



Post Packet

Revised FINAL December 2020

Mid-Winter Conference

Prepared for:

The January 30, 2021 Mid-Winter Conference

By:

Department Headquarters

Attention:

Please remember to staple a copy of your

Consolidated Post Report (CPR)

**to each of the reports or narratives you submit to be judged for the
Department Awards in this booklet.**

Per the Americanism Committee any reports without a CPR will not be judged.

Your Post does something: Fill out the reports and let us know about it!!

Table of Contents

Name of Form:

Administrative

Direct Renewal Notices
Direct Billing Change Form
Form to Notify Department and National for Life and Honorary Life Members
Department Convention Registration Procedure
Department Convention Delegate and Alternate Delegate Report
Post Delegate Strength Chart
Form for Department Convention Delegate Changes
Legion Post Officers Report (2 pages)
Memorial Service Form
Committee Volunteer

Reports/Form

Americanism Narrative and Report Form (2 pages) – used for:

Best overall Post (within District level) certificate
Best Intra-District by Post size certificate
Best District (Herberta Stark) certificate
Best Post overall (Department level - Thomas J. McLin) plaque

Children & Youth Post Narrative Report Form (2 pages) – used for:

Best Post by size certificate
Best Post overall Child Welfare (Dept level – PDC John A. High) certificate
Best District overall (Robert Williamson) certificate

Blood Donor Report (Lionel A. Bergeron) certificate

Community Service Instructions and Report Forms

Oscar P. Cole Community Service Plaque

Service Work Instructions and Report Forms

Albert E. Nadeau Memorial Service Work Plaque

Flag Education Post Narrative Report Form – used for:

Best Post by size (Jackson M. Hunt Memorial)

Scout Reports - used for:

Boy/Girl Scout (2 pages)

Venture Crew (2 pages)

Cub Scout (2 pages)

Oratorical Award Forms – used for:

Louis E. Willett High School sponsor Plaque

Royal E. Miller, Jr. Post High School sponsor Plaque

Junior Oratorical

Publicity Award Forms – used for:

Best Post Publication (Dept level - Maurice L. McQuillen certificate)

Best Publicity (Dept overall) certificate

Best Post History Yearbook Plaque (Herberta Stark Memorial)

Best District History Yearbook Plaque (Ida A. Stevens)

Scrapbook Plaque (Charles H. (Pat) Devine Memorial)

Website of the Year Award Form

Inter-post Activities (PDC William E. Sanborn) certificate

To: Post Adjutants
From: Department Adjutant

Subject: Direct Renewal Notices for _____

Each year, as more and more Posts become acquainted with Direct Billing, there has been enthusiastic support for the program. Direct Billing does not do the entire job, however, it will generate a 50-75% return early in the membership year. You must figure that mop-up operations will still be needed to bring in the stragglers.

The program costs the post absolutely nothing. National Headquarters pays the postage on both the 1st and 2nd notices.

Those Posts desiring to participate in the Direct Billing Program for the coming year should complete the below form and return it along with the Billing Change Form **NO LATER THAT APRIL 1ST**

The Billing change form is designed to report those members the Post does **NOT** wish to be billed, such as Life Members or other members for which the Post pays dues. If such members have been previously reported, **DO NOT** include them on this form. Please ensure the correct Post mailing address is given in the space provided. **DO NOT USE THE ADDRESS OF AN INDIVIDUAL POST OFFICER.**

The annual per capita dues to be sent to Department is **\$26.50**, therefore, Posts must notify the Department Adjutant if there are any dues changes anticipated for the Post during the coming membership year.

FAILURE OF A POST TO NOTIFY THE DEPARTMENT OF A CHANGE IN DUES OR ADDRESS WILL RESULT IN THE COMING YEAR DUES NOTICES REFLECTING THE SAME INFORMATION AS LAST YEAR.

TO: **THE AMERICAN LEGION
DEPARTMENT OF NEW HAMPSHIRE**
21 South Fruit St Suite 266
Concord NH 03301

Post address: _____

American Legion Post # _____ Notices Desired: _____

1st NOTICE July 1st 2nd NOTICE Oct. 1st

Post Phone Number : _____ Dues are: \$ _____

MAIL BY APRIL 1ST

THE AMERICAN LEGION - Department of New Hampshire
21 South Fruit St Suite 266 Concord NH 03301 603-856-8951 Fax 603-856-8943

DIRECT CHANGE FORM

Please notify National Headquarters that Direct Billing Notices should not be printed or mailed to the following members of this Post. (this list **DOES NOT** include deceased, transfers, changes of address, delinquent members or those previously reported.)

Please make copies if more sheets are needed.

NAME	ADDRESS (to include CITY/STATE/ZIP)	CARD #

Signed _____

Post # _____

MAIL BY APRIL 1ST

**THE AMERICAN LEGION
DEPARTMENT OF NEW HAMPSHIRE**
21 South Fruit St Suite 266
Concord NH 03301
603-856-8951 Fax 603-856-8943

TO: **Department Headquarters &
National Headquarters**

Date:

FROM: Post Name _____
Post No. _____
Address _____
City, State Zip +4 _____

This form is to notify Department and National of any Members that were voted by your Post to a Life or Honorary Life Membership

Member Name _____

Member ID# _____

The above member was voted to be a _____ member of
(Life or Honorary Life)

Post _____ at Post Meeting on
(Name & Number)

(Day and Date)

Attest:

(Signed Post Adjutant)

(Signed Post Commander)

Accepting for Department:

(Signed Department Adjutant)

Convention Registration Procedure

Registration will be accomplished by the use of two (2) registration lines separated into **odd** and **even** posts. It is requested that those registered delegates need only proceed to the Convention Hall and locate their Delegation Chairman to receive convention packets. The Convention Hall will be sectioned off by Districts, thus making the location of one's delegation easier.

1. After Post Delegates and Alternates are elected, Post Adjutants will make out a copy of the Delegate Registration Form and forward to Department Headquarters by May 1st with the necessary fee of \$10.00 per delegate. Remittance of the \$10.00 fee for Alternates, in advance, is optional. **NO CREDENTIALS WILL BE SENT BACK TO THE POSTS.** Fees must accompany the Delegate Registration Form.
2. On the Delegate Registration Form, Post Adjutants will please indicate any preference for committee assignment in the space to the left of the delegate's name. Preference will be allocated wherever possible on a first come first serve basis, keeping in mind an equitable balance among all committees.
Committees are: Children and Youth, Constitution and Bylaws, Credentials, Internal Affairs, Rules, Resolutions, Trophies and Awards, Uniformed Groups, and Veterans Affairs.
3. Each Post will select one person as Delegation Chairman. This is preferably someone who will be in attendance early the first day of the Department Convention for registration. It is suggested that a Vice Chairman also be selected to serve in the event the Chairman is absent. If the Delegation Chairman is unable to serve, his replacement will present a WRITTEN NOTICE of such inability, SIGNED by the Post Commander or Adjutant, to the registration desk at Convention Headquarters.
4. The Delegation Chairman will be responsible for the registration of all elected delegates from her/his Post. DELEGATE PACKETS WILL NOT BE ISSUED TO ANYONE BUT THE DELEGATION CHAIRMAN, AND THEN ONLY AFTER THE FEES HAVE BEEN PAID. ANY EXCEPTIONS WILL BE AT THE DISCRETION OF THE DEPARTMENT ADJUTANT.
5. Each Post Delegate will receive her/his credentials, packet and committee assignment from her/his Delegation Chairman.
6. **In the event that a REGISTERED alternate is substituted for a missing delegate, There will be NO refund of the registration fee. Only names designated as alternates can be used to substitute for Delegates. If a Post does not have any designated alternates they cannot put another person in as a replacement.**
7. A Delegation Chairman wishing to make substitutions on their Delegate Registration Form may do so by notifying the registration desk BEFORE 11:00am on Saturday. After that time NO substitutions will be allowed.
8. Persons desiring to have their names placed on the ballot for election as Delegates to the National Convention, must register at the registration desk IN PERSON BEFORE NOON ON FRIDAY, or submit a request for their name to appear at least TEN DAYS PRIOR TO OPENING OF THE DEPARTMENT CONVENTION.

Department Convention Delegate and Alternate Form (1 of 2 pages)

To: **Department Adjutant**
21 South Fruit St. Suite 266
Concord NH 03301

Date: _____

All Voting members of your delegation MUST HAVE THEIR CURRENT MEMBERSHIP CARD WITH THEM TO VOTE.

At a meeting of this Post, held _____, the members named below, are in good standing in this Post and whose current dues has been transmitted to Department Headquarters, were duly elected Delegates and Alternates, respectively, as our representatives to the _____ Department Convention.

Vice Chairman of the Post Delegation is: _____

Card no. _____

Location: _____ Post Name: _____ Post No. _____

(Signature of Post Commander or Adjutant)

******* ONLY CHAIRMAN OR VICE CHAIRMAN CAN SIGN FOR PACKETS *******

Delegate, alternate and delegate-at-large fee of \$10.00 each to be paid to Department Headquarters prior to the convention, (alternates optional)

Payable by May 1 to: **The American Legion Department of New Hampshire**

NOTE: For Committee preference, use the following numbers.

- 1. Rules 3. Internal Affairs 5. Resolutions 7. Veterans Affairs 9. Uniformed Group**
2. Credentials 4. Trophy & Awards 6. Const. & By-Laws 8. Children & Youth

Committee Delegate Name & Card #

Alternate Name & Card #

_____ 1. _____	_____ 1. _____
_____ 2. _____	_____ 2. _____
_____ 3. _____	_____ 3. _____
_____ 4. _____	_____ 4. _____
_____ 5. _____	_____ 5. _____

Department Convention Delegate and Alternate Form (2 of 2 pages)

_____	6.	_____	6.	_____
_____	7.	_____	7.	_____
_____	8.	_____	8.	_____
_____	9.	_____	9.	_____
_____	10.	_____	10.	_____
_____	11.	_____	11.	_____
_____	12.	_____	12.	_____
_____	13.	_____	13.	_____
_____	14.	_____	14.	_____

Delegates-at-Large Name & Card # (See Sec. 2 of Art. 5 Department Constitution)

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

FOR DEPARTMENT USE ONLY:

Post _____ membership _____ Date registration fees paid _____

Registration fees paid \$ _____

Number of delegates _____

I received # _____ delegate packets

(Post Delegation Chairman - Print and signature)

THIS FORM MUST BE RECEIVED AT DEPARTMENT HEADQUARTERS NO LATER THAN _____,
so your delegates may be given Convention Committee assignment.

KEEP A COPY FOR YOUR RECORDS

Any Delegates NOT signed up by _____ will not be allowed to vote at Convention

Delegate Strength Chart

To: **POST ADJUTANTS**

Since Delegate strength to the Department Convention for each Post is determined by Post membership, the following chart is offered as a guide for computing your Delegate Strength. If, by the closing of business, 30 days prior to the opening of Department Convention, your Post has turned into Department Headquarters (As per Dept. Constitution, Article V. Section 2.):

Members:	<u>Entitled to elect</u> <u>Delegates</u>	<u>Alternates</u>
LESS THAN 15	0	0
15-99	2	2
100-150	3	3
151-250	4	4
251-350	5	5
351-450	6	6
451-550	7	7
551-650	8	8
651-750	9	9
751-850	10	10
851-950	11	11
951-1050	12	12
1051-1150	13	13
1151-1250	14	14
1251-1350	15	15
1351-1450	16	16

In addition to elected Delegates, your Post may be entitled to Delegates-at-large. If a member of your Post is in one of the following categories, then he\she is a Delegate-at-large: Past National Commanders, Past Department Commanders, National Executive Committeeman, Alternate National Executive Committeeman. present Department Officers (Commander, Vice Commanders, Adjutant, Treasurer, Historian, Judge Advocate, Auditor, Sergeant-at-Arms, Chaplain, Assistant Chaplain, Service Officer, Assistant Service Officer, Parliamentarian, District Commanders and District Senior Vice Commanders).

If there is any doubt as to the number of delegates to which your Post is entitled to, please contact Department Headquarters before submitting your list.

Sincerely,
Department Adjutant

Department Convention Delegate Changes

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

TO: **Department Adjutant**

FROM: **Post Commander or Post Adjutant or Delegate Chairmen**

NAME: _____

PLEASE ALLOW ALTERNATE DELEGATE

(Name) _____

Membership ID # _____

AS A SUBSTITUTE FOR DELEGATE

(Name) _____

Membership ID # _____

As the duly authorized representative from Post # _____

(signature)

Received by Department Adjutant (time & date) _____

(signature)

There will be NO CHANGES after the Forms go to the CREDENTIALS COMMITTEE!

**** PLEASE BRING THIS FORM TO CONVENTION**

THE AMERICAN LEGION - Department of New Hampshire

21 South Fruit St Suite 266 Concord NH 03301

603-856-8951 Fax 603-856-8943



THE AMERICAN LEGION
DEPARTMENT OF NEW HAMPSHIRE
Post Officers Report (1 of 2 pages)
Year _____

Post Name: _____ Post # _____

Post physical address (to include City/Town/Zip+4):

Post mailing address (if different) (to include City/Town/Zip+4):

Post phone: _____ District # _____

**Post Meeting Date(s): _____ Time: _____

*Do not list dates of your Executive Board

Post E-Mail Address: _____

Post Website (if any): _____

PLEASE PRINT BELOW **PLEASE PRINT BELOW** **PLEASE PRINT BELOW**

Name/Address (include Zip Code+ 4)/Personal E-mail and Telephone #

Commander _____

1st Vice Commander _____

2nd Vice Commander _____

Adjutant _____

Finance Officer _____

Chaplain _____

Judge Advocate _____

Historian _____

Service Officer _____

Sergeant At Arms _____

Certification of Service Record of American Legion Post Officers to Department Adjutant

Pursuant to action of the 13th Annual National Convention of The American Legion at Detroit, Michigan, September 24, 1931, I have examined the service record of each of the following officials who have been duly elected or appointed to serve Post # _____ Department of New Hampshire for the ensuing year.

I hereby certify that each of the above officials are eligible for membership in The American Legion and has the consequent right to serve in an official capacity.

Post Adjutant's Signature _____ Date _____

Post Officers Report _____ (2 of 2 pages)

(Other Post officers/committee chairs)

Title _____ Name _____ Address (include Zip Code+ 4) _____ Telephone # _____

SAL Advisor _____

Baseball _____

Boy Scouts _____

Boys State _____

Children & Youth _____

Community Service _____

Graves Registration _____

Membership _____

Oratorical _____

Jr. Oratorical _____

It is imperative that this listing be completed and given to the District Commander **immediately** after installation, since Department Rosters and mailing lists are compiled from this information.

Numbers 1 through 7 below to be completed by the Post and validated by the District Commander.

1. Give date of last audit of the Post financial records _____

2. Is the Post Finance Officer bonded? Yes No

3. Is the Post Adjutant bonded? Yes No

4. Name of Surety Company and address _____

5. Bond Amount: _____

Date: _____ Annual Premium: \$ _____

6. Is the Post incorporated under New Hampshire Law? Yes No

7. Give latest date of incorporation with the State of New Hampshire: (not the date of your Post American Legion Charter) _____

District Commander: (Print) _____

(Signature) _____ Date _____

NOTE: By action of the 1961 Department Convention any expense monies due District Commanders for travel within their respective Districts will be withheld until reports have been received at Department Headquarters for each Post with in their Districts.

CONVENTION MEMORIAL SERVICE

POST # _____

NAME	DATE DECEASED	NAME	DATE DECEASED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please Return To Department Headquarters No Later Than April 1

NAMES WILL **NOT BE** TAKEN THE MORNING OF THE MEMORIAL SERVICE
THANK YOU FOR YOUR COOPERATION.

Department Committee Volunteer

Yes, I am very interested in serving on a Department Committee for the year _____.

Please print

Please print

Please print

Name: _____

Address: _____

Phone: _____

Email: _____

Post # _____

COMMITTEE CHOICES

1. _____

2. _____

3. _____

Signature: _____

POST AMERICANISM NARRATIVE REPORT FORM

(Instructions on Reverse Side)

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

Post Name _____ Post No. _____ District No. _____

Location _____ Present Membership _____

Title & Name Making Report _____

Address _____

Date _____ Signature _____

(A) Post must file a Consolidated Post Report and a copy must be attached to this Report

(B) Estimate the number of volunteer service hours provided by the membership of your Post for the Americanism work in your community _____ Hours.

(C) Please estimate the amount of money your Post expended for administrative expense for Americanism work overhead. (Postage, printing, conferences, travel, salary, etc.)
\$ _____

(D) REPORTING: 12 MONTHS April 1 – April 1

(E) Use the remaining space on this sheet to describe, in some detail, a specific Americanism activity promoted by your Post. (Please attach extra sheets if necessary.) **REMEMBER:** This section of the narrative report is most important to your Department Americanism Committee in determining various awards.

(F) Describe any other Americanism programs supported by your Post in narrative form (Example: your own programs.)

MAIL TO HQ NLT April 1 to the below address ATTN: Americanism Committee

THE AMERICAN LEGION - Department of New Hampshire

21 South Fruit St Suite 266 Concord NH 03301

603-856-8951 Fax 603-856-8943

POST AMERICANISM NARRATIVE REPORT FORM

INSTRUCTIONS

TO: POST AMERICANISM CHAIRMAN:

1. Before completing this form, be sure your section of the Consolidated Report Form is completed.
2. Fill out this Narrative Report Form.
3. This Narrative Report Form is to be attached to the Consolidated Post Report, it is intended for the use of the Department Americanism Chairman in determining Post Americanism awards and for substantiating to National Headquarters that the Department has attained 100% Americanism Post narrative reporting.
4. In order to make your total report more effective, it is recommended that you make appropriate copies of this form and maintain one in your file, mail one to the District and also mail one to the Department Americanism Chairman. It is necessary that District receive copy of this report since District awards are also made based on Post Americanism Reporting

JUDGING

The Department Americanism Committee judges each report on the following scale:

Consolidate report	1 to 10 Points
Clarity of report	1 to 10 Points
Community awareness	1 to 10 Points
Originality	1 to 35 Points
Value to community	1 to 40 Points

AWARDS

To be awarded to that Post, **within each District**, submitting the best overall Americanism report to the Department Americanism Committee and each award to be a form of certificate.

NO LATER THAN April 1

Americanism Resolution adopted by the Department Executive Committee March 8, 1990
Accepted by the Executive Board Action November 7, 1991

THE AMERICAN LEGION - Department of New Hampshire
21 South Fruit St Suite 266 Concord NH 03301

603-856-8951 Fax 603-856-8943

THOMAS J. MC LIN POST AMERICANISM PLAQUE

Source: James M. McLin, son, member Somersworth Squadron No. 69

Authority: Trophies and Awards resolution #8, Department Convention 1983

Conditions: One plaque provided by T & A to be held by winning Post for a period of 1 year.

1. This award plaque shall be presented annually to the Post with the best overall AMERICANISM NARRATIVE Report form.
2. The award plaque shall be presented at the Department Convention.

MUST BE SUBMITTED AT DEPARTMENT HEADQUARTERS NO LATER THAN April 1

Accepted by the Executive Board Action on November 7, 1991

POST CHILDREN AND YOUTH REPORT

Department of NH American Legion Children and Youth Award

Post Name _____ Post No. _____ District No. _____
 Location _____ Present Membership _____
 Title/Name/Address Making Report: _____

Do you have a Post Home? Yes No
 Date _____ Signature _____

Post MUST file a Consolidated Post Report Form to Department Headquarters
 INCLUDE ALL PROGRAMS THAT HAVE TO DO WITH CHILDREN AND YOUTH!

	Post Expense	Service Hours	# Youth Served	Used Post Home
1) Children Youth Safety Programs	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2) Temporary Financial Assistance	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3) Donation to Sports Programs				
Post sponsored (other than AL Baseball)	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other than American Legion sponsored	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4) April Children and Youth Month				
Department project	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
District project	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Post project	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
5) Community Children Projects				
Legion sponsored	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other than American Legion sponsored	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
6) Other C/Y events not mentioned				
_____	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals	\$ _____	_____	_____	

FUND RAISING EVENTS FOR CHILDREN AND YOUTH PROGRAMS

Event Name	Funds Raised	Service Hours	Used Post Home
	\$ _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$ _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals	\$ _____	_____	

***** Submit a copy of this report to your District Children & Youth Officer, as District awards are given out based on your Post Children & Youth reporting.

MUST BE SUBMITTED AT DEPARTMENT HEADQUARTERS NO LATER THAN April 1
 Accepted by the Department Executive Committee November 12, 2003

BLOOD DONOR REPORT

1. Post Number and Name _____

2. Post Location _____

3. Number of Pints of Blood donated by members of the Post during period
APRIL 1 to APRIL 1, as certified by the **American Red Cross** _____

4. Approximate number of Post members participation in Blood Donations _____

5. Did your Post participate in The American Legion Holiday Blood Drive
last year? _____

6. Does your Post donate the facilities of the Post for the use of the Red Cross
Bloodmobile? _____

Post must file a Consolidated Post Report and a copy must be attached to this report.

(Post Adjutant)

(Post Number)

MUST BE SUBMITTED AT DEPARTMENT HEADQUARTERS NO LATER THAN April 1

Accepted by the Department Executive Board Action November 7, 1991

**DEPARTMENT PDC OSCAR P. COLE
POST COMMUNITY SERVICE AWARD
(An award based on Post Membership size)**

**Membership -
401 or more**

Source: Dept Trophies and Awards Committee
Conditions: One Certificate of Award to the winning Post.
Authority: Trophies & Awards Resolution #3, Dept Convention 1932
Trophies & Awards Resolution #1, Dept Convention 1954.

400 or less

Source: Past Department Commanders
Conditions: One Certificate of Award to the winning Post.
Authority: Trophies and Awards Committee, Dept Convention 1942,
Dept Convention 1954

The Certificate to be inscribed as follows: "PDC Oscar P. Cole Memorial Award for Excellence in the Community Service Work of The American Legion".

Criteria:

1. Awarded annually to that Post of membership size that shall excel in the Community service work of The American Legion in this Department.
2. Award based on the Annual Community Service Activity Report. Post scoring the highest number of points will be declared the winner.
3. Report is to cover activities of the year between 1 APRIL to 1 APRIL.
4. Awarded annually to the Post of respective size.
- 5. Post must file a Consolidated Post Report Form and a copy must be with this Report.**

Presentation:

Awards shall be presented at the Department Convention each year.

MUST BE SUBMITTED AT DEPARTMENT HEADQUARTERS NO LATER THAN April 1

Accepted by the Department Executive Committee Action November 7, 1991.

POST COMMUNITY SERVICE REPORT

It is required that a copy of your consolidated report (CPR) be included with this report and if not received with the report there will be a deduction from your grand total of 75 points. It would be advisable to include a narration with this report

Post No. _____ Membership to date _____ Date _____

A. COMMUNITY SERVICE ACTIVITIES

	Max Allowed	Credit
1. Active part in Youth Sporting Programs	20	_____
2. Adoption or support of Scouting Program	20	_____
3. Active part in local law enforcement education & safety	20	_____
4. Active in Adult Sporting Programs	20	_____
5. Sponsored local high school Oratorical contest	30	_____
6. Conducted campaign of Flag Education	30	_____
7. Presented American Legion School Award Medal	15	_____
8. Post work with Educational Agencies	15	_____
9. Sponsored Youth to Boys & Girls State (15 pts each)	15	_____
10. Organized for response for community disaster	50	_____
11. Acknowledged support of community fund drives	50	_____
12. Conducted program for Patriotic Holidays	20 each	_____
13. Firing Squad for military funerals	10	_____
14. Holiday Activities (toys to children, food baskets, etc)	20	_____
15. Participated in Naturalization proceedings in courts	30	_____

B. COOPERATION IN DEPARTMENT AND NATIONAL LEGION AFFAIRS

1. Active support of Department Commanders project	20	_____
2. Active support of National Legislative program	20	_____
	GRAND TOTAL	_____

We hereby certify that the above entries are correct.

(Post Adjutant)

(Post Commander)

MUST BE SUBMITTED AT DEPARTMENT HEADQUARTERS NO LATER THAN April 1

THE AMERICAN LEGION - Department of New Hampshire
21 South Fruit St Suite 266 Concord NH 03301

603-856-8951 Fax 603-856-8943

**ALBERT E. NADEAU MEMORIAL
POST SERVICE WORK AWARD
(An award based on Post Membership size)**

**Membership -
401 or more**

Source: Department of New Hampshire
Conditions: One Certificate of Award to the winning Post.
Authority: Dept Convention 1932
Trophies and Awards Resolution #4, Dept Convention 1983
Dept Convention 1948
Dept Convention 1950
Dept Convention 1954

400 or less

Source: Anonymous Donor
Conditions: One Certificate of Award to the winning Post.
Authority: Dept Convention 1979,
Trophies and Awards Resolution #2, Dept Convention 1983

The Certificate to be inscribed as follows: "Albert E. Nadeau Memorial Award for Excellence in the Post Service Work of The American Legion".

Criteria:

1. Awarded annually to a Post in this Department of membership size, that shall excel in Service Work to veterans, their surviving spouses and children, in obtaining benefits to which they may be entitled.
2. Award to be judged by the Post Service Officers' annual report, subject to verification of the Department Service Officer.
3. Reporting: 12 months
4. Awarded annually to the Post of respective size.
5. **Post must file a Consolidated Post Report Form and a copy must be with this Report.**

Presentation:

Awards shall be presented at the Department Convention each year.

MUST BE SUBMITTED AT DEPARTMENT HEADQUARTERS NO LATER THAN April 1

Accepted by the Department Executive Board Action November 7, 1991.

ALBERT E. NADEAU MEMORIAL AWARD

POST SERVICE WORK (1 of 2 pages)

How awarded: Annually to that Post in membership size that shall excel in Service Work to veterans and families.

Conditions: Posts competing for these awards shall present this report, duly certified by the Post Commander and Service Officer, to Department Headquarters by April 1 each year.

POST # _____ DATE _____

LOCATION _____

MEMBERSHIP TO DATE _____

PART 1 VETERANS ONLY

ITEM	CASES	
1. Cash grants	_____ @ 5 pts each	_____ \$ _____
2. Food, clothing, lodging assistance	_____ @ 5 pts each	_____
3. Transportation assistance	_____ @ 5 pts each	_____

B. NON-FINANCIAL ASSISTANCE - HOSPITALIZED VETERANS

1. Comfort/Cheer	_____ @ 10 pts each	_____
2. Recreation provided	_____ @ 10 pts each	_____
3. Entertainment provided	_____ @ 10 pts each	_____
4. Post Canteen book fund	25 points total	_____
5. Donation to Department Canteen book fund	25 points total	_____

C. NON-FINANCIAL ASSISTANCE ONLY - ALL VETERANS

1. New disability claims handled	_____ @ 10 pts each	_____
2. Respond disability claims handled	_____ @ 10 pts each	_____
3. Medical claims handled	_____ @ 5 pts each	_____

ALBERT E. NADEAU MEMORIAL AWARD

POST SERVICE WORK (2 of 2 pages)

- 4. NH State Veterans Home Application _____ @ 5 pts each _____
- 5. Assistance in securing employment _____ @ 5 pts each _____
- 6. Hospital/Nursing Home visits to Post members _____ @ 10 pts each _____

D. DECEASED VETERANS

- 1. Dept. graves registration cards submitted 40 pts total: _____
- 2. Post providing Legion grave markers 25 pts total: _____
- 3. Post Firing Squads provided _____ @ 10 pts each _____
- 4. Post Color Guards provided _____ @ 10 pts each _____
- 5. Post Funeral details (bearers, etc.) _____ @ 10 pts each _____

PART II SURVIVORS ONLY

A. FINANCIAL ASSISTANCE ONLY

- 1. Financial Scholarships _____ @ 10 pts each _____ \$ _____
- 2. Cash grants or loans _____ @ 5 pts each _____ \$ _____
- 3. Food, clothing, lodging assistance _____ @ 5 pts each _____ \$ _____
- 4. Transportation assistance _____ @ 5 pts each _____ \$ _____
- 5. Miscellaneous (Children's Christmas party, etc.) _____ @ 5 pts each _____ \$ _____

B. NON-FINANCIAL ASSISTANCE ONLY

- 1. Surviving spouse pension/DIC claims _____ @ 10 pts each _____ \$ _____
- 2. Burial benefits claims (burial plot allowances) _____ @ 5 pts each _____ \$ _____

GRAND TOTALS: _____ \$ _____

Post Commander: _____

Post Service Officer: _____

JACKSON M. HUNT MEMORIAL FLAG EDUCATION POST NARRATIVE REPORT FORM

Post Name _____ Post No. _____ District No. _____

Location _____ Present Membership _____

Title & Name Making Report _____

Address _____

Date _____ Signature _____

(A) Post must file a CPR Form and a copy must be with this Report

(B) Reporting: 12 months: April 1st to April 1st

1. Did Post conduct a flag retirement ceremony? Yes No
 - 1a. Did Post invite the local Scout Units to participate? Yes No
 - 1b. Did post invite the public to come and observe? Yes No
 - 1c. Was it promoted via local media? Yes No
 - 1d. TV _____ Radio _____ Newspaper _____ Other _____

2. Did Post conduct flag education sessions? **Yes** **No** If so at: _____
 - 2a. Churches _____ Schools _____ Scouts _____ Other _____

3. Did Post put out flags for Memorial Day? Yes No
 - 3a. If so, did Post invite local Scout Units to participate? Yes No

4. Did Post conduct a Flag Day ceremony? Yes No
 - 4a. If so, was the public and Scout Units invited? Yes No
 - 4b. If no to 4., did Post participate in Flag Day Ceremony? Yes No

5. Did Post donate flags? **Yes** **No** If so, to: _____
 - 5a. Churches _____ Schools _____ Scouts _____ Other _____

6. Does Post have an active Color Guard? Yes No
7. Did Post invite Auxiliary/SAL to participate in any of the above activities? Yes No
8. Estimate the number of volunteer service hours provided by the members of the Post for all Flag Activities _____ Hours
9. Estimate the amount of money the Post expended for overhead expenses. (Postage, printing, travel, conferences, etc.) \$ _____
10. Estimate the amount of money donated to other organizations in the name of Flag Education \$ _____
11. Please attach extra sheets if necessary.
12. Mail to the address below.

MUST BE SUBMITTED AT DEPARTMENT HEADQUARTERS NO LATER THAN April 1

Approved August 5, 1995 at Department Executive Committee.

THE AMERICAN LEGION - Department of New Hampshire

21 South Fruit St Suite 266 Concord NH 03301

603-856-8951 Fax 603-856-8943

SCOUT (Boy/Girl) REPORT (1 of 2 pages)

**** INCLUDE CONSOLIDATED POST REPORT

To The American Legion Post Commander: Please give this form to your Legion Post Scout Chairman, and have them call a meeting of Scouting Coordinator, Troop Committee, Scoutmaster and Assistants, and ask that it be completed and returned to the Legion Post Adjutant.

ATTENTION LEGION SCOUT CHAIRMAN: THIS REPORT MUST BE COMPLETED AND RETURNED TO DEPARTMENT HEADQUARTERS BY April 1

Sponsoring American Legion Post _____

Town\City _____

Does Legion Post provide a meeting place for the Troop? **Yes** **No**

Does Legion Post support the troop financially? **Yes** **No**

Does Legion Post have an active Scout Chairman? **Yes** **No**

Is the Scouting Coordinator an active Legionnaire? **Yes** **No**

Total number of adult leaders in the Troop _____

Total number of adult leaders who are Legionnaires _____

Is the Scoutmaster trained? **Yes** **No**

Number of Junior Leaders who are trained _____

Number of registered Scouts as of APRIL 1 _____

Total number of advancements since APRIL 1st _____

Tenderfoot _____

Second Class _____

First Class _____

Star _____

Life _____

Eagle _____

Eagle Palms _____

Number of Scouts who hold Religious Awards _____

SCOUT (Boy/Girl) REPORT (2 of 2 pages)

Total Merit badges earned _____

Number of Boards of Review held _____

Courts of Honor conducted _____

Number of short-term camping trips _____

Number of Scouts attending long-term camp _____

Did Troop participate in District, Council, or National Events? **Yes** **No**

List Events: _____

Did Troop participate in Patriotic events and Community activities since last APRIL 1st?
(Clothing or food collection, Memorial Day, Veterans Day observances, Ceremonial Flag burning,
etc.) **Yes** **No**

Please List _____

Has the Troop performed a "Good Turn" for the sponsoring Legion Post? **Yes** **No**

Please Describe: _____

I hereby certify that the above entries are correct

Post Adjutant _____

VENTURE CREW REPORT (1 of 2 pages)

**** INCLUDE CONSOLIDATED POST REPORT

To The American Legion Post Commander: Please give this form to your Legion Post Scout Chairman, and have them call a meeting of Scouting Coordinator, Troop Committee, Scoutmaster and Assistants, and ask that it be completed and returned to the Legion Post Adjutant.

ATTENTION LEGION SCOUT CHAIRMAN: THIS REPORT MUST BE COMPLETED AND RETURNED TO DEPARTMENT HEADQUARTERS BY April 1

Sponsoring American Legion Post _____

Town\City _____

What is the main focus of the Venture Crew? (Sports, Computers, Chess, Sailing, Skiing, etc.)

Does the Legion Post provide a meeting place for the Venture Crew? **Yes** **No**

Does the Legion Post support the Venture Crew financially? **Yes** **No**

Does the Legion Post have an active Scout Chairman? **Yes** **No**

Is the Scouting Coordinator an active Legionnaire? **Yes** **No**

Is the Scouting Coordinator an Active Scouter? **Yes** **No**

Total number of adult leaders in the Venture Crew _____

Total number who are Legionnaires _____

Are the Venture Crew Advisors trained? **Yes** **No**

Number of associates or assistant advisors trained _____

Number of registered Venture Crew Members as of APRIL 1 _____

Total number of CORE Awards	Venturing Award	_____
	Discovery Award	_____
	Pathfinder Award	_____
	Summit Award	_____

VENTURE CREW REPORT (2 of 2 pages)

Did Venture Crew participate in District, Council, or National events? **Yes** **No**

List Events: _____

High Adventure or Super Activities? **Yes** **No**

List Activities _____

Did Venture Crew participate in Patriotic events and community activities since last APRIL 1st?
(Clothing or food collection, Memorial Day, Veterans Day observances, Ceremonial Flag
burning, etc.) **Yes** **No**

List Activities _____

Has the Venture Crew performed a "Good Turn" for the sponsoring Legion Post? **Yes** **No**

Describe: _____

I hereby certify that the above entries are correct

(Post Adjutant) _____

CUB SCOUT REPORT (1 of 2 pages)

**** INCLUDE CONSOLIDATED POST REPORT

To The American Legion Post Commander: Please give this form to your Legion Post Scout Chairman, and have them call a meeting of Scouting Coordinator, Troop Committee, Scoutmaster and Assistants, and ask that it be completed and returned to the Legion Post Adjutant.

ATTENTION LEGION SCOUT CHAIRMAN: THIS REPORT MUST BE COMPLETED AND RETURNED TO DEPARTMENT HEADQUARTERS BY April 1

Sponsoring American Legion Post _____

Town\City _____

Does Legion Post provide a meeting place for the Cub Pack? **Yes** **No**

Does Legion Post support the Cub Pack financially? **Yes** **No**

Does Legion Post have an active Scout Chairman? **Yes** **No**

Total number of adult leaders in the Cub Pack. _____

Total number of adult leaders who are Legionnaires _____

Is the Cubmaster trained? **Yes** **No**

Number of Assistant Cubmasters trained _____

Number of Den Leaders and assistants who are trained _____

Number of Den Chiefs trained _____

Number of registered Cubs as of APRIL 1 _____

Ranks earned as of APRIL 1

Bobcat _____

Tiger _____

Wolf Bear _____

Arrow Point _____

Weebelos _____

Arrow of Light _____

CUB SCOUT REPORT (2 of 2 pages)

Number of Cubs who hold Religious Awards _____

Number of Cubs who graduated to a Scout Troop _____

Did Pack hold Summer Activities? **Yes** **No**

List Activities: _____

Did Cub Pack participate in Patriotic events and Community activities since APRIL 1 ?
(Clothing or food collection, Memorial Day, Veterans Day observances, Ceremonial Flag
burning, etc.) **Yes** **No**

List Activities _____

Has the Cub Pack performed a "Good Turn" for the sponsoring Legion Post? **Yes** **No**

Please Describe: _____

I hereby certify that the above entries are correct

Post Adjutant _____

LOUIS E. WILLET HIGH SCHOOL ORATORICAL CONTEST AWARD

1. This award plaque shall be presented annually to the School in the Department of New Hampshire who sponsors the Department winner.
2. The Department Oratorical Chairman shall present the award plaque to a representative of the winning school at a School Assembly as soon after Contest as possible.
3. The award plaque shall be passed from School to School in accordance with rules 1 and 2.
4. The individual plates shall be suitably inscribed and shall bear the full name of the School.

Accepted by the Executive Board Action on November 7, 1991

ROYAL E. MILLER, JR.
HIGH SCHOOL ORATORICAL CONTEST AWARD

1. This award plaque shall be presented annually to the Post in the Department of New Hampshire who sponsors the Department Winner.
2. The Department Oratorical Chairman shall present the award plaque to a representative of the winning Post at the Department Convention.
3. The award plaque shall be passed from Post to Post in accordance with rules 1 and 2.
4. The individual plates shall be suitably inscribed and shall bear the winner's name and the full name of the sponsor Post and Post Number – (e.g., James E. Coffey Post 3, Hudson Post 48, Merrimack Memorial Post 98, etc).

Accepted by Executive Board Action on February 23, 1975.
Accepted by Executive Board Action on November 7, 1991.

DEPARTMENT PUBLICITY AWARD

Post No. _____

Date _____

Location _____

	Maximum Score	Assigned Score
1. American Legion Local News	40 Points	_____
2. State and National Legion News	15 Points	_____
3. Editorial Excellence	15 Points	_____
4. Attractive Appearance	15 Points	_____
Grand Total 85 Points		_____

Post must file a consolidated post report form and a copy must be with this report

RULES FOR JUDGING

1. Newsletter must have been published at least four (4) times during the Award Year.
2. Newsletters must have been issued between April 1 and April 1 of Award Year.
3. Newsletter must have been mailed to each Post member during the Award period.
4. Entries must be received at Department Headquarters **NO LATER THAN April 1.**
5. **TWO (2) dated issues are to be submitted for judging.**
6. **Department Public Relations Committee shall select three judges.**

Judge: _____

Judge: _____

Judge: _____

Accepted by the Department Executive Board Action November 7, 1991.

**MAURICE L. MCQUILLEN
PUBLICATION PUBLICITY AWARD**

Contestant Name: _____ Post No. _____ Date _____

	Maximum Score	Assigned Score
1. Value to American Legion programs for policies	40 Points	_____
2. Length (no more than 1,000 words)	15 Points	_____
3. Editorial Title (consistent with material)	15 Points	_____
4. Editorial Excellence	30 Points	_____
Grand Total	100 Points	_____

Post must file a consolidated post report form and a copy must be with this report

RULES FOR JUDGING

1. Item must have been published in a periodical (Legion Magazine, Legion Newsletter, Local or State newspaper, etc.)
2. Tear sheet from publication must be provided to the judges.
3. Item must have been published between April 1 and April 1 of Award Year
4. Entries must be received at Department Headquarters **NO LATER THAN April 1.**
5. Item must carry the name of the author, either in print or by signature and must have been written by that person.
6. **Department Public Relations Committee shall select three judges.**

Judge: _____

Judge: _____

Judge: _____

Accepted by the Department Executive Board Action November 7, 1991.

HERBERTA STARK MEMORIAL HISTORY YEARBOOK CONTEST RULES

All entries must be submitted to Department Headquarters by **April 1**, reporting 12 months

Cover:	Maximum size 12 x 14 1/2 inches, emblem, etc.	_____ (5)
Compiler Name/address	Inside front cover/lower left-hand corner	_____ (5)
Title Page	Centered in logical arrangement/double line spacing plus, etc.	_____ (5)
Introduction	Post background, tie-in with Dept./National, Community, etc.	_____ (5)
Table of Contents	Consists of Chapter and Appendices (statistics), etc.	_____ (5)
Preamble	Constitution of The American Legion, etc.	_____ (5)
Index	Comprehensive alphabetical listing carried at end of yearbook	_____ (5)
Page Numbering	Carried of Department Memorabilia pages and index	_____ (5)
Arrangement	Systematic and logical arrangement should be sought and planned. Material dates and events recorded in chronological order. The reader must be able to follow the meaning of the pictures, clippings, programs, tickets, badges, etc., with little confusion.	_____ (20)
Identification	All clippings and/or photographs must have occasion, source, dates, functions, names, etc., listed to properly identify the subject matter. Provide "left to right" identification.	_____ (15)
Photographs	Must be clear-cut. Blurry/foggy prints will not add materially.	_____ (10)
Originality	Different in thought and presentation	_____ (10)
Judges will consider -	a number of qualities or items of content in the yearbook which are not readily catalogued under the preceding headings.	
Judges will determine -	that some yearbooks contain items and features which make them attractive and especially useful.	_____ (5)
TOTAL POINTS OF ENTRY (100 possible)		_____

Must have Consolidated Post Report (CPR) attached.

Revised at Department Convention 15 June 1995.

CHARLES H. (PAT) DEVINE MEMORIAL SCRAPBOOK PLAQUE (1 of 2 Pages)

Source: The Henry J. Sweeney Post #2, Manchester, NH
Authority: The Department Convention of 1958
Conditions:

- A. Maintain press clippings and photographs pertaining to the activities of the Post, particularly in connection with assistance and patriotic observances and actions on behalf of disabled veterans, their widows, and orphans and generally participate in community projects of all sorts.
- B. The new items shall not be limited to any particular paper but should be clipped from either local newspapers or those of statewide circulation.
- C. A committee of three judges, to be appointed by the Department Commander, all of whom shall be newspapermen or journalists, all determine the winner. All entries shall be submitted to the Department Headquarters of the American Legion on or before **April 1** so that a decision may be made, and the plaque awarded to the winning Post at the Annual Department Convention.
- D. The winning Post shall have its name inscribed upon the plaque and shall have possession of the plaque until the next Annual Department Convention of the New Hampshire Department.

The following additional rules were added by Department Convention action taken June 25, 1977, giving the Department Historian (Herberta T. Stark) the authority to draw up new rules:

- 1. Title Page** containing name of Post, location and years conversed as well as the name of the person compiling the scrapbook.
- 2. Foreword** would include reason for selection of Post name and if for a departed comrade or comrades, should contain a short sketch of their lives.
- 3. Alphabetical index** This is important. It should contain the names, places and events with page references to each and should be carried at the end of the scrapbook.

RULES

1. The Scrapbook is to cover the years events beginning at the date of the Installation of the Post's Officers and ending at the conclusion of the Post Year. (Posts not observing the Department dates should make their books from APRIL 1st to APRIL 1st.)
2. The Scrapbook should be a maximum size of 12 x 14 1/2 inches and have a substantial cover.

(over)

CHARLES H. (PAT) DEVINE MEMORIAL SCRAPBOOK PLAQUE cont. (2 of 2 Pages)

3. All clippings and/or photographs must have the occasion, source, dates, functions, names, etc. listed to properly identify the subject matter for someone to recognize several years from now.
4. Index should alphabetically carry the names, places and events with page references to each and appear at the end of the book.

MUST BE AT HEADQUARTERS NO LATER THAN April 1

The foregoing factors will be considered by the judges as well as:

- the comprehensiveness of the scrapbook and,
- the features which make the Scrapbook History especially attractive, useful and of historic value.

Post must file a Consolidated Post Report (CPR) form and a copy must be with the report.

Accepted by the Department Executive Board Action November 7, 1991.

PDC WILLIAM E. SANBORN INTERPOST ACTIVITIES CERTIFICATE

BASIS FOR AWARDING CERTIFICATE

This certificate will be awarded annually at the Department Convention. The qualifying year is APRIL 1 to APRIL 1.

The winner of the award is based on participation in Inter-Post Activities on a point system:

- First Place winner - 25 points;
- Second Place winner - 15 points;
- Third Place winner - 10 points;
- Fourth Place winner - 5 points.

In case of a tie, a play-off is not possible, the points will be divided equally between the tying Posts.

In teams composed of members of more than one Post, point credit will be given to the Post whose Adjutant authenticated the team's entry form.

The Chairman of each event will maintain records and be present at a meeting to compile scores and points to determine the winner of the award.

MUST BE SUBMITTED TO DEPARTMENT HEADQUARTERS NO LATER THAN April 1.

Accepted by the Department Executive Board action November 7, 1991.
Modified by the Department Executive Board August, 1999

Post Website of the Year

Post Name _____

Post Number _____

City/town post is located _____

WEBSITE ADDRESS: _____

PURPOSE -

The purpose of the information presented in the site should be clear. Some sites are meant to inform, persuade, state an opinion, entertain, or parody something or someone. Evaluating a web site for purpose:

- Does the content support the purpose of the site?
- Is the site organized and focused?

CURRENCY -

Currency of the site refers to:

- how current the information presented is, and
- how often the site is updated or maintained. It is important to know when a site was created, when it was last updated, and if all of the links are current.

Evaluating a web site for currency involves finding the date information was:

- First written
- Placed on the web
- Last revised
- Grammar and spelling must be accurate

PRESENTATION -

Certificate given to the post with the best layout and information on their post website

Copy of Consolidated Post Report (CPR) must be with this sheet

MUST BE IN THE DEPT HQ OFFICE BY April 1

THE AMERICAN LEGION - Department of New Hampshire

21 South Fruit St Suite 266 Concord NH 03301

603-856-8951 Fax 603-856-8943

All blank pages can be used for notes.