

New Annual Chapter Report Form (Electronic) Frequently Asked Questions

Greetings Sorors,

Thank you in advance for agreeing to submit this year's Annual Chapter Report utilizing our <u>revised</u> <u>form</u>. The revised form will help to bring to fruition Grand Basileus Loveless's vision of quantifying our national programs and community service projects. The below frequently asked questions will assist you with additional information about the data collection project.

Please submit your document to:

A. SGR International Corporate Headquarters

a. Email: eoy@sgrho1922.org

b. Fax: 919-678-9721

c. U.S. Mail: Sigma Gamma Rho Sorority Inc., 1000 Southhill Drive, Suite 200, Cary NC 27513

B. Cc: RhondaDavis@hotmail.com

C. Remember, it is the chapter's responsibility to ensure that the report is <u>RECEIVED</u> by our international corporate headquarters by the July 15, 2010 deadline. If your report is sent via U.S. Mail, delivery confirmation is advised. A late fee of \$50 is assessed for late reports and the chapter will not be considered as a chapter in good financial standing until the late fee is paid.

1. What is the purpose of the project?

The purpose of the project is to quantify the community service and national program initiatives. It is imperative that we continue to quantify the work that we are doing in the community for the purpose of presenting this information for grant proposals and other external funding sources, as well as to enable us to communicate effectively the community impact of our work nationwide.

2. When will the Revised Annual Report Form be ready to use by chapters?

Please begin using the new form **NOW** to ensure submission by the normal July 15th deadline.

3. What are the benefits of the Revised Annual Report Form?

- Revision from Word form to Excel document
- User-friendly
- Efficient data collection
- Increase accuracy through built in math calculations if completed electronically

4. Will our chapter get a confirmation that our report was received?

Yes, the chapter Basileus or her designee will get an e-mail that your "End of Year Chapter Report" was received by ICHQ from email address eow@sgrho1922.org.

5. Where can we go to give our chapter's feedback on this new process?

http://www.surveymonkey.com/s/YY8YTMY

This link will allow you to submit your chapter's feedback.

After you have completed the process of using the revised Annual Chapter Report Form, we encourage you to take a few moments to provide feedback on your experience utilizing the form.

6. Does the form have to be secured and completed electronically?

It is preferable that the form be accessed and completed electronically to provide the greatest benefit to both the chapter and the sorority; however, hard copies of the form can be secured from our international corporate headquarters office, 888.SGR.1922.

Special Activities Committee

- Dr. Rhonda Norman, chair (Central)
- Soror Bridgette Cook (Western)
- Dr. Alexandria Crumble-Walker (Central)
- Dr. Fenobia Dallas (Central)
- Soror Rhonda Davis (Central)
- Soror Zaria Davis (Northeastern)

SIGMA GAMMA RHO SORORITY, INC.



Revised Year End Report Form/Data Collection As of 05/2010

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Background

The revised form will help to bring to fruition Grand Basileus Loveless's vision of quantifying our national programs and community service projects. It is imperative that we continue to quantify the work that we are doing in the community for the purpose of presenting this information for grant proposals and other external funding sources, as well as to enable us to communicate effectively the community impact of our work nationwide.

1. Purpose

The purpose of this work instruction is to describe the steps necessary to execute the Revised Year End Report Form/Data Collection to quantify the community service and national program initiatives.

2. Scope

This work instruction applies to all Financial Chapters of Sigma Gamma Rho Sorority, Inc.

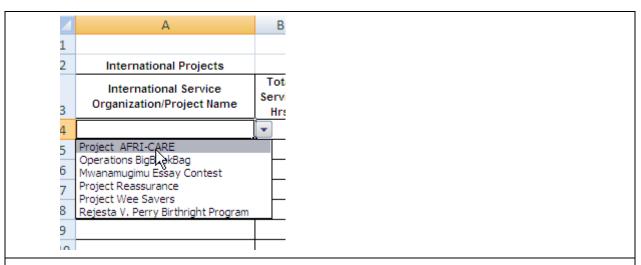
3. Instructions/Procedures

3.1. The International Projects

1. Click tab **International Projects**. (*Note: Located lower level of the worksheet.*)



2. Click the *drop-down menu* for **International Service Organization/Program Name**. Select one of the *International Service Organization* then Click **Tab**.



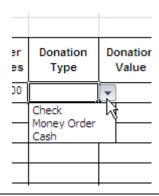
3. Enter the *value* for **Total Service Hrs** then Click **Tab**.



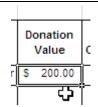
4. Enter the *value* for **Chapter Expenses** then Click **Tab**.



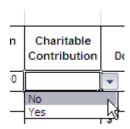
5. Click the *drop-down menu* for **Donation Type**. Select one of the *Donation Type* then Click **Tab.**



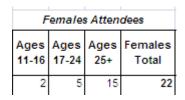
6. Enter the *value* for **Donation Value** then Click **Tab.**



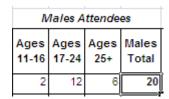
7. Click the *drop-down menu* for **Charitable Contribution**. Select one of the *Charitable Contribution* then Click **Tab**.



8. Enter the *values* for each **Females Attendees:** *Ages 11-16, 17-24 and 25*+ then Click **Tab.**



9. Enter the values for each Males Attendees: Ages 11-16, 17-24 and 25+ then Click Tab.

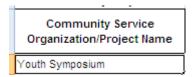


3.2. The Community Service Projects

10. Click the tab **Community Services Projects**.



11. Type the Community Service Organization/Project Name.



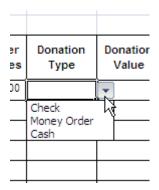
12. Enter the *value* for **Total Service Hrs** then Click **Tab**.



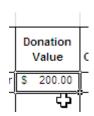
13. Enter the *value* for **Chapter Expenses** then Click **Tab**.



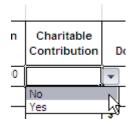
14. Click the *drop-down menu* for **Donation Type**. Select one of the *Donation Type* then Click **Tab**.



15. Enter the *value* for **Donation Value** then Click **Tab**.



16. Click the *drop-down menu* for **Charitable Contribution**. Select one of the *Charitable Contribution* then Click **Tab**.



17. Enter the *values* for each **Females Attendees**: *Ages 11-16*, *17-24 and 25*+ then Click **Tab**.

I	emales	s Atten	dees	
1	Ages 17-24		Females Total	s
2	5	15	2	2
Enter	the va	alues	for each	h Males Attendees: Ages 11-16, 17-24 and 25+ then Click
	the vo			h Males Attendees: Ages 11-16, 17-24 and 25+ then Click
1	/lales A	ttende		h Males Attendees: Ages 11-16, 17-24 and 25+ then Click
/ Ages	/lales A	ttende Ages	es	h Males Attendees: Ages 11-16, 17-24 and 25+ then Click
/ Ages	Aales A	ttende Ages	es Males	h Males Attendees: Ages 11-16, 17-24 and 25+ then Click

3.3. The Year End Report

19. Click the tab Year End Report .
Year End Report
20. CHAPTER STATISTICS: Type Chapter Name then Click Tab.
CHAPTER NAME: Epsilon Lambda Sigma
21. Type EIN then Click Tab .
EIN: <u>31-563478</u>
22. Click the <i>drop-down menu</i> for Location . Select your <i>Location</i> then Click Tab .
LOCATION: CENTRAL NORTHEAST SOUTHEAST SOUTHEAST VESTERN
23. Enter the <i>value</i> for Active Members From Last Year then Click Tab.
Active Members from Last Year 25
24. Enter the <i>value</i> for New Members Inducted then Click Tab.
New Members Inducted 4
25. Enter the <i>value</i> for Members Reactivated then Click Tab.
Members Reactivated 1

26. Enter the <i>value</i> for Transfer to Ch	apter then Click Tab.
Transfer to Chapter	<u>2</u> _,
27. Enter the <i>value</i> for Less Inactive M	Iembers then Click Tab.
Less Inactive Members	2
28. Enter the <i>values</i> for <i>Affiliate Sponso</i> Tab.	orships: Rhoer/Philo Club Members then Click
Affiliate Spons	sorships
Rhoer Club Members	10
Philo Club Members	5
Members/Others: No. and Amount	
Scholarships Receipent	No. Amount
Undergraduate Sorors	2 \$ 1,000.00
Rhoer Club Members	2 \$ 500.00
Others	
Total:	5 \$ 2,000.00
30. <i>Optional</i> : Enter the <i>values</i> for <i>Char</i> Click Tab.	ritable Contributions: Recipient and Amount then
Chartiable Contribu	utions
Recipient AKA Community Service Project	Amount \$ 250.00
March of Dimes	\$ 500.00
31. OFFICER ROOSTER: Click the	() check box for either Basileus or Advisor .
(check one) ☑ Basileus ☐ Advisor	
32. Enter the <i>values</i> for the <i>Chapter Mo</i> Email Address then Click Tab.	ailing Address: Address, City/State/Zip, Phone and
Address: PO Box 19808	
City/State/Zip Cinicnnati, Oh 45219	
Phone: (513) 793-4012 E-mail Address: elssgrho@yahoo.com	
anagring/ana.smi	

33. Enter the <i>valu</i>	ue for Basileus of	the Chapter then Click Tab.
Basileus:	Mary Smith	
	ues for 1 st Anti-Ba r Graduate Chapt	asileus/2 nd Anti-Basileus. (Note: only include the ter Report.)
1st Anti-Basileus:	Nancy Thomas	Advisor To:
2nd Anti-Basileus:	Rhonda Davis	Advisor To:
_		3 rd /4 th /5 th /6 th /7 th Anti-Basileus and Advisor To of the only include the Advisor To for Graduate Chapter
3rd Anti-Basileus:	Niki Adams	Advisor To: Xavier University
4th Anti-Basileus:	Michelle Lowe	Advisor To: University of Cincinnati
5th Anti-Basileus:		Advisor To:
6th Anti-Basileus:		Advisor To:
7th Anti-Basileus:		Advisor To:
36. Enter the <i>valu</i> Click Tab.	ue for Grammate u	us/Tamiochus/Anti-Grammateus of the Chapter then
Grammateus:	Joyce Reid	
Tamiochus	Diana Howard	
Anti-Grammateus:	Evelyn Todd	•
37. Enter the <i>vali</i> Chapter then	_	Parliamentarian/Sergeant-at-Arms/Chaplin of the
Epistoleus:	Bobbie Love	
Parliamentarian:	Sarah Harris	-
Sergeant-at-Arms:	Terri Hurdle	-
Chaplin:	Monique Peters	-
38. Enter the <i>valu</i>	ue for Rhoer/Philo	o Club Advisor of the Chapter then Click Tab.
Rhoer Club Advisor	: Felicia Phillips	
Philo Club Advisor:	Kim Griffin	

1 Balance on Hand - Beginning Year	\$	1,900.00	
40. Enter the <i>values</i> for Receipts then Click	k Tab.		
2 Receipts:			
Head tax and other Assessments	\$	650.00	
Insurance Assessment	\$	350.00	
National Education Fund	\$	100.00	
SPEAR	\$	100.00	
Rhomania		-	
Sigma Week	<u>\$</u>	350.00	
Founder's Week	\$	250.00	
Local Dues	\$	1,200.00	
Regional (Chapter) Assessments	\$	250.00	
Regional (Individual) Assessments	\$	400.00	
Other (Specify)			
MSI Ad	\$	250.00	
	\$		
TOTAL RECEIPT	'S: \$	3,900.00	
1. Enter the <i>values</i> for Expenses then Clic	ck Tab.		
4 Expenses:			
Head tax and other Assessments	\$	650.00	
Scholarships	\$	2,000.00	
Service Projects	\$	650.00	
NAACP Contribution	\$		
UNCF Contribution	\$		
Habitat for Humanity Contribution	\$	-	
Ancillary Expenses (NEF/SPEAR)	\$	200.00	
Other (Specify)			
March of Dime	\$	500.00	
	\$	-	
	\$	-	
	\$	-	
TOTAL EXPENSES	S: \$	4,000.00	

Tami Thomas	2345 Montgomery Road
Basileus	Address
Theresa Harris	441 Vine Street
Grammateus	Address
Taniesha Goings	340 Dayton Street Apt # 12
Tamiochus	Address

43. Click the $(\sqrt{})$ check box for the **Basileus/Grammeteus/Tamiochus.** (*Note: Checking the box above denotes an electronic signature for the listed individual.*)

	Tami Thomas	2345 Montgomery Road
1	Basileus	Address
	Theresa Harris	441 Vine Street
V	Grammateus	Address
	Taniesha Goings	340 Dayton Street Apt # 12
V	Tamiochus	Address

Checking the box above denotes an electronic signature for the listed individual.

44. **INTERNATIONAL PROGRAM SUPPORT:** Type the **Describe Activity** for all *International Programs* then Click **Tab**. (*Note: Only required to enter the describe activity based off the data enter from the International Projects tab.*)

Project/Program/Activ	ity	Hours	Tota	al Amount/Est	Total Attendees
Project Reassurance		10	\$	550.00	42
Describe Activity:	Put on a program for teen mothers.	Provide them gifts to help assist then	n in m	otherhood.	

45. **COMMUNITY SERVICE INITIATIVES:** Type the **Describe Activity** for all *International Programs* then Click **Tab**. (*Note: Only required to enter the describe activity based off the data enter from the Community Service Projects tab.*)

Project/Program/Activ	ity	Hours	Total A	mount/Est	Total Attendees
Youth Symposium		20	\$	900.00	34
Describe Activity:	Put on a program for inner city youth ages 12-18 to come of Explaining to the youth the importance of being healthy and		ate in son	ne fun and e	xciting seminars.

46. **PHILO FINANCIAL REPORT:** Enter the *values* for **Source of money Received** then Click **Tab.**

1 Source of money Received	Date	Amount
Balance from last Report	7/1/2009	\$ 450.00
National Affiliate Tax (Chapter)	_	\$ 250.00
National Philo Tax (Individual)		\$ 125.00
Fundrasier(s) Name		\$ 450.00
Founders Week	_	\$ -
Other		
Bengal Game		\$ 250.00
	_	\$ -
		\$ -
Total Amount Received:		\$ 1,525.00
2 Money Expended		Amount
2 Money Expended National Tax		
	S	250.00 250.00
National Tax	s	250.00 250.00
National Tax Assessments	\$ \$ \$	250.00 250.00 -
National Tax Assessments Scholarships	\$ \$ \$	250.00 250.00 - -
National Tax Assessments Scholarships Service Projects	\$ \$ \$ \$	250.00 250.00 - - -
National Tax Assessments Scholarships Service Projects National Eduction Fund	\$ \$ \$	250.00 250.00 - - -
National Tax Assessments Scholarships Service Projects National Eduction Fund SPEAR	\$ \$ \$ \$ \$ \$	250.00 250.00 - - - - - -
National Tax Assessments Scholarships Service Projects National Eduction Fund SPEAR Mwanamugimu	S S S S S S S S	250.00 250.00 - - - - - - -
National Tax Assessments Scholarships Service Projects National Eduction Fund SPEAR Mwanamugimu NCNW	\$ \$ \$ \$ \$ \$ \$ \$	250.00 250.00 - - - - - - - -
National Tax Assessments Scholarships Service Projects National Eduction Fund SPEAR Mwanamugimu NCNW UNCF	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	250.00 250.00 - - - - - - - -
National Tax Assessments Scholarships Service Projects National Eduction Fund SPEAR Mwanamugimu NCNW UNCF NAACP	\$ \$ \$ \$ \$ \$ \$ \$	250.00 250.00 - - - - - - - -
National Tax Assessments Scholarships Service Projects National Eduction Fund SPEAR Mwanamugimu NCNW UNCF NAACP AFRI-CARE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	250.00 250.00 - - - - - - - -

48. Enter the *values* for **Affiliate President/Treasurer/Financial Secretary:** *Name* and *Address* then Click **Tab.**

Carol Davis	6736 Alpine Street
Affiliate President	Address
Jessie Drake	234 Sycamore Stree
Affiliate Treasurer	Address
Diana Smith	5612 Madison Road
Affiliate Financial Secretary	Address

49. Click the $(\sqrt{})$ check box for the **Affiliate President/Treasurer/Financial Secretary.** (*Note: Checking the box above denotes an electronic signature for the listed individual.*)

	Carol Davis	6736 Alpine Street
v	Affiliate President	Address
	Jessie Drake	234 Sycamore Stree
✓	Affiliate Treasurer	Address
V		
	Diana Smith	5612 Madison Road
✓	Affiliate Financial Secretary	Address
Checking the box ab	ove denotes an electronic signature for the I	isted individual.
* Note: Please be reminded	that affiliate groups function under the sponsoring chapt	er's Employee Identification Number (EIN) or Federal Tax ID
lumber and ARE NOT allow		
O. RHOER FINA	NCIAL REPORT: Click the ($\sqrt{\ }$) check box if the <i>Rhoer Club have a</i>
separate bank a		1) 010011 0011 11 010 1111001 01110 1111/0 11
•		
Does your Rhoer 0	Club have a separate bank account?	(check one) Yes V
1. Enter the <i>values</i>	for Source of money Received	d then Click Tab .
1 Source of money Re	•	Date Amount
Balance from last Re		
National Affiliate Tax		\$ 25.00
National Rhoer Tax ((Individual)	\$ 75.00 \$ -
Fundrasier(s) Name		<u>\$ -</u>
Founders Week		\$ -
Other		
Car Wash		\$ 250.00
		- s -
		<u> </u>
	Total Amount Received:	\$ 550.00
	Total Allount Neceiveu.	330.00
2. Enter the <i>values</i>	for Money Expended then Cli	ck Tab .
2 Money Expended		Amount
National Tax		\$ 25.00
Assessments	_	\$ 75.00
Scholarships	↔	\$ -
Service Projects		\$ -
National Eduction F	und	\$ -
SPEAR		\$ -
Mwanamugimu NCNW		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
UNCF		\$.
NAACP		s -
AFRI-CARE		\$ -
Other Projects		\$ -
	Total Disbused:	\$ 100.00

53. Enter the *values* for **Affiliate President/Treasurer/Financial Secretary**: *Name* and *Address* then Click **Tab**.

Carol Davis	6736 Alpine Street
Affiliate President	Address
Jessie Drake	234 Sycamore Stree
Affiliate Treasurer	Address
Diana Smith	5612 Madison Road
Affiliate Financial Secretary	Address

54. Click the $(\sqrt{})$ check box for the **Affiliate President/Treasurer/Financial Secretary**. (*Note: Checking the box above denotes an electronic signature for the listed individual.*)

	Carol Davis	6736 Alpine Street	
✓	Affiliate President	Address	_
	Jessie Drake	234 Sycamore Stree	
✓	Affiliate Treasurer	Address	_
	Diana Smith	5612 Madison Road	
~	Affiliate Financial Secretary	Address	

Checking the box above denotes an electronic signature for the listed individual.

55. **GRADUATION REPORT:** Enter the *values* for **Undergraduate Chapters**: *Name*, *Permanent Address*, *Degree and Date of Graduation* then Click **Tab.** (*Note: Only required to be completed for Undergraduates.*)

Name	Permanent Address	Degree	Date of Graduation
Stephanie Loos	4576 James Street Cincinnati, Ohio 45213	BA	6/12/2010

56. *Optional* - **MEMEBERSHIP DEVELOPMENT ACTIVITIES:** Type in the *List* and *describe activities* conducted during the fiscal year then Click **Tab.**

MEMBERSHIP DEVELOPMENT ACTIVITIES

List and describe activities (i.e. Workshops, Seminars, or Retreats)

Sigma Sister Retreat held on September 12, 2009. The retreat was designed to come together as Sorors to help build on relationships among one another.

57. Optional – **AFFILIATE MEMBERSHIPS:** List all organization that your chapter is affiliated with on the local level. Include financial affiliations only. (i.e. National Pan Hellenic

^{*} Note: Please be reminded that affiliate groups function under the sponsoring chapter's Employee Identification Number (EIN) or Federal Tax ID lumber and ARE NOT allowed to have their own.

	AFFILIATE MEMBERSHIPS
List all organi	zation that your chapter is affiliated with on the local level. Include financial affiliations only. (i.e. National Pan Hellenic Council)
National Pan Helleni	Council - Member