**CHAPTER EXECUTIVE INFORMATION**

**CHLA/ABSC CHAPTER ANNUAL REPORT**

Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Executive (please complete with the position and name of all executive members)

|  |  |  |
| --- | --- | --- |
| **Position** | **Name** | **Signing Authority** |
| Chair |  | Yes No |
| Vice Chair |  | Yes No |
| Secretary |  | Yes No |
| Treasurer |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |
|  |  | Yes No |

***Please note that Officers and Directors liability coverage is for all chapters, and is only valid if ALL members of the Chapter Executive are members in good standing.***

**FINANCIAL INFORMATION**

|  |  |
| --- | --- |
| Bank |  |
| Branch |  |

|  |  |  |
| --- | --- | --- |
| Does your chapter have a credit card? | YES | NO |
| Who has the physical credit card? |  | |
| Do you use online banking? | YES | NO |
| Who is authorized to access online banking? |  | |
| Does your chapter have a PayPal account? | YES | NO |
| Please provide the details of the email associated with the account: |  | |
| Does the chapter have any additional accounts / investments / money management systems? | YES | NO |
| Please provide the details: |  | |

Please describe the financial policies and procedures your chapter has in place. (number of signatures required, etc.)

**Sponsorship**

(please include a separate page if you require additional room)

|  |  |  |
| --- | --- | --- |
| Did your chapter receive sponsorship money in 2019? | YES | NO |
| If yes, please indicate the company sponsorship was received from and the amount received. | Company | Amount |
|  |  |  |
|  |  |  |
|  |  |  |

**Grants**

|  |  |  |
| --- | --- | --- |
| Did your chapter apply for and receive grant money in 2019? | YES | NO |
| If yes, please indicate the provider of the grant(s) the amount received. | Organization | Amount |
|  |  |  |
|  |  |  |

*\*if you received a grant, please provide a copy of the signed grant and reporting requirements*

|  |  |
| --- | --- |
| Opening Bank Account Balance @ January 1, 2019 | $ |
| 2019 Chapter Revenues | $ |
| 2019 Chapter Expenses | $ |
| Bank Balance @ December 31, 2019 | $ |

If your bank balance exceeds one year’s operating expenses, please explain the purpose of the surplus below:

Please describe the chapter’s plans to invest the excess funds back into the chapter to create member value.

**CHAPTER MEETING INFORMATION**

**Please complete the following checklist, providing the additional information as requested.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No** | **How Many** |
| *Chapter Executive* | | | |
| Does your chapter have elected executive positions? |  |  |  |
| Are all your executive positions currently filled? |  |  |  |
| *(if no, which positions are vacant?)* | | | |
| Do you conduct regular chapter executive meetings throughout the year? |  |  |  |
| Are your chapter executive meetings in person? |  |  |  |
| Does your chapter keep a record of all executive meeting minutes? |  |  |  |
| Did any of your chapter executive attend Chapter President’s Lunch at the last CHLA Conference? |  |  |  |
| *Chapter Meetings/Activities* | | | |
| How many meetings/activities have you held for chapter members in the past year? |  |  |  |
| On average, how many members attend your chapter meetings/activities? |  |  |  |
| Does your chapter have its own awards and recognition program? |  |  |  |
| *Chapter Members* | | | |
| How many chapter members do you have? |  |  |  |
| Do you recognize your chapter members with certificates, pins, letters of recognition (other) |  |  |  |
| Do you send a welcome letter/email to new members? |  |  |  |
| Do you actively follow up with the list of members due to be renewed? |  |  |  |
| Do you have a current membership list? |  |  |  |
| *Accounting* | | | |
| In the last year, were your revenues greater than your expenses? |  |  |  |

What are your goals for your chapter for 2020? Please include events and initiative which the chapter is planning in the coming year for adding to the member experience and value.

**CHAPTER 2020 PLAN & BUDGET**

Please provide your chapter budget for 2020, or attach it to this report.

The CHLA/ABSC is looking to provide greater consistent support to chapters and aligning chapter elections, Annual General Meetings and consistent bylaws for all chapters to adhere to. This initiative will assist in aligning chapter plans and goals and ensuring chapters have equal access to resources, on-boarding and support.

**CHAPTER BYLAWS, POLICIES AND PROCEDURES**

Please provide any of the following documents that your chapter has that is used to manage its affairs.

* Chapter Bylaws
* Chapter Terms of Reference
* Chapter Policies
* Chapter Business Management Guide

Additional Documents Provided:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments regarding the alignment of chapters

**CHAPTER MAILING ADDRESS**

|  |  |
| --- | --- |
| Contact Person: | Title: |
| Company: |  |
| Address: |  |
| Province: | Postal Code: |
| Email Address: |  |

SIGNATURE

Chapter Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

*Please submit this form to* ***treasurer@chla-absc.ca***

by January 31, 2020