

**COMMITTEE TO REPORT AT
CHAPTER MEETING?**

- Action Item(s) (Vote Required)
- New/Updated information
- None/ Informational Only



Lexington (KY) Alumnae
Delta Sigma Theta Sorority, Inc.

Committee Report

| | | | |
|---------------------------|-----------------------------|------------------------------------|--|
| Report Month: | | Report Year: | |
| Office/ Committee: | | Submitted By: | |
| Chair(s): | | Submission Date: | |
| Contact Email: | | Next Meeting Date: | |
| Budget Update: | <i>This Month Expenses:</i> | <i>Future Expenses (Estimate):</i> | |

| | | | |
|--|--|------------|--|
| LAST MEETING: _____ | | | |
| Attendees | | | |
| ACCOMPLISHMENTS/ ACKNOWLEDGEMENTS | | | |
| | | | |
| CHALLENGES/ BARRIERS | | | |
| | | | |
| ACTION ITEMS | | | |
| <ol style="list-style-type: none"> 1. 2. 3. | | | |
| VOLUNTEER HOURS | | | |
| Current Month | | YTD | |

UPCOMING EVENTS: (limit to current and next month's events)

1.

| | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------------|
| Event Name: | | Date: | Time: |
| Location: | | Event Contact: | |
| Collaboration (internal/external): | | | |
| Purpose/Goal(s): | | | |
| Summary: | | | |
| Relevance: | <input type="checkbox"/> Edu Dev | <input type="checkbox"/> Econ Dev | <input type="checkbox"/> IAI |
| | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Retention | <input type="checkbox"/> Recognition |
| | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other _____ | |
| Tech Req. (flyer, SM, Zoom etc.): | <input type="checkbox"/> Planned | <input type="checkbox"/> In Progress | <input type="checkbox"/> Complete |
| ERT Plan: | <input type="checkbox"/> Planned | <input type="checkbox"/> In Progress | <input type="checkbox"/> Complete |

2.

| | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------------|
| Event Name: | | Date: | Time: |
| Location: | | Event Contact: | |
| Collaboration (internal/external): | | | |
| Purpose/Goal(s): | | | |
| Summary: | | | |
| Relevance: | <input type="checkbox"/> Edu Dev | <input type="checkbox"/> Econ Dev | <input type="checkbox"/> IAI |
| | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Retention | <input type="checkbox"/> Recognition |
| | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other _____ | |
| Tech Req. (flyer, SM, Zoom etc.): | <input type="checkbox"/> Planned | <input type="checkbox"/> In Progress | <input type="checkbox"/> Complete |
| ERT Plan: | <input type="checkbox"/> Planned | <input type="checkbox"/> In Progress | <input type="checkbox"/> Complete |

PAST PROGRAMS & ACTIVITIES: (previous month's events ONLY)

| | | |
|-------------------------|---------------------------|--------------|
| Event Name: | Date: | Time: |
| Sorors Served: | Non-Deltas Served: | |
| Summary/Outcome: | | |