



Minnesota Women of Today

Program Manager Trimester Report

PLEASE TYPE OR PRINT. Document all programming activity for the trimester and any donations received or made. Keep a copy for your chapter records and mail/email a copy to the State Programming Vice President.

Area	Project/Donation	Service Hours	Incoming		Outgoing		How was this area promoted?
			Funds Raised	In Kind Donations Received	Monetary Donations	In Kind Donations Given	
Community Connections (CC) LPM Name:							
Priority Area LPM Name:							
Women's Wellness (WW) LPM Name:							
Youth of Today (YT) LPM Name:							

Area	Activities/Programs	How was this area promoted?	
Living & Learning (LL) LPM Name:			
Certifications	Type	Number Completed	Type
	Living & Learning (MNWT)		Personal Development (USWT)
	STEP I (USWT)		Outstanding Achievement in Programming (USWT)
	STEP II (USWT)		
	STEP III (USWT)		Personal Enrichment Program/PEP course (MNWT)
	STEP IV (USWT)		Name of Course(s):
	Health and Wellness (USWT)		

Any concerns, questions or comments:

Completed by: _____ Email: _____
 Trimester: _____ Chapter: _____

Reminder: You may submit a project for a Project of the Trimester Award or nominate a Local Program Manager for an Outstanding Program Manager Award.