II Timothy 1:6 NEB

Job Responsibilities -

Conference Office

(Taken from the Alabama West Florida Conference UMW Workbook)

SCRIPT FOR OFFICER VOTING

Chair, Nominations:

"The Committee on Nominations presents the following nominees for officers of the _____ District/Conference: (She then reads office and persons named for each.) "This report is submitted by the Committee on Nominations: (read names)".

President:

"The following have been nominated:

President, (name). Are there any nominations from the floor for office of President? (wait)

Vice President (name). Are there nominations from the floor for office of Vice President?" (wait)

Continue to list office and name of any to be elected – asking same question after each.

"Hearing no nominations from the floor, I declare the nominations closed."

(At this point, someone may make a motion to accept the entire slate by General Consent; ask for second and vote.)

If approved, President says: "The motion to accept the slate is approved. Those in favor, please raise your hand. (Count) Those opposed, likewise. The slate is approved."

By your vote the following have been elected: President, Name; etc."

If there is no motion, the President says:

"All in favor of electing (name) as President please raise your hand. (count) Those opposed likewise. (count)

Continue on through all to be elected.

President: "By your vote, you have elected these women to be your officers for (YEAR). (name them)."

ALABAMA WEST FLORIDA CONFERENCE UNITED METHODIST WOMEN



DATE:

TO:

RE: Authorizing Change of United Methodist Women's Officers on Bank Account

**DATE
CHANGE
EFFECTIVE**

The membership of the Alabama West Florida Conference United Methodist Women elected new officers. With that being said, please remove the following officers from the signature cards for the accounts listed in our name (see list below). The old officers should still have access to signing checks and deposits until December 31, and the new officers listed will resume their duties on January 1st or the Date Change Effective listed above. The mailing address of all the accounts should also be changed to the incoming treasurer's address listed below, effective also January 1.

A copy of the official resolution made by the Alabama West Florida Conference United Methodist Women is attached

Outgoing Officers Names and Addresses:

	President
	Treasurer

Incoming Officers Names and Addresses:

	President
	Treasurer

Federal Tax # 63-1108101

Names of Bank Account(s) held by the Alabama West Florida Conference United Methodist Women:

Bank Account Name	ACCT #	Route #

Thank you for your cooperation in getting this done for our organization.

Respectfully,

Outgoing President
Alabama West Florida Conference United Methodist Women

Alabama West Florida Conference United Methodist Women
Resolution

Dated:

By official vote of the Alabama West Florida Conference United Methodist Women, the below named individual was elected as

Name of Officer:

Address:

Phone #

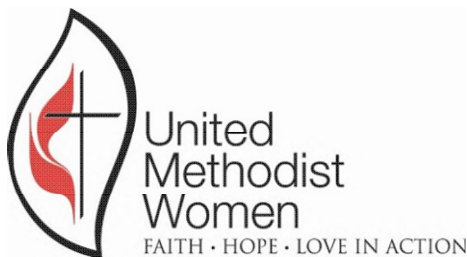
Email:

In accordance with the Alabama West Florida Conference Standing Rules, this officer has the authorization of this body to be a signature bearer of any of the organizations financial accounts.

This officer assumes these official duties as of:

January 1,

President,
Alabama West Florida Conference
United Methodist Women





TALENT BANK INFORMATION ON PROSPECTIVE LEADERSHIP

(To be completed by prospective leader - Send to Conference or District Nominations Chair)

Type or Print (attach additional sheets as necessary)

Date _____

Name _____

Address _____

Telephone: Home _____ Work _____

Email _____

Local Church _____ District _____

Age: _____ 20's _____ 30's _____ 40's _____ 50's _____ 60's _____ 70's _____ 80's+

Languages Spoken _____ Racial/Ethnic Group _____

Professional skills, job experience _____

Office(s) held in United Methodist Women

	Office(s)	Dates of Service
Local	_____	_____
	_____	_____
	_____	_____
District	_____	_____
	_____	_____
	_____	_____
Conference	_____	_____
	_____	_____
	_____	_____
Jurisdiction	_____	_____
	_____	_____
	_____	_____

Additional Experience on the local, district, conference or general church level (other than United Methodist Women) or in the community

Special Talents or Skills: (computer programs, speaking, organization, people, etc.)

Areas of Special Interest or Concern:

- ___ secretarial
- ___ communication
- ___ computer
- ___ accounting/bookkeeping
- ___ organization of details
- ___ nominations
- ___ program planning
- ___ administration

- ___ recruiting members
- ___ social issues
- ___ creativity
- ___ recording minutes
- ___ public policy
- ___ public relations
- ___ community building
- ___ Inclusiveness/pluralism

☐ publicity
☐ workshops
☐ newsletters
☐ retreats
☐ music
☐ youth
☐ children
☐ other (specify)

Which office(s) on the Conference United Methodist Women's Team would you most like to hold given the opportunity to serve?

	President
	Vice President
	Secretary
	Treasurer
	Chair of Nominations
	Education & Interpretation

	Membership Nurture & Outreach
	Social Action
	Spiritual Growth
	Nominations Committee
	Communications

Why are you interested in this position and what qualifications do you feel you have for your office(s) of choice?

Would you be able to use your gifts and talents to uphold and strengthen United Methodist Women through the PURPOSE of the organization? (yes or no)

Is it possible for you to be away from your home or employment for:

Full day _____ Weekend _____ Extended Time _____
Yes or No Yes or No Yes or No

_____ I am sorry but I am unable to accept an office this year. Please keep my name on file and contact me in _____.

You may send your completed Talent Bank Form as an attachment emailed to contact@awf-umw.org

OR send to the Nominations Chair of your District or Conference

**Alabama-West Florida Conference United Methodist Women
Scholarship Event Application**

You are invited to apply if you are:

Please check the box that best describes you.

- ☐ A FIRST TIMER TO THIS EVENT
- ☐ ARE UNDER 39
- ☐ ARE A NEWLY RETIRED WOMAN

One scholarship will be awarded to the following events:

Please check the event you are interested in attending.

- ☐ ANNUAL MEETING
- ☐ SPIRITUAL ENRICHMENT RETREAT

Terms of the Agreement:

- a) A committee of the Secretary, Coordinator for Spiritual Growth and the Vice President will review your applications and choose one scholarship recipient per event.
- b) The recipient and the Conference Treasurer will be notified two weeks prior to the event.
- c) The recipient must submit an event registration form immediately to the Conference Registrar.
- d) Registration fee will be covered by the Conference Treasurer.
- e) If you are chosen and unable to attend, funds will revert to the scholarship fund.
- f) Applications must be submitted to the Conference Secretary thirty (30) days prior to the event. Only applications received prior to the deadline will be considered. Only applications received prior to the deadline will be considered. 2019 SEND TO:
Cathy Givan, 1398 E. Cotton Rd. Eclectic, AL. 36024 / email:
cathy3163@hotmail.com

Your Name

Your Address

Your Phone Number(s)

Your E-Mail Address(s)

Your District

Your Local Church

- Your age group:
- ☐ 12 & Under
 - ☐ 13 – 18
 - ☐ 19 – 30
 - ☐ 31 – 50
 - ☐ 51 – 60
 - ☐ 61 – 70
 - ☐ Over 70

Please continue to page 2 to complete the application.

Page 1 of 2

**Alabama-West Florida Conference United Methodist Women
Scholarship Event Application**

1 Have you previously applied for a scholarship offered by Alabama-West Florida Conference United Methodist Women? If yes, please explain.

2 Why you would like to receive this scholarship?

3 Why would you like to attend this specific event?

4 How are you involved in United Methodist Women in your local church? Dates and events will be helpful if available.

5 How will you share your event experience with others following the event?

Thank you for submitting this application. Please by your signature below acknowledge you have read and understood the terms of the scholarship agreement contained in this document.

Signature

Date

Rec'd by
AWFC

Page 2 of 2

TO:

FROM: Alabama-West Florida United Methodist Women

RE: United Methodist Women Financial Support

DATE:



The Alabama-West Florida United Methodist Women are in the process of reviewing our policies, procedures and goals for the coming year. Part of this process involves the review of all agencies who currently receive funds from our conference treasurer. According to our disbursements documents, Dumas Wesley Community Center in Mobile, AL. received \$_____ of our designated funding in 20____.

Please carefully complete the attached standard form and provide all the requested information. This information must be received no later than July 1st of this year in order for the committee to review and make recommendations to the Alabama-West Florida United Methodist Women Executive Mission Team at its summer meeting. It is very important that you answer all questions and provide all requested documents. If you have any questions please feel free to contact Debbie Bell, Alabama-West Florida United Methodist Women conference president by email mawbel36575@yahoo.com or call at 251-232-6898

Your timely response is equally appreciated and important as continued funding is not automatic but is approved annually. Thank you for your cooperation in this matter.

Respectfully,

Debbie Bell, President 2019-2020

Alabama-West Florida United Methodist Women

cc: Cathy Givan, AWF-UMW Secretary

Jean Creswell, AWF-UMW Treasurer

ANNUAL REPORT TO ALABAMA-WEST FLORIDA-UNITED METHODIST WOMEN

FOR THE YEAR _____

NAME OF INSTITUTION Dumas Wesley Community Center

ADDRESS 126 Mobile St.

Mobile, AL. 36607

Phone # / Email 251-479-0649/ kcarver@dumaswesley.org

Website <http://www.dumaswesley.org>

CONTACT PERSON Kate Carver

INCOME	AMOUNTS	
Cash Received for Year from AWF-UMW		From AWF-UMW only
Cash Received for Year From Local Unit UMW		Local UMW Units in AWFC
Cash Received from National UMW		National grants, etc.
Gift-In-Kind Amount Estimated for Year		
Total Received	\$ -	

COSTS	Dollar Amounts	% to Total Spent
Total Cost of Programming that this money will be used for:		#DIV/0!
Total Cost of All Other Overhead		#DIV/0!
Total Cost of All expenses	\$ -	
% of Programming to Income Received		#DIV/0!

WHO WE'VE SERVED	Number	Programming \$\$ Spent per Gender Type
# of Children Served		
# of Women Served		
# of Men Served		
	0	

Please list Programs that are included in the Amounts Listed Above:

Please return this form by June 15th for the prior year info to Alabama-West Florida United Methodist Women to the address on the attached letter.

CRITERIA THAT HAS TO BE MET:

1. Are you a recognized 501(3)c organization: Fed Tax ID #
2. 100% of Money Sent by United Methodist Women will be used for Programming for Women and Children
- 3 Has a representative of United Methodist Women been invited and has attended your meetings? If not, can one visit if funding is awarded?
4. Has an Audit for this institution been done and reviewed by a United Methodist Women Representative. Please attach a copy of your latest Financial audit.

Yes / No

Signature of Institution Representative

Date

**United Methodist Women, National Office
Special Events Insurance Request Form**

**Submit to UMW National Office 5 WEEKS before your event ONLY IF:
(1) your event will be 5 or more business days or 500 or more people OR
(2) you need a Certificate of Insurance for a smaller event.**

Name of Event:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
UMW event organized by: District Conference Jurisdiction National Office	
Date (s) of Event: to	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Address of Event:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Event Sponsor:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Event Contact Name:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Email address:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Telephone #:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Expected Attendance:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Please email this application or any questions to:

Wspencer@unitedmethodistwomen.org or
Hmui@unitedmethodistwomen.org

ABOUT EVENT INSURANCE:

The National Office maintains liability insurance that covers UMW special events organized by Districts, Conferences, Jurisdictions and the National Office. There is no charge to the District, Conference or Jurisdiction.

Events of less than 5 business days and under 500 people are automatically covered. For larger events, you must submit a Special Events Insurance Request Form to the National Office 5 weeks before the event. You may also submit the form if you need a Certificate of Insurance for a smaller event. **Regardless of event size, you must submit a Special Events Incident Report Form (attached) to the National Office within 24 hours of any incident or accident that occurs at your event .**

Form Revised 01/27/20

**United Methodist Women, National Office
Special Events Incident Report Form**

Submit to National Office within 24 hours of incident or accident.

Name of Event: _____

UMW event organized by: District Conference Jurisdiction National Office

Incident Date: _____

Incident Time: _____

Incident Address /
Location: _____

Injured Person's Name: _____

Injured Person's Email: _____
& Phone #: _____

Details of Incident (attach any photos or official reports):

Injury Type: _____

Did Injury require Hospital, Physician? Yes No

If yes:

Hospital Name: _____

Hospital Phone # _____

Hospital Address: _____

IMPORTANT NOTES (include Photos, Official Report, name(s) and contact information
of witness(s):

Reporting Person's Name: _____

Report Date: _____

Reporting Person's Email: _____
& Phone #: _____

Please send completed incident report(s) or any questions to both:

Wspencer@unitedmethodistwomen.org

Phone: (212) 870-3775

UMW CONSOLIDATED PRESIDENT REPORT for DISTRICT

2021

Due: December 10 - No changes should be made after the 15th. You may do a recap to include some year end figures but only those figures sent in on the 10th will be included in Annual Day numbers.

Send to All AWF Conference Officers, District Presidents and your District Mission Team and your District Superintendent

NAME OF DISTRICT

BAYPINES

PRESIDENT

EMAIL

1

MISSION STUDIES ATTENDED (either local unit or District sponsored. **Do NOT include Mission U**).
Where appropriate, virtual participation qualifies for completion of a criteria item.

	Local Unit Name	Local or District (state which)				TOTALS
1						0
2						0
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
11						0
12						0
13						0
14						0
15						0
16						0
17						0
18						0
19						0
20						0
21						0
22	District					0
	TOTAL Mission		0	0	0	0

LIST THE STUDIES IN E12, F12, G12. **FILL IN Yellow CELLS**

Once you enter the local unit name on Item #1, it will auto populate all other Item numbers for the unit name. Do not delete any rows even if you don't have that many units. **You can hide, but don't delete.**

please list units in alphabetical order

if more unit lines are needed, unhide Rows 34-36

2

MEMBERSHIP Jan 1 to Nov 30	Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30	2021	BAYPINES
-------------------------------	------------------	-----	------------------------	-------------------------------------	-------------------	------	----------

BAYPINES

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	District					0
TOTAL MEMBERS		0	0	0	0	0

Use negative numbers on Col
F & G

unit names will auto populate from
first page

3

MISSION TODAY UNIT					
Local Unit Name	Bronze	Silver	Gold	Participating	TOTALS
1	0				0
2	0				0
3	0				0
4	0				0
5	0				0
6	0				0
7	0				0
8	0				0
9	0				0
10	0				0
11	0				0
12	0				0
13	0				0
14	0				0
15	0				0
16	0				0
17	0				0
18	0				0
19	0				0
20	0				0
21	0				0
22	District				0
0					0
TOTAL Mission Today		0	0	0	0

Put in 1 or blank, not X
or not Yes

4

FIVE STAR ACHIEVEMENTS IN GIVING - includes all paid for 5-Star not just pledges. This amount should be confirmed with your district treasurer.

2021

BAYPINES

LOCAL UNIT	5-STAR	5-CHANNELS (Pledge, Card, SMR pin, Memory, World Thanks) \$\$	Supplementary to Nat'l	Love Offering	TOTAL SENT TO CONFERE NCE	BAYPINES
------------	--------	--	---------------------------	------------------	------------------------------------	----------

BAYPINES

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	District					0
	To match sent to Conference					0
	TOTAL 5-Star	0	0	0	0	0

Col D or E put in 1 if yes or leave blank.
Col G = total unrestricted pledge paid to district
Col H = all other 5-star money paid to district
Col I will automatically calculate
Please confirm these numbers with District Treasurer

the District Total Pledge as reported at last Annual Day

5

PLEDGE Amount approved last year	
OVER/UNDER PLEDGE	\$-

Difference in what district pledged and actually paid (will auto calculate)

5a

Current Year A&MD Budget Recap
Current Year A&MD Budget Total Allowed
Current Year A&MD Budget Actually Spent

5b

Current Year Checking Account (do not include any but A&MD)
Beginning Balance January 1st
Ending Balance as of this report including outstanding (unreconciled) deposits and checks

6

Visitations	Local Unit	Other District	District Meetings	Conference Meetings	Total Mileage
0					

7

CHARTER FOR RACIAL JUSTICE				
LOCAL UNIT	First Time	Reinstated	Returning	
1	0			
2	0			
3	0			
4	0			
5	0			
6	0			
7	0			
8	0			
9	0			
10	0			
11	0			
12	0			
13	0			
14	0			
15	0			

Use either the number 1 or leave blank

BAYPINES

16	0			
17	0			
18	0			
19	0			
20	0			
21	0			
22	District			
TOTAL Charter Racial		0	0	0
				TOTAL 0

8

READING PROGRAM		PLAN					TOTAL	2021
LOCAL UNIT		ONE	TWO	THREE	FOUR	PART.		BAYPINES
1	0						0	enter the actual number per plan per unit use numbers, not an X
2	0						0	
3	0						0	
4	0						0	
5	0						0	
6	0						0	
7	0						0	
8	0						0	
9	0						0	
10	0						0	
11	0						0	
12	0						0	
13	0						0	
14	0						0	
15	0						0	
21	0						0	
22	District						0	
TOTAL Reading Prg		0	0	0	0	0	0	

9

ATTENDANCE -

Conference attendance will be gotten from the Conference Registrar. Where appropriate, virtual participation qualifies for completion of a criteria item.

LOCAL UNIT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study (From Above)	Conf. Spiritual Enrich	Conf. Annual Day	Mission U	% District	% Confer.
1	0			0				0.0%	0.0%
2	0			0				0.0%	0.0%
3	0			0				0.0%	0.0%
4	0			0				0.0%	0.0%
5	0			0				0.0%	0.0%
6	0			0				0.0%	0.0%
7	0			0				0.0%	0.0%
8	0			0				0.0%	0.0%
9	0			0				0.0%	0.0%
10	0			0				0.0%	0.0%
11	0			0				0.0%	0.0%
12	0			0				0.0%	0.0%
13	0			0				0.0%	0.0%
14	0			0				0.0%	0.0%
15	0			0				0.0%	0.0%
16	0			0				0.0%	0.0%
17	0			0				0.0%	0.0%
18	0			0				0.0%	0.0%
19	0			0				0.0%	0.0%

BAYPINES

20	0				0				0.0%	0.0%
21	0				0				0.0%	0.0%
22	District				0				0.0%	0.0%
TOTALS Attendance		0	0	0	0	0	0	0		
					Totals	0	0	0		

for READING PROGRAM Certificates			READING
	NAME of Individual	Local Unit	PLAN
1			
2			
3			
4			

0
0
0
0

Attach a separate sheet
if more names than
rows here, but put
correct totals in. Send
this part of the sheet to

BAYPINES

5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
See separate Sheet			
TOTAL			0

0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

the Conference E&I for
the Conference Reading
Award.

Since this is the End of the Year Annual Report, please list any events, activities, programs that you believe should be shared to all districts, conference and all UMW.

1	The number of meetings your District Mission Team held (including Conference Call).	
2	The total number of Conference or SE or National Events and meetings you as President attended, including Conference Calls.	
3	The total mileage you traveled representing both district, conference or national events (whether or not you were eligible or not for reimbursement).	
4	The number of newsletters that were published by your district this year.	
5	The number of other letters or emails (estimated) that you sent out this year.	
6	The number of volunteer hours you did for United Methodist Women including:	
a.	Serving on Agencies representing UMW	
b.	Calling or visiting local units	
c.	Coordinating publications such as directories, workbooks, training, etc.	
d.	Setting up or working at an event District or Conference	
e.	Other:	
TOTAL HOURS SPENT (estimated)		0
7	What do you believe your District did this year that is note worthy?	

BAYPINES

8	What do you believe that you did as District President with the Conference as a whole that is noteworthy?	

UMW CONSOLIDATED PRESIDENT REPORT for DISTRICT

2021

Due: December 10 - No changes should be made after the 15th. You may do a recap to include some year end figures but only those figures sent in on the 10th will be included in Annual Day numbers.

Send to All AWF Conference Officers, District Presidents and your District Mission Team and your District Superintendent

NAME OF DISTRICT

DEMOPOLIS

PRESIDENT

EMAIL

1

MISSION STUDIES ATTENDED (either local unit or District sponsored. **Do NOT include Mission U**).
Where appropriate, virtual participation qualifies for completion of a criteria item.

	Local Unit Name	Local or District (state which)				TOTALS
1						0
2						0
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
11						0
12						0
13						0
14						0
15						0
16						0
17						0
18						0
19						0
20						0
21						0
22	District					0
	TOTAL Mission		0	0	0	0

LIST THE STUDIES IN E12, F12, G12. **FILL IN Yellow CELLS**

Once you enter the local unit name on Item #1, it will auto populate all other Item numbers for the unit name. Do not delete any rows even if you don't have that many units. **You can hide, but don't delete.**

please list units in alphabetical order

if more unit lines are needed, unhide Rows 34-36

2

MEMBERSHIP Jan 1 to Nov 30	Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30	2021	DEMOPOLIS
-------------------------------	------------------	-----	------------------------	-------------------------------------	-------------------	------	-----------

DEMOPOLIS

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	District					0
TOTAL MEMBERS		0	0	0	0	0

Use negative numbers on Col
F & G

unit names will auto populate from
first page

3

MISSION TODAY UNIT					
Local Unit Name	Bronze	Silver	Gold	Participating	TOTALS
1	0				0
2	0				0
3	0				0
4	0				0
5	0				0
6	0				0
7	0				0
8	0				0
9	0				0
10	0				0
11	0				0
12	0				0
13	0				0
14	0				0
15	0				0
16	0				0
17	0				0
18	0				0
19	0				0
20	0				0
21	0				0
22	District				0
0					0
TOTAL Mission Today	0	0	0	0	0

Put in 1 or blank, not X
or not Yes

4

FIVE STAR ACHIEVEMENTS IN GIVING - includes all paid for 5-Star not just pledges. This amount should be confirmed with your district treasurer.	2021
---	------

DEMOPOLIS

	LOCAL UNIT	5-STAR	5-CHANNELS (Pledge, Card, SMR pin, Memory, World Thanks) \$\$	Supplementary to Nat'l	Love Offering	TOTAL SENT TO CONFERENCE	DEMOPOLIS
1	0					0	
2	0					0	
3	0					0	
4	0					0	
5	0					0	
6	0					0	
7	0					0	
8	0					0	
9	0					0	
10	0					0	
11	0					0	
12	0					0	
13	0					0	
14	0					0	
15	0					0	
16	0					0	
17	0					0	
18	0					0	
19	0					0	
20	0					0	
21	0					0	
22	District					0	
	To match sent to Conference					0	
	TOTAL 5-Star	0	0	0	0	0	

Col D or E put in 1 if yes or leave blank.
Col G = total unrestricted pledge paid to district
Col H = all other 5-star money paid to district
Col I will automatically calculate
Please confirm these numbers with District Treasurer

the District Total Pledge as reported at last Annual Day

5	PLEDGE Amount approved last year	
	OVER/UNDER PLEDGE	\$-

Difference in what district pledged and actually paid (will auto calculate)

5a	Current Year A&MD Budget Recap
	Current Year A&MD Budget Total Allowed
	Current Year A&MD Budget Actually Spent
5b	Current Year Checking Account (do not include any but A&MD)
	Beginning Balance January 1st
	Ending Balance as of this report including outstanding (unreconciled) deposits and checks

6	Visitations	Local Unit	Other District	District Meetings	Conference Meetings	Total Mileage
	0					

7	CHARTER FOR RACIAL JUSTICE			
	LOCAL UNIT	First Time	Reinstated	Returning
	1 0			
	2 0			
	3 0			
	4 0			
	5 0			
	6 0			
	7 0			
	8 0			
	9 0			
	10 0			
	11 0			
12 0				

Use either the number 1 or leave blank

DEMOPOLIS

13	0			
14	0			
15	0			
16	0			
17	0			
18	0			
19	0			
20	0			
21	0			
22	District			
TOTAL Charter Racial		0	0	0
				TOTAL 0

8

READING PROGRAM		PLAN					TOTAL	2021
LOCAL UNIT		ONE	TWO	THREE	FOUR	PART.		DEMOPOLIS
1	0						0	enter the actual number per plan per unit use numbers, not an X
2	0						0	
3	0						0	
4	0						0	
5	0						0	
6	0						0	
7	0						0	
8	0						0	
9	0						0	
10	0						0	
11	0						0	
12	0						0	
13	0						0	
14	0						0	
15	0						0	
21	0						0	
22	District						0	
TOTAL Reading Prg		0	0	0	0	0	0	

9

ATTENDANCE -

Conference attendance will be gotten from the Conference Registrar. Where appropriate, virtual participation qualifies for completion of a criteria item.

LOCAL UNIT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study (From Above)	Conf. Spiritual Enrich	Conf. Annual Day	Mission U	% District	% Confer.
1	0			0				0.0%	0.0%
2	0			0				0.0%	0.0%
3	0			0				0.0%	0.0%
4	0			0				0.0%	0.0%
5	0			0				0.0%	0.0%
6	0			0				0.0%	0.0%
7	0			0				0.0%	0.0%
8	0			0				0.0%	0.0%
9	0			0				0.0%	0.0%
10	0			0				0.0%	0.0%
11	0			0				0.0%	0.0%
12	0			0				0.0%	0.0%
13	0			0				0.0%	0.0%
14	0			0				0.0%	0.0%
15	0			0				0.0%	0.0%
16	0			0				0.0%	0.0%

DEMOPOLIS

17	0				0				0.0%	0.0%
18	0				0				0.0%	0.0%
19	0				0				0.0%	0.0%
20	0				0				0.0%	0.0%
21	0				0				0.0%	0.0%
22	District				0				0.0%	0.0%
TOTALS Attendance		0	0	0	0	0	0	0		

DEMOPOLIS

Totals	0	0	0
--------	---	---	---

for READING PROGRAM Certificates			READING
	NAME of Individual	Local Unit	PLAN
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	See separate Sheet		
TOTAL			0

0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

Attach a separate sheet if more names than rows here, but put correct totals in. Send this part of the sheet to the Conference E&I for the Conference Reading Award.

Since this is the End of the Year Annual Report, please list any events, activities, programs that you believe should be shared to all districts, conference and all UMW.

1	The number of meetings your District Mission Team held (including Conference Call).	
2	The total number of Conference or SE or National Events and meetings you as President attended, including Conference Calls.	
3	The total mileage you traveled representing both district, conference or national events (whether or not you were eligible or not for reimbursement).	
4	The number of newsletters that were published by your district this year.	
5	The number of other letters or emails (estimated) that you sent out this year.	
6	The number of volunteer hours you did for United Methodist Women including:	
a.	Serving on Agencies representing UMW	
b.	Calling or visiting local units	
c.	Coordinating publications such as directories, workbooks, training, etc.	
d.	Setting up or working at an event District or Conference	
e.	Other:	
TOTAL HOURS SPENT (estimated)		0

DEMOPOLIS

7	What do you believe your District did this year that is note worthy?	
8	What do you believe that you did as District President with the Conference as a whole that is noteworthy?	

DEMOPOLIS

UMW CONSOLIDATED PRESIDENT REPORT for DISTRICT

2021

Due: December 10 - No changes should be made after the 15th. You may do a recap to include some year end figures but only those figures sent in on the 10th will be included in Annual Day numbers.

Send to All AWF Conference Officers, District Presidents and your District Mission Team and your District Superintendent

NAME OF DISTRICT **DOTHAN** PRESIDENT
 EMAIL

1

MISSION STUDIES ATTENDED (either local unit or District sponsored. **Do NOT include Mission U**).
 Where appropriate, virtual participation qualifies for completion of a criteria item.

Local Unit Name	Local or District (state which)				TOTALS
1					0
2					0
3					0
4					0
5					0
6					0
7					0
8					0
9					0
10					0
11					0
12					0
13					0
14					0
15					0
16					0
17					0
18					0
19					0
20					0
21					0
22	District				0
TOTAL Mission		0	0	0	0

LIST THE STUDIES IN E12, F12, G12. **FILL IN Yellow CELLS**

Once you enter the local unit name on Item #1, it will auto populate all other Item numbers for the unit name. Do not delete any rows even if you don't have that many units. **You can hide, but don't delete.**

please list units in alphabetical order

if more unit lines are needed, unhide Rows 34-36

2

MEMBERSHIP Jan 1 to Nov 30	Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30	2021	DOTHAN
----------------------------	---------------	-----	---------------------	-------------------------------	----------------	------	--------

DOTHAN

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	District					0
TOTAL MEMBERS		0	0	0	0	0

Use negative numbers on Col
F & G

unit names will auto populate from
first page

3

MISSION TODAY UNIT					
Local Unit Name	Bronze	Silver	Gold	Participating	TOTALS
1	0				0
2	0				0
3	0				0
4	0				0
5	0				0
6	0				0
7	0				0
8	0				0
9	0				0
10	0				0
11	0				0
12	0				0
13	0				0
14	0				0
15	0				0
16	0				0
17	0				0
18	0				0
19	0				0
20	0				0
21	0				0
22	District				0
0					0
TOTAL Mission Today	0	0	0	0	0

Put in 1 or blank, not X
or not Yes

4

FIVE STAR ACHIEVEMENTS IN GIVING - includes all paid for 5-Star not just pledges. This amount should be confirmed with your district treasurer.

2021

DOTHAN

LOCAL UNIT	5-STAR	5-CHANNELS (Pledge, Card, SMR pin, Memory, World Thanks) \$\$	Supplementary to Nat'l	Love Offering	TOTAL SENT TO CONFERE NCE	DOTHAN
------------	--------	--	---------------------------	------------------	------------------------------------	--------

DOTHAN

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	District					0
	To match sent to Conference					0
	TOTAL 5-Star	0	0	0	0	0

Col D or E put in 1 if yes or leave blank.
 Col G = total unrestricted pledge paid to district
 Col H = all other 5-star money paid to district
 Col I will automatically calculate
 Please confirm these numbers with District Treasurer

the District Total Pledge as reported at last Annual Day

5

PLEDGE Amount approved last year	
OVER/UNDER PLEDGE	\$-

Difference in what district pledged and actually paid (will auto calculate)

5a

Current Year A&MD Budget Recap	
Current Year A&MD Budget Total Allowed	
Current Year A&MD Budget Actually Spent	

5b

Current Year Checking Account (do not include any but A&MD)	
Beginning Balance January 1st	
Ending Balance as of this report including outstanding (unreconciled) deposits and checks	

6

Visitations	Local Unit	Other District	District Meetings	Conference Meetings	Total Mileage
0					

7

CHARTER FOR RACIAL JUSTICE			
LOCAL UNIT	First Time	Reinstated	Returning
1	0		
2	0		
3	0		
4	0		
5	0		
6	0		
7	0		
8	0		
9	0		
10	0		
11	0		
12	0		
13	0		
14	0		
15	0		

Use either the number 1 or leave blank

16	0			
17	0			
18	0			
19	0			
20	0			
21	0			
22	District			
TOTAL Charter Racial		0	0	0
		TOTAL		
		0		

8	READING PROGRAM	PLAN					TOTAL	2021
	LOCAL UNIT	ONE	TWO	THREE	FOUR	PART.		DOTHAN
1	0						0	enter the actual number per plan per unit use numbers, not an X
2	0						0	
3	0						0	
4	0						0	
5	0						0	
6	0						0	
7	0						0	
8	0						0	
9	0						0	
10	0						0	
11	0						0	
12	0						0	
13	0						0	
14	0						0	
15	0						0	
21	0						0	
22	District						0	
	TOTAL Reading Prg	0	0	0	0	0	0	

ATTENDANCE -

Conference attendance will be gotten from the Conference Registrar. Where appropriate, virtual participation qualifies for completion of a criteria item.

	LOCAL UNIT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study (From Above)	Conf. Spiritual Enrich	Conf. Annual Day	Mission U	% District	% Confer.
1	0				0				0.0%	0.0%
2	0				0				0.0%	0.0%
3	0				0				0.0%	0.0%
4	0				0				0.0%	0.0%
5	0				0				0.0%	0.0%
6	0				0				0.0%	0.0%
7	0				0				0.0%	0.0%
8	0				0				0.0%	0.0%
9	0				0				0.0%	0.0%
10	0				0				0.0%	0.0%
11	0				0				0.0%	0.0%
12	0				0				0.0%	0.0%
13	0				0				0.0%	0.0%
14	0				0				0.0%	0.0%
15	0				0				0.0%	0.0%
16	0				0				0.0%	0.0%
17	0				0				0.0%	0.0%
18	0				0				0.0%	0.0%
19	0				0				0.0%	0.0%

DOTHAN

20	0				0				0.0%	0.0%
21	0				0				0.0%	0.0%
22	District				0				0.0%	0.0%
TOTALS Attendance		0	0	0	0	0	0	0		
Totals						0	0	0		

for READING PROGRAM Certificates			READING
	NAME of Individual	Local Unit	PLAN
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	See separate Sheet		
	TOTAL		0

0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

Attach a separate sheet if more names than rows here, but put correct totals in. Send this part of the sheet to the Conference E&I for the Conference Reading Award.

Since this is the End of the Year Annual Report, please list any events, activities, programs that you believe should be shared to all districts, conference and all UMW.

1	The number of meetings your District Mission Team held (including Conference Call).	
2	The total number of Conference or SE or National Events and meetings you as President attended, including Conference Calls.	
3	The total mileage you traveled representing both district, conference or national events (whether or not you were eligible or not for reimbursement).	
4	The number of newsletters that were published by your district this year.	
5	The number of other letters or emails (estimated) that you sent out this year.	
6	The number of volunteer hours you did for United Methodist Women including:	
a.	Serving on Agencies representing UMW	
b.	Calling or visiting local units	
c.	Coordinating publications such as directories, workbooks, training, etc.	
d.	Setting up or working at an event District or Conference	
e.	Other:	
TOTAL HOURS SPENT (estimated)		0

7	What do you believe your District did this year that is note worthy?	
8	What do you believe that you did as District President with the Conference as a whole that is noteworthy?	

DOTHAN

UMW CONSOLIDATED PRESIDENT REPORT for DISTRICT

2021

Due: December 10 - No changes should be made after the 15th. You may do a recap to include some year end figures but only those figures sent in on the 10th will be included in Annual Day numbers.

Send to All AWF Conference Officers, District Presidents and your District Mission Team and your District Superintendent

NAME OF DISTRICT

MARIANNA-PC

PRESIDENT

EMAIL

1

MISSION STUDIES ATTENDED (either local unit or District sponsored. **Do NOT include Mission U**).
Where appropriate, virtual participation qualifies for completion of a criteria item.

	Local Unit Name	Local or District (state which)				TOTALS
1						0
2						0
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
11						0
12						0
13						0
14						0
15						0
16						0
17						0
18						0
19						0
20						0
21						0
22	District					0
	TOTAL Mission		0	0	0	0

LIST THE STUDIES IN E12, F12, G12. **FILL IN Yellow CELLS**

Once you enter the local unit name on Item #1, it will auto populate all other Item numbers for the unit name. Do not delete any rows even if you don't have that many units. **You can hide, but don't delete.**

please list units in alphabetical order

if more unit lines are needed, unhide Rows 34-36

2

MEMBERSHIP Jan 1 to Nov 30	Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30	2021	MARIANNA-PC
-------------------------------	------------------	-----	------------------------	-------------------------------------	-------------------	------	-------------

MAR-PC

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	District					0
TOTAL MEMBERS		0	0	0	0	0

Use negative numbers on Col
F & G

unit names will auto populate from
first page

3

MISSION TODAY UNIT					
Local Unit Name	Bronze	Silver	Gold	Participating	TOTALS
1	0				0
2	0				0
3	0				0
4	0				0
5	0				0
6	0				0
7	0				0
8	0				0
9	0				0
10	0				0
11	0				0
12	0				0
13	0				0
14	0				0
15	0				0
16	0				0
17	0				0
18	0				0
19	0				0
20	0				0
21	0				0
22	District				0
0					0
TOTAL Mission Today		0	0	0	0

Put in 1 or blank, not X
or not Yes

4

FIVE STAR ACHIEVEMENTS IN GIVING - includes all paid for 5-Star not just pledges. This amount should be confirmed with your district treasurer.

2021

MAR-PC

LOCAL UNIT	5-STAR	5-CHANNELS (Pledge, Card, SMR pin, Memory, World Thanks) \$\$	Supplementary to Nat'l	Love Offering	TOTAL SENT TO CONFERENCE	MARIANNA-PC
------------	--------	--	---------------------------	------------------	--------------------------------	-------------

MAR-PC

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	District					0
To match sent to Conference						0
TOTAL 5-Star		0	0	0	0	0

Col D or E put in 1 if yes or leave blank.
 Col G = total unrestricted pledge paid to district
 Col H = all other 5-star money paid to district
 Col I will automatically calculate
 Please confirm these numbers with District Treasurer

the District Total Pledge as reported at last Annual Day

5

PLEDGE Amount approved last year
 OVER/UNDER PLEDGE

Difference in what district pledged and actually paid (will auto calculate)

5a

Current Year A&MD Budget Recap	
Current Year A&MD Budget Total Allowed	
Current Year A&MD Budget Actually Spent	

5b

Current Year Checking Account (do not include any but A&MD)	
Beginning Balance January 1st	
Ending Balance as of this report including outstanding (unreconciled) deposits and checks	

6

Visitations	Local Unit	Other District	District Meetings	Conference Meetings	Total Mileage
0					

7

CHARTER FOR RACIAL JUSTICE			
LOCAL UNIT	First Time	Reinstated	Returning
1	0		
2	0		
3	0		
4	0		
5	0		
6	0		
7	0		
8	0		
9	0		
10	0		
11	0		
12	0		
13	0		
14	0		
15	0		

Use either the number 1 or leave blank

16	0			
17	0			
18	0			
19	0			
20	0			
21	0			
22	District			
TOTAL Charter Racial		0	0	0
		TOTAL		
		0		

READING PROGRAM	PLAN					TOTAL	2021
LOCAL UNIT	ONE	TWO	THREE	FOUR	PART.		MARIANNA-PC
0						0	enter the actual number per plan per unit
0						0	
0						0	
0						0	
0						0	
0						0	
0						0	
0						0	
0						0	
0						0	
0						0	
0						0	
0						0	
0						0	
0						0	
0						0	
District						0	
TOTAL Reading Prg	0	0	0	0	0	0	

ATTENDANCE -									
Conference attendance will be gotten from the Conference Registrar. Where appropriate, virtual participation qualifies for completion of a criteria item.									
LOCAL UNIT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study (From Above)	Conf. Spiritual Enrich	Conf. Annual Day	Mission U	% District	% Confer
0				0				0.0%	0.0%
20				0				0.0%	0.0%
30				0				0.0%	0.0%
40				0				0.0%	0.0%
50				0				0.0%	0.0%
60				0				0.0%	0.0%
70				0				0.0%	0.0%
80				0				0.0%	0.0%
90				0				0.0%	0.0%
00				0				0.0%	0.0%
10				0				0.0%	0.0%
20				0				0.0%	0.0%
30				0				0.0%	0.0%
40				0				0.0%	0.0%
50				0				0.0%	0.0%
60				0				0.0%	0.0%
70				0				0.0%	0.0%
80				0				0.0%	0.0%
90				0				0.0%	0.0%

MAR-PC

20	0				0				0.0%	0.0%
21	0				0				0.0%	0.0%
22	District				0				0.0%	0.0%
TOTALS Attendance		0	0	0	0	0	0	0		
					Totals	0	0	0		

for READING PROGRAM Certificates			READING
	NAME of Individual	Local Unit	PLAN
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	See separate Sheet		
	TOTAL		0

0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

Attach a separate sheet if more names than rows here, but put correct totals in. Send this part of the sheet to the Conference E&I for the Conference Reading Award.

Since this is the End of the Year Annual Report, please list any events, activities, programs that you believe should be shared to all districts, conference and all UMW.

1	The number of meetings your District Mission Team held (including Conference Call).	
2	The total number of Conference or SE or National Events and meetings you as President attended, including Conference Calls.	
3	The total mileage you traveled representing both district, conference or national events (whether or not you were eligible or not for reimbursement).	
4	The number of newsletters that were published by your district this year.	
5	The number of other letters or emails (estimated) that you sent out this year.	
6	The number of volunteer hours you did for United Methodist Women including:	
a.	Serving on Agencies representing UMW	
b.	Calling or visiting local units	
c.	Coordinating publications such as directories, workbooks, training, etc.	
d.	Setting up or working at an event District or Conference	
e.	Other:	
TOTAL HOURS SPENT (estimated)		0

7	What do you believe your District did this year that is note worthy?	
8	What do you believe that you did as District President with the Conference as a whole that is noteworthy?	

UMW CONSOLIDATED PRESIDENT REPORT for DISTRICT

2021

Due: December 10 - No changes should be made after the 15th. You may do a recap to include some year end figures but only those figures sent in on the 10th will be included in Annual Day numbers.

Send to All AWF Conference Officers, District Presidents and your District Mission Team and your District Superintendent

NAME OF DISTRICT

MOBILE

PRESIDENT

EMAIL

1

MISSION STUDIES ATTENDED (either local unit or District sponsored. **Do NOT include Mission U**).
Where appropriate, virtual participation qualifies for completion of a criteria item.

	Local Unit Name	Local or District (state which)				TOTALS
1						0
2						0
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
11						0
12						0
13						0
14						0
15						0
16						0
17						0
18						0
19						0
20						0
21						0
22	District					0
	TOTAL Mission		0	0	0	0

LIST THE STUDIES IN E12, F12, G12. **FILL IN Yellow CELLS**

Once you enter the local unit name on Item #1, it will auto populate all other Item numbers for the unit name. Do not delete any rows even if you don't have that many units. **You can hide, but don't delete.**

please list units in alphabetical order

if more unit lines are needed, unhide Rows 34-36

2

MEMBERSHIP Jan 1 to Nov 30	Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30	2021	MOBILE
-------------------------------	------------------	-----	------------------------	-------------------------------------	-------------------	------	--------

MOBILE

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	District					0
TOTAL MEMBERS		0	0	0	0	0

Use negative numbers on Col
F & G

unit names will auto populate from
first page

3

MISSION TODAY UNIT					
Local Unit Name	Bronze	Silver	Gold	Participating	TOTALS
1	0				0
2	0				0
3	0				0
4	0				0
5	0				0
6	0				0
7	0				0
8	0				0
9	0				0
10	0				0
11	0				0
12	0				0
13	0				0
14	0				0
15	0				0
16	0				0
17	0				0
18	0				0
19	0				0
20	0				0
21	0				0
22	District				0
0					0
TOTAL Mission Today		0	0	0	0

Put in 1 or blank, not X
or not Yes

4

FIVE STAR ACHIEVEMENTS IN GIVING - includes all paid for 5-Star not just pledges. This amount should be confirmed with your district treasurer.	2021
--	-------------

MOBILE

LOCAL UNIT	5-STAR	5-CHANNELS (Pledge, Card, SMR pin, Memory, World Thanks) \$\$	Supplementary to Nat'l	Love Offering	TOTAL SENT TO CONFERE NCE	MOBILE
------------	--------	--	---------------------------	------------------	------------------------------------	--------

MOBILE

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	District					0
	To match sent to Conference					0
	TOTAL 5-Star	0	0	0	0	0

Col D or E put in 1 if yes or leave blank.
 Col G = total unrestricted pledge paid to district
 Col H = all other 5-star money paid to district
 Col I will automatically calculate
 Please confirm these numbers with District Treasurer

the District Total Pledge as reported at last Annual Day

5

PLEDGE Amount approved last year	
OVER/UNDER PLEDGE	\$-

Difference in what district pledged and actually paid (will auto calculate)

5a

Current Year A&MD Budget Recap	
Current Year A&MD Budget Total Allowed	
Current Year A&MD Budget Actually Spent	

5b

Current Year Checking Account (do not include any but A&MD)	
Beginning Balance January 1st	
Ending Balance as of this report including outstanding (unreconciled) deposits and checks	

6

Visitations	Local Unit	Other District	District Meetings	Conference Meetings	Total Mileage
0					

7

CHARTER FOR RACIAL JUSTICE			
LOCAL UNIT	First Time	Reinstated	Returning
1	0		
2	0		
3	0		
4	0		
5	0		
6	0		
7	0		
8	0		
9	0		
10	0		
11	0		
12	0		
13	0		
14	0		
15	0		

Use either the number 1 or leave blank

16	0			
17	0			
18	0			
19	0			
20	0			
21	0			
22	District			
TOTAL Charter Racial		0	0	0
		TOTAL		
		0		

	READING PROGRAM	PLAN					TOTAL	2021
		LOCAL UNIT	ONE	TWO	THREE	FOUR		PART.
1	0						0	enter the actual number per plan per unit use numbers, not an X
2	0						0	
3	0						0	
4	0						0	
5	0						0	
6	0						0	
7	0						0	
8	0						0	
9	0						0	
10	0						0	
11	0						0	
12	0						0	
13	0						0	
14	0						0	
15	0						0	
21	0						0	
22	District						0	
	TOTAL Reading Prg	0	0	0	0	0	0	

[illegible]

MOBILE

20	0				0				0.0%	0.0%
21	0				0				0.0%	0.0%
22	District				0				0.0%	0.0%
TOTALS Attendance		0	0	0	0	0	0	0		
					Totals	0	0	0		

MOBILE

for READING PROGRAM Certificates			READING
	NAME of Individual	Local Unit	PLAN
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	See separate Sheet		
	TOTAL		0

0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

Attach a separate sheet if more names than rows here, but put correct totals in. Send this part of the sheet to the Conference E&I for the Conference Reading Award.

Since this is the End of the Year Annual Report, please list any events, activities, programs that you believe should be shared to all districts, conference and all UMW.

1	The number of meetings your District Mission Team held (including Conference Call).	
2	The total number of Conference or SE or National Events and meetings you as President attended, including Conference Calls.	
3	The total mileage you traveled representing both district, conference or national events (whether or not you were eligible or not for reimbursement).	
4	The number of newsletters that were published by your district this year.	
5	The number of other letters or emails (estimated) that you sent out this year.	
6	The number of volunteer hours you did for United Methodist Women including:	
a.	Serving on Agencies representing UMW	
b.	Calling or visiting local units	
c.	Coordinating publications such as directories, workbooks, training, etc.	
d.	Setting up or working at an event District or Conference	
e.	Other:	
TOTAL HOURS SPENT (estimated)		0

MOBILE

7	What do you believe your District did this year that is note worthy?	
8	What do you believe that you did as District President with the Conference as a whole that is noteworthy?	

MOBILE

UMW CONSOLIDATED PRESIDENT REPORT for DISTRICT

2021

Due: December 10 - No changes should be made after the 15th. You may do a recap to include some year end figures but only those figures sent in on the 10th will be included in Annual Day numbers.

Send to All AWF Conference Officers, District Presidents and your District Mission Team and your District Superintendent

NAME OF DISTRICT

MONTGOMERY-OP

PRESIDENT

EMAIL

1

MISSION STUDIES ATTENDED (either local unit or District sponsored. **Do NOT include Mission U**).
Where appropriate, virtual participation qualifies for completion of a criteria item.

	Local Unit Name	Local or District (state which)				TOTALS
1						0
2						0
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
11						0
12						0
13						0
14						0
15						0
16						0
17						0
18						0
19						0
20						0
21						0
22	District					0
	TOTAL Mission		0	0	0	0

LIST THE STUDIES IN E12, F12, G12. **FILL IN Yellow CELLS**

Once you enter the local unit name on Item #1, it will auto populate all other Item numbers for the unit name. Do not delete any rows even if you don't have that many units. **You can hide, but don't delete.**

please list units in alphabetical order

if more unit lines are needed, unhide Rows 34-36

2

MEMBERSHIP Jan 1 to Nov 30	Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30	2021	MONTGOMERY- OP
-------------------------------	------------------	-----	------------------------	-------------------------------------	-------------------	------	-------------------

MTG-OP

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	District					0
TOTAL MEMBERS		0	0	0	0	0

Use negative numbers on Col
F & G

unit names will auto populate from
first page

3

MISSION TODAY UNIT					
Local Unit Name	Bronze	Silver	Gold	Participating	TOTALS
1	0				0
2	0				0
3	0				0
4	0				0
5	0				0
6	0				0
7	0				0
8	0				0
9	0				0
10	0				0
11	0				0
12	0				0
13	0				0
14	0				0
15	0				0
16	0				0
17	0				0
18	0				0
19	0				0
20	0				0
21	0				0
22	District				0
0					0
TOTAL Mission Today	0	0	0	0	0

Put in 1 or blank, not X
or not Yes

4

FIVE STAR ACHIEVEMENTS IN GIVING - includes all paid for 5-Star not just pledges. This amount should be confirmed with your district treasurer.	2021
---	------

MTG-OP

LOCAL UNIT	5-STAR	5-CHANNELS (Pledge, Card, SMR pin, Memory, World Thanks) \$\$	Supplementary to Nat'l	Love Offering	TOTAL SENT TO CONFERENCE	MONTGOMERY- OP
------------	--------	--	---------------------------	------------------	--------------------------------	-------------------

MTG-OP

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	District					0
	To match sent to Conference					0
	TOTAL 5-Star	0	0	0	0	0

Col D or E put in 1 if yes or leave blank.
Col G = total unrestricted pledge paid to district
Col H = all other 5-star money paid to district
Col I will automatically calculate
Please confirm these numbers with District Treasurer

the District Total Pledge as reported at last Annual Day

5

PLEDGE Amount approved last year	
OVER/UNDER PLEDGE	\$-

Difference in what district pledged and actually paid (will auto calculate)

5a

Current Year A&MD Budget Recap
Current Year A&MD Budget Total Allowed
Current Year A&MD Budget Actually Spent

5b

Current Year Checking Account (do not include any but A&MD)
Beginning Balance January 1st
Ending Balance as of this report including outstanding (unreconciled) deposits and checks

6

Visitations	Local Unit	Other District	District Meetings	Conference Meetings	Total Mileage
0					

7

CHARTER FOR RACIAL JUSTICE				
LOCAL UNIT	First Time	Reinstated	Returning	
1	0			
2	0			
3	0			
4	0			
5	0			
6	0			
7	0			
8	0			
9	0			
10	0			
11	0			
12	0			
13	0			
14	0			
15	0			

Use either the number 1 or leave blank

MTG-OP

16	0			
17	0			
18	0			
19	0			
20	0			
21	0			
22	District			
TOTAL Charter Racial		0	0	0
				TOTAL 0

8

READING PROGRAM		PLAN					TOTAL	2021
LOCAL UNIT		ONE	TWO	THREE	FOUR	PART.		MONTGOMERY-
1	0						0	enter the actual number per plan per unit use numbers, not an X
2	0						0	
3	0						0	
4	0						0	
5	0						0	
6	0						0	
7	0						0	
8	0						0	
9	0						0	
10	0						0	
11	0						0	
12	0						0	
13	0						0	
14	0						0	
15	0						0	
21	0						0	
22	District						0	
TOTAL Reading Prg		0	0	0	0	0	0	

9

ATTENDANCE - Conference attendance will be gotten from the Conference Registrar. Where appropriate, virtual participation qualifies for completion of a criteria item.									
LOCAL UNIT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study (From Above)	Conf. Spiritual Enrich	Conf. Annual Day	Mission U	% District	% Confer.
1	0			0				0.0%	0.0%
2	0			0				0.0%	0.0%
3	0			0				0.0%	0.0%
4	0			0				0.0%	0.0%
5	0			0				0.0%	0.0%
6	0			0				0.0%	0.0%
7	0			0				0.0%	0.0%
8	0			0				0.0%	0.0%
9	0			0				0.0%	0.0%
10	0			0				0.0%	0.0%
11	0			0				0.0%	0.0%
12	0			0				0.0%	0.0%
13	0			0				0.0%	0.0%
14	0			0				0.0%	0.0%
15	0			0				0.0%	0.0%
16	0			0				0.0%	0.0%
17	0			0				0.0%	0.0%
18	0			0				0.0%	0.0%
19	0			0				0.0%	0.0%

MTG-OP

20	0				0				0.0%	0.0%
21	0				0				0.0%	0.0%
22	District				0				0.0%	0.0%
TOTALS Attendance		0	0	0	0	0	0	0		
					Totals	0	0	0		

for READING PROGRAM Certificates			READING
	NAME of Individual	Local Unit	PLAN
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	See separate Sheet		
	TOTAL		0

0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

Attach a separate sheet if more names than rows here, but put correct totals in. Send this part of the sheet to the Conference E&I for the Conference Reading Award.

Since this is the End of the Year Annual Report, please list any events, activities, programs that you believe should be shared to all districts, conference and all UMW.

1	The number of meetings your District Mission Team held (including Conference Call).	
2	The total number of Conference or SE or National Events and meetings you as President attended, including Conference Calls.	
3	The total mileage you traveled representing both district, conference or national events (whether or not you were eligible or not for reimbursement).	
4	The number of newsletters that were published by your district this year.	
5	The number of other letters or emails (estimated) that you sent out this year.	
6	The number of volunteer hours you did for United Methodist Women including:	
a.	Serving on Agencies representing UMW	
b.	Calling or visiting local units	
c.	Coordinating publications such as directories, workbooks, training, etc.	
d.	Setting up or working at an event District or Conference	
e.	Other:	
TOTAL HOURS SPENT (estimated)		0

7	What do you believe your District did this year that is note worthy?	
8	What do you believe that you did as District President with the Conference as a whole that is noteworthy?	

UMW CONSOLIDATED PRESIDENT REPORT for DISTRICT

2021

Due: December 10 - No changes should be made after the 15th. You may do a recap to include some year end figures but only those figures sent in on the 10th will be included in Annual Day numbers.

Send to All AWF Conference Officers, District Presidents and your District Mission Team and your District Superintendent

NAME OF DISTRICT **MONTGOMERY-PRATT**

PRESIDENT

EMAIL

1

MISSION STUDIES ATTENDED (either local unit or District sponsored. **Do NOT include Mission U**).
Where appropriate, virtual participation qualifies for completion of a criteria item.

	Local Unit Name	Local or District (state which)				TOTALS
1						0
2						0
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
11						0
12						0
13						0
14						0
15						0
16						0
17						0
18						0
19						0
20						0
21						0
22	District					0
	TOTAL Mission		0	0	0	0

LIST THE STUDIES IN E12, F12, G12. **FILL IN Yellow CELLS**

Once you enter the local unit name on Item #1, it will auto populate all other Item numbers for the unit name. Do not delete any rows even if you don't have that many units. **You can hide, but don't delete.**

please list units in alphabetical order

if more unit lines are needed, unhide Rows 34-36

2

MEMBERSHIP Jan 1 to Nov 30	Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30	2021	MONTGOMERY- PRATT
-------------------------------	------------------	-----	------------------------	-------------------------------------	-------------------	------	----------------------

MTG-PRAT

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	District					0
TOTAL MEMBERS		0	0	0	0	0

Use negative numbers on Col
F & G

unit names will auto populate from
first page

3

MISSION TODAY UNIT					
Local Unit Name	Bronze	Silver	Gold	Participating	TOTALS
1	0				0
2	0				0
3	0				0
4	0				0
5	0				0
6	0				0
7	0				0
8	0				0
9	0				0
10	0				0
11	0				0
12	0				0
13	0				0
14	0				0
15	0				0
16	0				0
17	0				0
18	0				0
19	0				0
20	0				0
21	0				0
22	District				0
0					0
TOTAL Mission Today		0	0	0	0

Put in 1 or blank, not X
or not Yes

4

FIVE STAR ACHIEVEMENTS IN GIVING - includes all paid for 5-Star not just pledges. This amount should be confirmed with your district treasurer.	2021
---	------

MTG-PRAT

LOCAL UNIT	5-STAR	5-CHANNELS (Pledge, Card, SMR pin, Memory, World Thanks) \$\$	Supplementary to Nat'l	Love Offering	TOTAL SENT TO CONFERE NCE	MONTGOMERY- PRATT
------------	--------	--	---------------------------	------------------	------------------------------------	----------------------

MTG-PRAT

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	District					0
	To match sent to Conference					0
	TOTAL 5-Star	0	0	0	0	0

Col D or E put in 1 if yes or leave blank.
 Col G = total unrestricted pledge paid to district
 Col H = all other 5-star money paid to district
 Col I will automatically calculate
 Please confirm these numbers with District Treasurer

the District Total Pledge as reported at last Annual Day

5		PLEDGE Amount approved last year	
		OVER/UNDER PLEDGE	\$-

Difference in what district pledged and actually paid (will auto calculate)

5a	Current Year A&MD Budget Recap
	Current Year A&MD Budget Total Allowed
	Current Year A&MD Budget Actually Spent

5b	Current Year Checking Account (do not include any but A&MD)
	Beginning Balance January 1st
	Ending Balance as of this report including outstanding (unreconciled) deposits and checks

6	Visitations	Local Unit	Other District	District Meetings	Conference Meetings	Total Mileage
	0					

7	CHARTER FOR RACIAL JUSTICE			
	LOCAL UNIT	First Time	Reinstated	Returning
	10			
	20			
	30			
	40			
	50			
	60			
	70			
	80			
	90			
	100			
	110			
	120			
	130			
	140			
150				

Use either the number 1 or leave blank

MTG-PRAT

16	0			
17	0			
18	0			
19	0			
20	0			
21	0			
22	District			
TOTAL Charter Racial		0	0	0
				TOTAL 0

8

READING PROGRAM		PLAN					TOTAL	2021
LOCAL UNIT		ONE	TWO	THREE	FOUR	PART.		MONTGOMERY-
1	0						0	enter the actual number per plan per unit use numbers, not an X
2	0						0	
3	0						0	
4	0						0	
5	0						0	
6	0						0	
7	0						0	
8	0						0	
9	0						0	
10	0						0	
11	0						0	
12	0						0	
13	0						0	
14	0						0	
15	0						0	
21	0						0	
22	District						0	
TOTAL Reading Prg		0	0	0	0	0	0	

9

ATTENDANCE -

Conference attendance will be gotten from the Conference Registrar. Where appropriate, virtual participation qualifies for completion of a criteria item.

LOCAL UNIT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study (From Above)	Conf. Spiritual Enrich	Conf. Annual Day	Mission U	% District	% Confer.
1	0			0				0.0%	0.0%
2	0			0				0.0%	0.0%
3	0			0				0.0%	0.0%
4	0			0				0.0%	0.0%
5	0			0				0.0%	0.0%
6	0			0				0.0%	0.0%
7	0			0				0.0%	0.0%
8	0			0				0.0%	0.0%
9	0			0				0.0%	0.0%
10	0			0				0.0%	0.0%
11	0			0				0.0%	0.0%
12	0			0				0.0%	0.0%
13	0			0				0.0%	0.0%
14	0			0				0.0%	0.0%
15	0			0				0.0%	0.0%
16	0			0				0.0%	0.0%
17	0			0				0.0%	0.0%
18	0			0				0.0%	0.0%
19	0			0				0.0%	0.0%

MTG-PRAT

20	0				0				0.0%	0.0%
21	0				0				0.0%	0.0%
22	District				0				0.0%	0.0%
TOTALS Attendance		0	0	0	0	0	0	0		
					Totals	0	0	0		

MTG-PRAT

for READING PROGRAM Certificates			READING
	NAME of Individual	Local Unit	PLAN
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	See separate Sheet		
	TOTAL		0

0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

Attach a separate sheet if more names than rows here, but put correct totals in. Send this part of the sheet to the Conference E&I for the Conference Reading Award.

Since this is the End of the Year Annual Report, please list any events, activities, programs that you believe should be shared to all districts, conference and all UMW.

1	The number of meetings your District Mission Team held (including Conference Call).	
2	The total number of Conference or SE or National Events and meetings you as President attended, including Conference Calls.	
3	The total mileage you traveled representing both district, conference or national events (whether or not you were eligible or not for reimbursement).	
4	The number of newsletters that were published by your district this year.	
5	The number of other letters or emails (estimated) that you sent out this year.	
6	The number of volunteer hours you did for United Methodist Women including:	
a.	Serving on Agencies representing UMW	
b.	Calling or visiting local units	
c.	Coordinating publications such as directories, workbooks, training, etc.	
d.	Setting up or working at an event District or Conference	
e.	Other:	
TOTAL HOURS SPENT (estimated)		0

MTG-PRAT

7	What do you believe your District did this year that is note worthy?	
8	What do you believe that you did as District President with the Conference as a whole that is noteworthy?	

UMW CONSOLIDATED PRESIDENT REPORT for DISTRICT

2021

Due: December 10 - No changes should be made after the 15th. You may do a recap to include some year end figures but only those figures sent in on the 10th will be included in Annual Day numbers.

Send to All AWF Conference Officers, District Presidents and your District Mission Team and your District Superintendent

NAME OF DISTRICT

PENSACOLA

PRESIDENT

EMAIL

1

MISSION STUDIES ATTENDED (either local unit or District sponsored. **Do NOT include Mission U**).
Where appropriate, virtual participation qualifies for completion of a criteria item.

	Local Unit Name	Local or District (state which)				TOTALS
1						0
2						0
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
11						0
12						0
13						0
14						0
15						0
16						0
17						0
18						0
19						0
20						0
21						0
22	District					0
	TOTAL Mission		0	0	0	0

LIST THE STUDIES IN E12, F12, G12. **FILL IN Yellow CELLS**

Once you enter the local unit name on Item #1, it will auto populate all other Item numbers for the unit name. Do not delete any rows even if you don't have that many units. **You can hide, but don't delete.**

please list units in alphabetical order

if more unit lines are needed, unhide Rows 34-36

2

MEMBERSHIP Jan 1 to Nov 30	Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30	2021	PENSACOLA
-------------------------------	------------------	-----	------------------------	-------------------------------------	-------------------	------	-----------

PENSACOLA

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	District					0
TOTAL MEMBERS		0	0	0	0	0

Use negative numbers on Col
F & G

unit names will auto populate from
first page

3

MISSION TODAY UNIT					
Local Unit Name	Bronze	Silver	Gold	Participating	TOTALS
1	0				0
2	0				0
3	0				0
4	0				0
5	0				0
6	0				0
7	0				0
8	0				0
9	0				0
10	0				0
11	0				0
12	0				0
13	0				0
14	0				0
15	0				0
16	0				0
17	0				0
18	0				0
19	0				0
20	0				0
21	0				0
22	District				0
0					0
TOTAL Mission Today	0	0	0	0	0

Put in 1 or blank, not X
or not Yes

4

FIVE STAR ACHIEVEMENTS IN GIVING - includes all paid for 5-Star not just pledges. This amount should be confirmed with your district treasurer.	2021
---	------

PENSACOLA

LOCAL UNIT	5-STAR	5-CHANNELS (Pledge, Card, SMR pin, Memory, World Thanks) \$\$	Supplementary to Nat'l	Love Offering	TOTAL SENT TO CONFERENCE	PENSACOLA
------------	--------	--	---------------------------	------------------	--------------------------------	-----------

PENSACOLA

1	0					0
2	0					0
3	0					0
4	0					0
5	0					0
6	0					0
7	0					0
8	0					0
9	0					0
10	0					0
11	0					0
12	0					0
13	0					0
14	0					0
15	0					0
16	0					0
17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	District					0
	To match sent to Conference					0
	TOTAL 5-Star	0	0	0	0	0

Col D or E put in 1 if yes or leave blank.
 Col G = total unrestricted pledge paid to district
 Col H = all other 5-star money paid to district
 Col I will automatically calculate
 Please confirm these numbers with District Treasurer

the District Total Pledge as reported at last Annual Day

5

PLEDGE Amount approved last year	
OVER/UNDER PLEDGE	\$-

Difference in what district pledged and actually paid (will auto calculate)

5a

Current Year A&MD Budget Recap
Current Year A&MD Budget Total Allowed
Current Year A&MD Budget Actually Spent

5b

Current Year Checking Account (do not include any but A&MD)
Beginning Balance January 1st
Ending Balance as of this report including outstanding (unreconciled) deposits and checks

6

Visitations	Local Unit	Other District	District Meetings	Conference Meetings	Total Mileage
0					

7

CHARTER FOR RACIAL JUSTICE				
LOCAL UNIT	First Time	Reinstated	Returning	
1	0			
2	0			
3	0			
4	0			
5	0			
6	0			
7	0			
8	0			
9	0			
10	0			
11	0			
12	0			
13	0			
14	0			
15	0			

Use either the number 1 or leave blank

PENSACOLA

16	0			
17	0			
18	0			
19	0			
20	0			
21	0			
22	District			
TOTAL Charter Racial		0	0	0
				TOTAL 0

8

READING PROGRAM		PLAN					TOTAL	2021
LOCAL UNIT		ONE	TWO	THREE	FOUR	PART.		PENSACOLA
1	0						0	enter the actual number per plan per unit use numbers, not an X
2	0						0	
3	0						0	
4	0						0	
5	0						0	
6	0						0	
7	0						0	
8	0						0	
9	0						0	
10	0						0	
11	0						0	
12	0						0	
13	0						0	
14	0						0	
15	0						0	
21	0						0	
22	District						0	
TOTAL Reading Prg		0	0	0	0	0	0	

9

ATTENDANCE -

Conference attendance will be gotten from the Conference Registrar. Where appropriate, virtual participation qualifies for completion of a criteria item.

LOCAL UNIT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study (From Above)	Conf. Spiritual Enrich	Conf. Annual Day	Mission U	% District	% Confer.
1	0			0				0.0%	0.0%
2	0			0				0.0%	0.0%
3	0			0				0.0%	0.0%
4	0			0				0.0%	0.0%
5	0			0				0.0%	0.0%
6	0			0				0.0%	0.0%
7	0			0				0.0%	0.0%
8	0			0				0.0%	0.0%
9	0			0				0.0%	0.0%
10	0			0				0.0%	0.0%
11	0			0				0.0%	0.0%
12	0			0				0.0%	0.0%
13	0			0				0.0%	0.0%
14	0			0				0.0%	0.0%
15	0			0				0.0%	0.0%
16	0			0				0.0%	0.0%
17	0			0				0.0%	0.0%
18	0			0				0.0%	0.0%
19	0			0				0.0%	0.0%

PENSACOLA

20	0				0				0.0%	0.0%
21	0				0				0.0%	0.0%
22	District				0				0.0%	0.0%
TOTALS Attendance		0	0	0	0	0	0	0		
						Totals	0	0	0	

PENSACOLA

for READING PROGRAM Certificates			READING
	NAME of Individual	Local Unit	PLAN
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	See separate Sheet		
	TOTAL		0

0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

Attach a separate sheet if more names than rows here, but put correct totals in. Send this part of the sheet to the Conference E&I for the Conference Reading Award.

Since this is the End of the Year Annual Report, please list any events, activities, programs that you believe should be shared to all districts, conference and all UMW.

1	The number of meetings your District Mission Team held (including Conference Call).	
2	The total number of Conference or SE or National Events and meetings you as President attended, including Conference Calls.	
3	The total mileage you traveled representing both district, conference or national events (whether or not you were eligible or not for reimbursement).	
4	The number of newsletters that were published by your district this year.	
5	The number of other letters or emails (estimated) that you sent out this year.	
6	The number of volunteer hours you did for United Methodist Women including:	
a.	Serving on Agencies representing UMW	
b.	Calling or visiting local units	
c.	Coordinating publications such as directories, workbooks, training, etc.	
d.	Setting up or working at an event District or Conference	
e.	Other:	
TOTAL HOURS SPENT (estimated)		0

PENSACOLA

7	What do you believe your District did this year that is note worthy?	
8	What do you believe that you did as District President with the Conference as a whole that is noteworthy?	

PENSACOLA

MEMBERSHIP					Calendar Year		2020	
DISTRICT	Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30	INCR/DECR + / _	# Units	Avg # Members per unit
BAYPINES	0	0	0	0	0	0		#DIV/0!
DEMOPOLIS	0	0	0	0	0	0		#DIV/0!
DOTHAN	0	0	0	0	0	0		#DIV/0!
MARIANNA / PC	0	0	0	0	0	0		#DIV/0!
MOBILE	0	0	0	0	0	0		#DIV/0!
MTG/OP	0	0	0	0	0	0		#DIV/0!
MTG/PRATT	0	0	0	0	0	0		#DIV/0!
PENSACOLA	0	0	0	0	0	0		#DIV/0!
TOTALS	0	0	0	0	0	0	0	#DIV/0!
MEMBERSHIP	0	0	0	0	0	0	0	#DIV/0!

MISSION TODAY UNIT								
DISTRICT	Bronze	Silver	Gold	Participating	TOTALS	# Units	% Achieved	
BAYPINES	0	0	0	0	0	0	#DIV/0!	
DEMOPOLIS	0	0	0	0	0	0	#DIV/0!	
DOTHAN	0	0	0	0	0	0	#DIV/0!	
MARIANNA / PC	0	0	0	0	0	0	#DIV/0!	
MOBILE	0	0	0	0	0	0	#DIV/0!	
MTG/OP	0	0	0	0	0	0	#DIV/0!	
MTG/PRATT	0	0	0	0	0	0	#DIV/0!	
PENSACOLA	0	0	0	0	0	0	#DIV/0!	
TOTALS	0	0	0	0	0	0	#DIV/0!	
MEMBERSHIP	0	0	0	0	0	0	#DIV/0!	

FIVE STAR ACHIEVEMENTS IN GIVING and PLEDGES and BUDGETS							
	5-STAR	TOTAL PLEDGE	TOTAL PAID	OVER / UNDER	% 5 STAR	BUDGET	SPENT less Unit A&MD sent
BAYPINES	0	0	0	0	#DIV/0!	0	0
DEMOPOLIS	0	0	0	0	#DIV/0!	0	0
DOTHAN	0	0	0	0	#DIV/0!	0	0
MARIANNA / PC	0	0	0	0	#DIV/0!	0	0
MOBILE	0	0	0	0	#DIV/0!	0	0
MTG/OP	0	0	0	0	#DIV/0!	0	0
MTG/PRATT	0	0	0	0	#DIV/0!	0	0
PENSACOLA	0	0	0	0	#DIV/0!	0	0
Conference				0			
TOTALS	0	0	0	0	#DIV/0!	0	0

0

CHARTER FOR RACIAL JUSTICE					% Units Participating
	First Time	Reinstated	Returning	TOTAL	
BAYPINES	0	0	0	0	#DIV/0!
DEMOPOLIS	0	0	0	0	#DIV/0!
DOTHAN	0	0	0	0	#DIV/0!
MARIANNA / PC	0	0	0	0	#DIV/0!
MOBILE	0	0	0	0	#DIV/0!
MTG/OP	0	0	0	0	#DIV/0!
MTG/PRATT	0	0	0	0	#DIV/0!
PENSACOLA	0	0	0	0	#DIV/0!
TOTALS	0	0	0	0	#DIV/0!

READING PROGRAM	PLAN					TOTAL	% Members Participating
DISTRICT	ONE	TWO	THREE	FOUR	PART.		
BAYPINES	0	0	0	0	0	0	#DIV/0!
DEMOPOLIS	0	0	0	0	0	0	#DIV/0!
DOTHAN	0	0	0	0	0	0	#DIV/0!
MARIANNA / PC	0	0	0	0	0	0	#DIV/0!
MOBILE	0	0	0	0	0	0	#DIV/0!
MTG/OP	0	0	0	0	0	0	#DIV/0!
MTG/PRATT	0	0	0	0	0	0	#DIV/0!
PENSACOLA	0	0	0	0	0	0	#DIV/0!
TOTALS	0	0	0	0	0	0	#DIV/0!

AWARDS SUMMARY

STARTING MEMBERSHIP BY DISTRICT				1/1/2021	11/30/2021	AVERAGE
BAYPINES	-	-	-			
DEMOPOLIS	-	-	-			
DOTHAN	-	-	-			
MARIANNA/PC	-	-	-			
MOBILE	-	-	-			
MTG/OPELIKA	-	-	-			
MTG/PRATTVILLE	-	-	-			
PENSACOLA	-	-	-			
	-	-	-			

POINTS	RANKING
80	1ST
70	2ND
60	3RD
50	4TH
40	5TH
30	6TH
20	7TH
10	8TH
360	

DISTRICT EVENT ATTENDANCE - Special Mission Recognition						
DISTRICT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study	AVG MEMBERSHIP FOR YEAR	% ATTENDING DISTRICT EVENTS
BAYPINES	0	0	0	0	-	#DIV/0!
DEMOPOLIS	0	0	0	0	-	#DIV/0!
DOTHAN	0	0	0	0	-	#DIV/0!
MARIANNA/PC	0	0	0	0	-	#DIV/0!
MOBILE	0	0	0	0	-	#DIV/0!
MTG/OPELIKA	0	0	0	0	-	#DIV/0!
MTG/PRATTVILLE	0	0	0	0	-	#DIV/0!
PENSACOLA	0	0	0	0	-	#DIV/0!
	0	0	0	0	0	#DIV/0!

DISTRICT EVENT ATTENDANCE - Special Mission Recognition % BY EVENT						
DISTRICT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study		
BAYPINES	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
DEMOPOLIS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
DOTHAN	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
MARIANNA/PC	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
MOBILE	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
MTG/OPELIKA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
MTG/PRATTVILLE	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
PENSACOLA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		

DISTRICT EVENT ATTENDANCE - Special Mission Recognition - RANKING						
DISTRICT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study	TOTAL POINTS	RANKING
BAYPINES					0	
DEMOPOLIS					0	
DOTHAN					0	
MARIANNA/PC					0	
MOBILE					0	
MTG/OPELIKA					0	
MTG/PRATTVILLE					0	
PENSACOLA					0	
TOTAL POINTS	0	0	0	0	0	

YEAR:	2021	ALABAMA-WEST FLORIDA UNITED METHODIST WOMEN				
AWARD RANKINGS DISTRICT & CONFERENCE Presented at Annual Day 2021						
CONFERENCE EVENT ATTENDANCE - Many Colors, One Spirit						
DISTRICT		Conf. Spiritual Enrich	Conf. Annual Day	Mission U	AVG MEMBERSHIP FOR YEAR	% ATTENDING CONFERENCE EVENTS
BAYPINES		0	0	0	-	#DIV/0!
DEMOPOLIS		0	0	0	-	#DIV/0!
DOTHAN		0	0	0	-	#DIV/0!
MARIANNA/PC		0	0	0	-	#DIV/0!
MOBILE		0	0	0	-	#DIV/0!
MTG/OPELIKA		0	0	0	-	#DIV/0!
MTG/PRATTVILLE		0	0	0	-	#DIV/0!
PENSACOLA		0	0	0	-	#DIV/0!
		0	0	0	0	#DIV/0!
CONFERENCE EVENT ATTENDANCE - Many Colors, One Spirit % BY EVENT						
DISTRICT		Conf. Spiritual Enrich	Conf. Annual Day	Mission U		
BAYPINES		#DIV/0!	#DIV/0!	#DIV/0!		
DEMOPOLIS		#DIV/0!	#DIV/0!	#DIV/0!		
DOTHAN		#DIV/0!	#DIV/0!	#DIV/0!		
MARIANNA/PC		#DIV/0!	#DIV/0!	#DIV/0!		
MOBILE		#DIV/0!	#DIV/0!	#DIV/0!		
MTG/OPELIKA		#DIV/0!	#DIV/0!	#DIV/0!		
MTG/PRATTVILLE		#DIV/0!	#DIV/0!	#DIV/0!		
PENSACOLA		#DIV/0!	#DIV/0!	#DIV/0!		
CONFERENCE EVENT ATTENDANCE - Many Colors, One Spirit RANKING						
DISTRICT		Conf. Spiritual Enrich	Conf. Annual Day	Mission U	TOTAL POINTS	RANKING
BAYPINES					0	
DEMOPOLIS					0	
DOTHAN					0	
MARIANNA/PC					0	
MOBILE					0	
MTG/OPELIKA					0	
MTG/PRATTVILLE					0	
PENSACOLA					0	
TOTAL POINTS	0	0	0	0	0	

CONFERENCE EVENTS

2021

Actually Checked In

ANNUAL I

	SER	ANNUAL DAY	MISSION U
BayPines			
Demopolis			
Dothan			
Marianna/PC			
Mobile			
Mtg/Op			
Mtg/Prat			
Pensacola			
Grand Total	0	0	0

DISTRIC

T

Baypines

Conferenc

Demopolis

Dothan

Marianna/f

Mobile

Mtg/Op

Mtg/Pratt

Pensacola

Grand Tot:

Conference no district

0

DAY	SER	
REGISTE	Actually	
RED 1ST ATTEND	Checked	
TIMERS ED	In	
e i PC al		Baypines
		Demopolis
		Dothan
		Marianna/PC
		Mobile
		Mtg/Oplk
		Mtg/Pratt
		Pensacola
		Grand Total
	0	