

## **Elks Drug Awareness District Chairman's Report Year**

State Association: **Virginia**

District DAP Chairperson:

Name and Number of your Lodge:

Number of Lodges in your District:

Total number of D/A Programs held by your Lodges:

Total number of Youth reached in all programs/events (Lodge, District):

Total number of Adults reached in all programs/events (Lodge, District):

Total number of Elks participating in all programs/events (Lodge, District):

Total numbers of non-Elks participating in all programs/events (Lodge, District):

Total Volunteer Hours – Elks:

Total Volunteer Hours non-Elks:

Total Hours:

Total Value of Volunteer (Total Hours x \$20.25):

How many Drug Awareness Trailers in your District:

Total number of programs/events using trailer (Lodge, District):

Total number of miles traveled by Trailer in all programs/events:

Total number of appearances by Elroy-the-Elk:

Total Dollar Amount of all ENF Grants to your D/A Program:

Total Dollar Amount of all other funds (do not include above) to your D/A Program:

Total Program Expenditures (Lodge and District):

Does your State have its own Drug Awareness Newsletter: (Yes/No)

Do you receive the National Drug Awareness Program Newsletter: (Yes/No)

Number of training sessions you held in your District:

Total number of attendees (include non-Elks):

List any coalitions or community action groups you joined this year:

During the past year please, list what you believe to be the most significant aspect of your District's Drug Awareness Program and give a brief description of the program/event and the reason why you feel it is the most significant:

In your estimation what Lodge (name and number) in your District has the best Drug Awareness Program and why:

What are your goals for your District's Drug Awareness Program in the next year:

Do you participate in the Elks Drug Awareness Mentoring Program (please describe your role):

**REPORT DUE AUGUST 25<sup>TH</sup> OF EACH YEAR**