



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	Service Hours	Incoming		Outgoing		Projects/Donations	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:							
Living & Learning (LL) LPM Name:							
Certifications		Type					Number Completed

Living & Learning (MNWT)	
Personal Enrichment Program/PEP course (MNWT)	
Name of Course(s):	
Outstanding Achievement in Programming (USWT)	
Wellness & Personal Development (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 by emailing your nomination to the appropriate SPM.