



Auxiliary Emergency Fund

District # _____ District Chairman _____

Phone # _____ Email: _____

of Units with Activity _____ # of Units with No Activity _____ # of Units that did not report _____

- 1. Did your District donate to the Auxiliary Emergency fund? Yes___ No___ Amount \$_____
2. How many Units donated? _____ Total Unit Donations? \$ _____
Unit #_____ Amount \$_____ Unit #_____ Amount \$_____
Unit #_____ Amount \$_____ Unit #_____ Amount \$_____

(Please make separate list of all Units and their donations if this is not enough)

- 3. Number of Units that have a line item in the Annual Budget for AEF? _____
4. Number of units that discussed an annual increase in their AEF budget? _____
5. Did your District hold a fundraiser for the AEF Fund? Yes___ No___ Amount \$_____
6. How many units held a fundraiser for AEF funds?
7. How many members reported submitting applications for Assistance?
. How many for Emergency Assistance? _____
. How many for Disaster Assistance? _____
8. How many Units actively shared about the AEF program? _____
9. How many Units handed out AEF Brochures? _____
10. How many Units handed out AEF Applications? _____
11. List Unit and Name of members who donated \$100 or more

Unit #_____ Name of Member _____
Unit #_____ Name of Member _____
Unit #_____ Name of Member _____
Unit #_____ Name of Member _____

(Please list on separate sheet if you need more room)

Please attach a supplemental report describing your District's success stories in working the Auxiliary Emergency Fund Program. Please include pictures on a separate sheet at the end of your report. All pictures must be submitted in either .jpg or .pdf format.

Department Auxiliary Emergency Fund Linda Karnstedt
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Submit this completed form to your Department Chairman no later than Friday, May 1, 2024