

UNITED METHODIST WOMEN - ALA WEST FLORIDA CONFERENCE

DISTRICT OFFICER REPORT

DISTRICT MISSION TEAM: Return by November 30th to all Conference and District Mission Team and District Superintendent

YEAR	DISTRICT (specify which)		
	PRESIDENT	TREASURER	SECRETARY
Name			
Address			
City, St Zip			
Phone			
E-mail			
	VICE PRESIDENT	COMMUNICATIONS	PROGRAM RESOURCES
Name			
Address			
City, St Zip			
Phone			
E-mail			
	MEMBERSHIP N&O	SOCIAL ACTION	SPIRITUAL GROWTH
Name			
Address			
City, St Zip			
Phone			
E-mail			
	EDUCATION & INTERP	NOMINATIONS	OTHER
Name			
Address			
City, St Zip			
Phone			
E-mail			
Name			
Address			
City, St Zip			
Phone			
E-mail			
		DATE OF REPORT	
<p align="center">NOTE: Officers to take office January 1. Officers are elected and inducted into office at the Fall Spiritual Enrichment event.</p>			

**UNITED METHODIST WOMEN
ALABAMA WEST FLORIDA CONFERENCE**

DISTRICT

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, Communications Coordinator								Even	
Membership Nurture & Outreach								Odd	
Social Action								Odd	
Program Resources								Odd	
Nominations Chair								Odd	

Committee Members	Date Submitted
Chair	
Cmt Member	
Cmt Member	
Cmt Member	
Cmt Member	
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 district's newsletter closest to its Fall Spiritual Enrichment / Day Apart. Nominees will be presented and voted on at the event and take office January 1st of the new year.



DISTRICT _____
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

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 -

District 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)."

EXPENSE VOUCHER

District

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:

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

District Secretary _____

Date Paid _____ Check # _____

District Treasurer (SIGNATURE) _____

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 days 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

AWF-UMW 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

	Name	Local Unit	EMAIL ADDRESS	Local/District Office
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
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26				
27				
28				
29				
30				

	Name	Local Unit	EMAIL ADDRESS	Local/District Office
31				
32				
33				
34				
35				
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37				
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41				
42				
43				
44				
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59				
60				

	Name	Local Unit	EMAIL ADDRESS	Local/District Office
61				
62				
63				
64				
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72				
73				
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83				
84				
85				
86				
87				
88				
89				
90				

	Name	Local Unit	EMAIL ADDRESS	Local/District Office
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
101				
102				
103				
104				
105				
106				
107				
108				

UMW CONSOLIDATED PRESIDENT REPORT for **DISTRICT**

2022

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 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					0	
23					0	
24					0	
25					0	
26					0	
27					0	
28					0	
29					0	
30					0	
31					0	
32					0	
33					0	
34	District				0	
	Studies		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

CPR

2

MEMBERSHIP Jan 1 to Nov 30	Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30	2022	0
--------------------------------------	-------------------------	------------	-------------------------------	---	--------------------------	-------------	----------

CPR

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	0					0
23	0					0
24	0					0
25	0					0
26	0					0
27	0					0
28	0					0
29	0					0
30	0					0
31	0					0
32	0					0
33	0					0
34	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

Put in 1 or blank, not X or not Yes

CPR

17	0					0
18	0					0
19	0					0
20	0					0
21	0					0
22	0					0
23	0					0
24	0					0
25	0					0
26	0					0
27	0					0
28	0					0
29	0					0
30	0					0
31	0					0
32	0					0
33	0					0
34	District					0
TOTAL Mission Today		0	0	0	0	0

4

FIVE STAR ACHIEVEMENTS IN GIVING - includes all paid for 5-Star not just pledges. This amount should be confirmed with your district treasurer. **2022**

LOCAL UNIT	5-STAR	5-CHANNELS (Pledge, Card, SMR pin, Memory, World Thanks) \$\$	Supplementary to Nat'l	Love Offering	TOTAL SENT TO CONFERENCE	0

CPR

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	0					0
23	0					0
24	0					0
25	0					0
26	0					0
27	0					0
28	0					0
29	0					0
30	0					0
31	0					0
32	0					0
33	0					0
34	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			
	2			
3				

Use either the number 1 or leave blank

CPR

40				
50				
60				
70				
80				
90				
100				
110				
120				
130				
140				
150				
160				
170				
180				
190				
200				
210				
220				
230				
240				
250				
260				
270				
280				
290				
300				
310				
320				
330				
34 District				
TOTAL Charter Racial	0	0	0	TOTAL 0

8

READING PROGRAM LOCAL UNIT	PLAN					TOTAL	2022
	ONE	TWO	THREE	FOUR	PART.		0
10						0	enter the actual number per plan per unit use numbers, not an X
20						0	
30						0	
40						0	
50						0	
60						0	
70						0	
80						0	
90						0	
100						0	
110						0	
120						0	
130						0	
140						0	
150						0	
210						0	
220						0	
230						0	
240						0	
250						0	

26	0									0
27	0									0
28	0									0
29	0									0
30	0									0
31	0									0
32	0									0
33	0									0
34	District									0
TOTAL Reading Prg		0	0	0	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%
20	0			0				0.0%	0.0%
21	0			0				0.0%	0.0%
22	0			0				0.0%	0.0%
23	0			0				0.0%	0.0%
24	0			0				0.0%	0.0%
25	0			0				0.0%	0.0%
26	0			0				0.0%	0.0%
27	0			0				0.0%	0.0%
28	0			0				0.0%	0.0%
29	0			0				0.0%	0.0%
30	0			0				0.0%	0.0%
31	0			0				0.0%	0.0%
32	0			0				0.0%	0.0%
33	0			0				0.0%	0.0%
34	District			0				0.0%	0.0%
TOTALS Attendance		0	0	0	0	0	0		
					Grand 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
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0
0
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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?	

CPR

Other											#REF!	#REF!	#REF!	#REF!		
TOTALS	#####	###	###	####	###	###	####	###	###	###	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
FOR THE YEAR	#REF!				DISTRICT						#REF!					

**ALABAMA WEST FLORIDA CONFERENCE
UNITED METHODIST WOMEN**



DATE:

[Redacted]

TO:

[Redacted]

RE:

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

DATE
CHANGE
EFFECTIVE

[Redacted]

The membership of the Alabama West Florida Conference United Methodist Women, for the District listed below 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.

Authorized for the District listed below which is a part of the Alabama West Florida Conference, Southeastern Jurisdiction and the National United Methodist Women.

[Redacted] District

Outgoing Officers Names and Addresses:

[Redacted] President
[Redacted] Treasurer

Incoming Officers Names and Addresses:

[Redacted] President
[Redacted] Treasurer

Federal Tax # 63-1108101

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

Bank Account Name	DISTRICT	
	ACCT #	Route #
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

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

Respectfully,

Outgoing President

Alabama West Florida Conference United Methodist Women
Resolution by the Executive District Team

Dated:

District:

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,

District President,
Alabama West Florida Conference
District
United Methodist Women



**TALENT BANK INFORMATION FOR PROSPECTIVE LEADERSHIP
ALABAMA WEST FLORIDA UNITED METHODIST WOMEN**

(Please type or print) Date _____

NAME _____

ADDRESS _____

EMAIL _____

TELEPHONE: Home _____ Cell _____

LOCAL CHURCH _____ AGE _____

RACIAL/ETHNIC GROUP _____

EMPLOYED Full time _____ Part time _____ Retired _____

EMPLOYMENT POSITION _____

EXPERIENCE IN UNITED METHODIST WOMEN

Local _____ District _____
Conference _____ Other _____

SPECIAL TALENTS AND SKILLS

Should have Computer skills and be able to use Excel (Treasurer) or Word (Secretary)

ABILITY TO BE AWAY FROM HOME OR EMPLOYMENT FOR:

Full Day _____ Weekend _____ Extended Period of Time _____

OTHER SIGNIFICANT INFORMATION

If person filling out form is same as the person named, complete the following:

You may consider my name for:

_____ any position at the Conference level

_____ any position on the District level

_____ any specific positions(list) _____

Name of Person Submitting Information _____

**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. SEND TO: DEBBIE BELL, 9640 Sky Vista Dr. Semmes, AL 36575 / mawbel36575@yahoo.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.

**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