POST 15 PROGRAM & COMMITTEE REPORT

Gordon M. Crothers American Legion Post 15
Dade City, Florida

PART 1 — PERIODIC PROGRAM / COMMITTEE REPORT

Use this section to provide a brief update on the overall status of your program or committee. Complete a separate **Activity/Event Report** for significant activities conducted during the reporting period.
Program / Committee:

Reporting Period:

Chair / Person Reporting:

Date Submitted:

Status & Accomplishments

Briefly describe the current status of the program or committee and any significant accomplishments during this reporting period. If there was no activity, a simple status update is sufficient.

Activities Conducted

Number of activities/events included with this report: _____
Complete **Part 2 — Activity/Event Report** for each significant activity, event, project, or service effort that should be documented.

Upcoming Activities & Deadlines

List upcoming activities, important dates, deadlines, or planned work.

Leadership Attention

Identify any assistance, decision, resources, concerns, opportunities, or recommendations that should be brought to Post leadership's attention.

Follow-Up Actions

List any specific actions that need to be completed.
Action Needed:

Responsible Person, if known:

Due Date, if applicable: _____
Additional actions may be listed on a separate page if needed.

PART 2 — ACTIVITY / EVENT REPORT

Complete this section for each significant activity, event, project, or service effort. Use additional copies as needed.

Activity Information

Activity / Event Name:

Date: _____
End Date, if applicable: _____
Location:

Briefly describe what took place:

Participation & Service

Number of Volunteers: _____
Total Volunteer Hours: _____
Number of People Served / Assisted: _____

When useful, list participating members or volunteers and their approximate hours. A complete list is not required when only aggregate participation information is available.

Participant	Role, if applicable	Hours

Programs & Organizations Involved

Other Post 15 programs or committees involved:

Other participating or supporting organizations:

Financial Information

Complete only the items that apply.

Cost to Post 15: $_____
Donations / Funds Raised: $_____
Additional explanation, if needed:

Results & Impact

What was accomplished? Who benefited? Include measurable results when known.

Examples might include veterans assisted, students participating, awards presented, flags distributed, meals served, Buddy Checks completed, donations collected, or other results that help show the impact of the activity.

Publicity & Supporting Documentation

Was the activity publicized or covered anywhere? If so, where?

Are photos available? Yes / No
Identify any other supporting records that are available, such as flyers, programs, attendance records, correspondence, receipts, news coverage, social media posts, or similar documentation.

Follow-Up

Is additional follow-up needed? Yes / No
If yes:
Action Needed:

Responsible Person, if known:

Due Date, if applicable: _____

Additional Notes

Submitted By: _____
Date: _____