Chapter Name:

**CHAPTER EXECUTIVE / COMMITTEE INFORMATION**

1. Please identify the member that occupies each position on the 2019/20 executive.

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

1. Please list all other chapter board members and their positions. ALL Executive positions must be noted.

|  |  |
| --- | --- |
| **Position** | **Name** |
| Director Education |  |
| Director Media |  |
|  |  |
|  |  |
|  |  |
|  |  |

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

**FINANCIAL INFORMATION**

|  |  |
| --- | --- |
| Financial Institution  |  |
| Branch Address |  |
| Account Number(s) |  |

|  |  |  |
| --- | --- | --- |
| Does the chapter have a credit card? | YES | NO |
| Who has the physical credit card? |  |
| Does the chapter use online banking? | YES | NO |
| Who is authorized to access online banking? |  |
| Does the 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: |  |
| What is the chapter fiscal year? |  |
| If not already, when will the chapter be aligned with the fiscal year of the national accounts?(July 1 – June 30)  |  |

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

**Sponsorship**

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

|  |  |  |
| --- | --- | --- |
| Has the chapter received sponsorship money in the 2019/20 fiscal year? | YES | NO |
| If yes, please indicate the company sponsorship was received from and the amount received. | Company | Amount |
| Please indicate what the company was given for the sponsorship ie recognition |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Grants**

|  |  |  |
| --- | --- | --- |
| Has the chapter applied for and received grant money in the 2019/20 fiscal year? | 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 @ July 1, 2019 |  |
| 2019/20 Chapter Revenues |  |
| 2019/20 Chapter Expenses |  |
| Bank Balance @ June 30, 2020 |  |
| Current Bank Balance and date -  |  |

If your bank balance exceeds $4000, 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 the chapter have elected executive positions? |  |  |  |
| Are all your executive positions currently filled? |   |  |  |
| *(if no, which positions are vacant?)*  |
| Has the chapter aligned their election cycle with Nationals?  |  |  |  |
| 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? |  |  |  |
| Were the chapter bylaws reviewed this year? |  |  |  |
| Did any of the chapter executive members attend the National Leadership Team Meeting in at the Professional Development Conference in 2019? |  |   |  |
| *Chapter Meetings/Activities* |
| Have you held six (6) or more meetings/activities within the last year for chapter members? In-person or virtual |   |   |  |
| On average, how many members attend your chapter meetings/activities? |  |
| Does your chapter participate or promote NAOSH Week activities? |   |  |  |
| Does your chapter have its own awards and recognition program?  |  |  |  |
| *Chapter Members* |
| Do you recognize your chapter members with anniversary pins? |  |  |  |
| Do you send a welcome letter to new members each month? |  |  |  |
| Do you actively follow up with the members due for renewal each month? |  |  |  |
| *Accounting* |
| In the last year, were your revenues greater than your expenses? |  |  |  |

**What projects or goals did your chapter accomplish from July 2019 to June 2020?**

**CHAPTER 2019/2020 REPORT**

**Please include the cost of the events or initiatives undertaken in 2019/2020. Feel free to use your budget from last year adjusted with actual costs.**

**What are the goals for your chapter from July 2020 to June 2021? Please include all events and initiatives the chapter is planning.**

**CHAPTER 2019/20 PLAN**

**Please provide your chapter budget for 2020/2021 or attach it to this report.**

**Please outline any concerns you have for your chapter for 2020/21?**

The CSSE is looking to provide greater consistent support to chapters by aligning chapter elections, Annual General Meetings and consistent bylaws for all chapters to adhere to. This initiative will assist in aligning chapter and society 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 updated or created in 2019/20.

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

Additional Documents Provided:

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

Additional Comments; Please include anything that you feel Head Office could assist with helping you.

**CHAPTER MAILING ADDRESS**

All chapter mail will come to this address for the upcoming year. This will include the chapter rebate cheque, anniversary pins and Awards of Excellence.

|  |
| --- |
| Contact Person:  |
| \*Company: | \*Job Title: |
| Address: | City:  |
| Province: | Postal Code: |
| Email Address: | Phone:  |

\*Please include if mailing to a business address.

SIGNATURE

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

 (please print name)

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

 (signature)

*Please submit this form to the CSSE Office by emailing it to your RVP*

*and* *eshelton@csse.org*

*By* ***October 31*** *to receive your annual chapter rebate.*