Indianapolis Alumnae Chapter

DELTA SIGMA THETA SORORITY, INC.
PROGRAM PROPOSALS 2024

Committee: Arts and Letters

Chair/Co-Chair: Soror Truda Gregory and Soror Denise Johnson

Proposed Program/Project (Title/Theme): Donating Books to A Literacy Fair

- Δ **Description of the program/project: Partner with New Augusta North Middle School Literacy Fair Event**
- Δ **Purpose of the program/project**: To align with the mission of the Arts and Letters Commission set forth by National Headquarters by celebrating Black Women in the Arts and Greek Unity
- Δ **Area of focus: Arts and Letters**
- Δ **Strategic Plan Alignment/Focus:** Engage our community by stimulating interest in education and literacy.
- Δ **Measure(s) of Success from Strategic Plan focus:** TBD
- Δ **Specific community need(s) addressed**: Provide books during this event and promote reading for children & adults
- Δ **Objective(s)** To encourage and embrace literacy in our community.
- Δ **What are the expected outputs of this program/project?** To support the Literacy Fair by purchasing and donating some books
- Δ **What are the expected outcomes of this program/project?** To encourage and boost interest in books and help contribute to improving the literacy rate.

Describe how success will be measured and the evaluation tool(s) that will be utilized: Participant survey will be provided at the conclusion of the event.

- Δ **Other agencies/organizations involved, if any, in what capacity:**

  TBA

- Δ **Key public officials involved, if any**: Officials and administrators at the school

- **Date**: February 8, 2024

- **Location**: New Augusta North Public Academy

- **Attire**: Delta Paraphernalia

- **Target audience**:
  Description:
  Age groups: __x__ 01-Children (0-12)
  __x__ 02-Teens (13-18)
  ____ 03-Young Adults (19-30)
  ____ 04-Adults (31-54)
  ____ 05-Seniors (55+)

- **Action Items for Members**: Volunteer at the Literacy Fair and or Donate Books Grades 6-8/ Ages 11-14

- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:**

  TBA

- **What specific support will be needed from the financial officers?** We will need the funds to purchase donated books from our line item budget .

- **What chapter properties or assistance from the Custodian will be required?** Delta Tablecloth

- **Planned Cost (per person)**: _____ **Ticket Price (if any)**: _____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Allocation from chapter budget _____
Donations

Total Source of Funds - Income _____

Use of Funds – Expense

Total Use of Funds - Expenses
___$200_____

Profit/(Loss) 200 (loss since this isn't a fundraiser nor or we breaking even)

Allocated budget amount for year: $

Expenses to date: $

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**
200	200	Cost of books	Book Fair/School	yes

Remaining budget amount: $ 1600

Are you requesting any additional funds from the chapter?

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members

Name
Soror Truda Gregory
Soror Denise Johnson
Soror Cheryl Wilkerson
Soror Susan Hall Dodson
Soror Barbara J Morgan
Soror Kim Maxey
Soror Jody Rogers
Soror Phyllis Dowe
Soror Pat Crittendon
Soror Stacey Moore
Soror Jackie Woods-Morgan
Soror Deidre Gray

Committee: Arts and Letters

Chair/Co-Chair: Soror Truda Gregory and Soror Denise Johnson

Proposed Program/Project (Title/Theme): May Week Activities

- **Description of the program/project**: A mixture of activities that will be collaborative events to include our programmatic thrusts, arts, literature, and culture.

- **Purpose of the program/project**: To invest in education and upliftment of Black Women

- **Area of focus:** Arts and Letters

- **Strategic Plan Alignment/Focus:** Organizational Health, Social Action, Community Impact, Empowerment of Women and Girls, and Appreciation of our Culture

- **Measure(s) of Success from Strategic Plan focus:** increase member participation and engagement in our community with the May Week Activities

- **Specific community need(s) addressed**: TBD

- **Objective(s)** Celebrate and emphasize higher education as well as celebrate Black Culture

- **What are the expected outputs of this program/project?** To inform and inspire more initiatives within the culture and community

- **What are the expected outcomes of this program/project?** An increase of knowledge of topics as well as an opportunity to celebrate black excellence and Sisterhood.

Describe how success will be measured and the evaluation tool(s) that will be utilized:

Pre and Post Surveys

- **Other agencies/organizations involved, if any, in what capacity** TBD
- **Key public officials involved, if any**: TBD

- **Date**: May 13-18, 2024

- **Location**: In-Person & Virtual Locations TBA

- **Attire**: Delta attire (business and casual) and red

∆ **Target audience**:

∆ Description:
Age groups: __x__ 01-Children (0-12)
__x__ 02-Teens (13-18)
__x__ 03-Young Adults (19-30)
__x__ 04-Adults (31-54)
__x__ 05-Seniors (55+)

∆ **Action Items for Members**:

∆ **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:**
TBD

∆ **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** Approval of budget request or request from line item if needed.

∆ **What chapter properties or assistance from the Custodian will be required?** TBD

∆ **Planned Cost (per person)**: ___TBD_____ **Ticket Price (if any)**: _TBD_____
(Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income	
Allocation from chapter budget	800
Participant Fees	
Donations	
Grants	
Other (liability insurance)	200
Total Source of Funds - Income	**1000**

Use of Funds – Expense	
Room Rental/Facilities Fees	
Audio/Visual Equipment Rental	
Food	
Printing	
Postage	
Decorations	
Publicity	

Entertainment __400_____

Speaker Fees __400_____

Lodging _____

Transportation _____

Liability Insurance _200_____

Total Use of Funds - Expenses
__1000_____

Profit/(Loss) (Total Source of Funds – Total Use of Funds) 1000_____

Allocated budget amount for year: $ 1800

Expenses to date: $200

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**
400	400	May Week	Speaker	YES
400	400	May Week	Entertainment fees	YES
200	200	Liability Insurance	Insurance Company	YES

Remaining budget amount: $ 600 +869 left in our line item currently

Are you requesting any additional funds from the chapter? NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members

Name
Soror Truda Gregory
Soror Denise Johnson
Soror Cheryl Wilkerson
Soror Susan Hall Dodson
Soror Barbara J Morgan
Soror Kim Maxey
Soror Jody Rogers
Soror Phyllis Dowe

Soror Pat Crittendon
Soror Stacey Moore
Soror Jackie Woods-Morgan
Soror Deidre Gray

Committee: Arts and Letters

Chair/Co-Chair: Soror Truda Gregory and Soror Denise Johnson

Proposed Program/Project (Title/Theme): Fall Arts and Letters Café/Meet the Author/Artist Event

- ∆ **Description of the program/project**: Members & other women will have a space to perform and share their work
- ∆ **Purpose of the program/project**: To celebrate the work or our Sorors & other women in the Arts & Literature
- ∆ **Area of focus:** Arts and Letters
- ∆ **Strategic Plan Alignment/Focus:** Appreciation of our Culture
- ∆ **Measure(s) of Success from Strategic Plan focus:** Participation by underserved communities in cultural awareness programs
- ∆ **Specific community need(s) addressed**: TBD
- ∆ **Objective(s)** To encourage women in the arts & literature
- ∆ **What are the expected outputs of this program/project?**
- ∆ **What are the expected outcomes of this program/project?** TBD

  Describe how success will be measured and the evaluation tool(s) that will be utilized: Pre and post event survey

- ∆ **Other agencies/organizations involved, if any, in what capacity** TBD
- ∆ **Key public officials involved, if any**: TBD
- ∆ **Date**: TBD
- ∆ **Location**: TBD
- ∆ **Attire**: Delta attire (casual)
- ∆ **Target audience**
- ∆ Description:
  Age groups: ____ 01-Children (0-12)
  ____ 02-Teens (13-18)
  __x__ 03-Young Adults (19-30)
  __x__ 04-Adults (31-54)
  __x__ 05-Seniors (55+)

- **Action Items for Members**: None

- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:**

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** Approval of budget request for refreshments.

- **What chapter properties or assistance from the Custodian will be required?** TBD

- **Planned Cost (per person)**: ____0____ **Ticket Price (if any)**: __0_____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income *(delete any lines not applicable)*

Allocation from chapter budget	400
Ticket Sales	
Participant Fees	
Sponsorship Fees	
Donations	
Grants	
Liability Insurance	_200
Total Source of Funds - Income	**600**

Use of Funds – Expense *(delete any lines not applicable)*

Room Rental/Facilities Fees	
Audio/Visual Equipment Rental	
Food	___400
Printing	
Postage	
Decorations	
Publicity	
Entertainment	
Speaker Fees	
Lodging	
Transportation	
Liability Insurance	__200
Total Use of Funds - Expenses	**__600**

Profit/(Loss) (Total Source of Funds – Total Use of Funds) 600_____

Allocated budget amount for year: $ 1800

Expenses to date: $1200

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**
400	400	Food Cost	Vendor	YES
200	200	Liability Insurance	Insurance Company	YES

Remaining budget amount: $ 869 from line item

Are you requesting any additional funds from the chapter? NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members

Name
Soror Truda Gregory
Soror Denise Johnson
Soror Cheryl Wilkerson
Soror Susan Hall Dodson
Soror Barbara J Morgan
Soror Kim Maxey
Soror Jody Rogers
Soror Phyllis Dowe
Soror Pat Crittendon
Soror Stacey Moore
Soror Jackie Woods-Morgan
Soror Deidre Gray

Committee: Black College Tour

Chair/Co-Chair: **Lakishia Byrd/Mercedes Brown**

Proposed Program(Title): 2023_2024 Black College Tour

∆ **Description of the program/project**:

The opportunity that the tour offers is unique in that it allows high school students grade 9-12 an opportunity to see first-hand what multiple HBCU's have to offer to better determine whether this is the path they want to travel for their college career. Students can talk to administrators, admissions officers, students & faculty. They can ask questions, look at dorms, investigate extracurricular activities and make comparisons to other colleges in which they are interested.

∆ **Purpose of the program/project**:
To expose high school, college bound students to HBCUs.

∆ **Area of focus:** *(i.e., Programmatic Thrust, Arts & Letters, Fund Development/Thrust)*:

Educational Development

∆ **Strategic Plan Alignment/Focus:** *(i.e. Organizational Health, Social Action, Community Impact, Empowerment of Women and Girls, and Appreciation of our Culture)*

As Indiana has a limited number of HBCUs within a 90 miles' radius (Kentucky State University), African American students often do not have an opportunity to know about or to experience the benefits, qualities, and realities of matriculating at HBCUs.

∆ **Measure(s) of Success from Strategic Plan focus:** *(select from the list on the Strategic Plan companion document. For example: Participation by underserved communities in cultural awareness programs.)*

∆ **Specific community need(s) addressed**: Helping to expose students in the Indianapolis area to HBCU's

∆ **Objective(s)** *Objectives should be specific and measurable. If this is a fundraiser, objective should include identifying to what organization/agency/line item the proceeds will go. Refer to companion strategic plan document)*

∆ **What are the expected outputs of this program/project?** *(i.e. # of voters registered, # of participants. What do we expect accomplish?)*

Continued interest to attend and submit applications submission to HBCUs.

∆ **What are the expected outcomes of this program/project?** What measurable action(s) or behavioral change(s) will be affected in the target audience? *(i.e. what will be the % increase in the graduation rate, what will the % increase in voter participation in elections be?)*

1. Successfully and safely complete a 6-day charter bus tour traveling to 9-10 HBCU's in 3-4 states on what is considered the Southeastern route.
2. Allow ~44 Indianapolis High School students to visit and possibly tour colleges and Universities they previously would not have considered or had the opportunity to visit.

Describe how success will be measured and the evaluation tool(s) that will be utilized:

1. End of Tour Participant Survey
2. End of Tour Chaperone /Committee Feedback
3. Parent Feedback Sheets (Perhaps a Parent Survey can be developed in the future).

∆ **Other agencies/organizations involved, if any, in what capacity** None

1. Area churches, to request scholarship support for a deserving, member/student(s)
2. Community agencies that support the goals and ideals of Delta Sigma Theta's Educational Development programs, projects, and thrust.
3. Participating HBCUs on the tour route

∆ **Key public officials involved, if any**: None

∆ **Date**: Departing Sunday March 24, 2024 and Returning Friday March 31, 2024

∆ **Location**:
Wilberforce University (Wilberforce, OH)
Central State University (Wilberforce, OH)
Spelman College (Atlanta, GA)
Morehouse College (Atlanta, GA)
Clark Atlanta University (Atlanta, GA)
Morris Brown College (Atlanta, GA)
Albany State University (Albany, GA)
Florida A&M University (Tallahassee, Fl)
Savannah State University (Savannah, GA)
South Carolina State University (Orangeburg, SC)
Claflin University (Orangeburg, SC)
Kentucky State University (Frankfort, KY)

∆ **Attire**:
Business Attire for Campus Tours

∆ **Target audience**:
Description: High school students grades 9-12, with priority given to 10-12.
Age groups: ____ 01-Children (0-12)
_X_ 02-Teens (13-18)
___ 03-Young Adults (19-30)
____ 04-Adults (31-54)
____ 05-Seniors (55+)

∆ **Action Items for Members**:

1. Finalize Touring logistics Complete
2. Release Application for student/parent submission

3. Complete Interviews
4. Risk management Requirements for Regional Director Approval
5. Schedule and plan agenda for 3 Parent/Student Orientational and Planning meetings

∆ **Information for Corresponding Secretary, Communications & Public Relations, and Technology & Information Systems**. **Provide key dates and assistance requested:**

1. Flyer-Needed by Youth explosion Oct 28th
2. Digital Application and Interview Scheduling link-Needed by Youth Explosion Oct 28th
3. Update Black College Tour Website

∆ **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?**

1. Checks for vendors
2. Financial Officers present to collect/receipt participant fees (Dates TBD)
3. Weekly post office box collection of Participant Fees

∆ **What chapter properties or assistance from the Custodian will be required?**
None

∆ **Planned Cost (per person)**: _$600___ **Ticket Price (if any)**: _N/A_____
(Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income		
Allocation from chapter budget	$ 3450.00	
Ticket Sales	$ 0.00	
Participant Fees (40 X $600)	$ 24,000.00	
Sponsorship Fees	$ 0.00	
Donations	$ **5000.00**	
Grants	$ 0.00	
Total Source of Funds - Income	**$37,000**	
Use of Funds – Expense		
Insurance		$ 100.00
Food, Supplies, Hospitality, College Fair participation		$ 100.00
BCT Chaperone Stipends (6 Sorors X $250)		$ 1500.00
BCT Book Award (1 Senior)		$ 200.00
Lodging (5 nights)		$ 15,000.00
BCT On Tour Supplies (Incidentals, Snacks, Supplies, First Aid)		$ 2500.00
Transportation		$ 11,600.00

T-Shirts Scholarship (T-shirt design winner)	$	200.00
T-shirt design submission scholarship ($25 x 10)	$	250.00
T-Shirts (students, chaperones, BCT committee and exec Leadership)	$	2000.00
Scholarships (Participant Fee x 4)	$	2400.00
Printing, Postage, Marketing 2025 tour	$	100.00
2024_25 Youth Explosion	$	50.00
Total Use of Funds - Expenses		**$36,000**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		**$0.00**

Allocated budget amount for year: $ 3450

Expenses to date: $ 0

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**
None				

Remaining budget amount: $ 1350

Are you requesting any additional funds from the chapter? YES NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members:

Name
Lakishia Byrd
Mercedes Brown

Committee: Chaplain's Council

Chair/Co-Chair: **Pat Carson, Janai Downs**

Proposed Program/Project (The Reading Room): Journey to Sacred Self-Care

∆ **Description of the program/project**: Invite Sorors/community to read a book with us, beginning in April. Then, in June, we would meet for a moderated book conversation.

∆ **Purpose of the program/project**: **To cultivate a deeper understanding and practice of holistic self-care among our Sorors and the wider community, emphasizing the sacredness of nurturing not just our physical, but also our emotional and spiritual well-being**

∆ **Area of focus:** *(i.e., Programmatic Thrust, Arts & Letters, Fund Development/Thrust)*:

- **Programmatic- Provide a comprehensive approach to holistic well-being.**
- **Community engagement**

∆ **Strategic Plan Alignment/Focus:** *(i.e. Organizational Health, Social Action, Community Impact, Empowerment of Women and Girls, and Appreciation of our Culture)*

- **Empowerment of Women and Girls.**
- **Community Impact**
- **Organizational Health**
- **Appreciation of our Culture**

∆ **Measure(s) of Success from Strategic Plan focus:** *(select from the list on the Strategic Plan companion document. For example: Participation by underserved communities in cultural awareness programs.)*

∆ **Specific community need(s) addressed**:

- **Strengthen community bonds by uniting participants around the shared goal of holistic self-improvement and spiritual growth**.

∆ **Objective(s)** *Objectives should be specific and measurable. If this is a fundraiser, objective should include identifying to what organization/agency/line item the proceeds will go. Refer to companion strategic plan document)*

- ***Foster a culture of holistic wellness within our community, emphasizing the integration of physical, emotional, and spiritual well-being.***
- ***Provide a platform for Sorors and community members to engage in meaningful dialogue and personal reflection.***
- ***Encourage participants to actualize the teachings of the book in their daily routines, understanding self-care as a divine mandate.***

∆ **What are the expected outputs of this program/project?** *(i.e. # of voters registered, # of participants. What do we expect accomplish?)*

- **Number of "Sacred Self-Care" books distributed or recommended to participants for reading.**
- **A structured and well-organized discussion event in June where participants discuss their insights, reflections, and revelations from the book.**
- **Surveys or feedback forms designed and distributed post-event to gauge participants' feedback, understandings, and areas of improvement.**

∆ **What are the expected outcomes of this program/project?** What measurable action(s) or behavioral change(s) will be affected in the target audience? *(i.e. what will be the % increase in the graduation rate, what will the % increase in voter participation in elections be?)*

- **After participating in the event, attendees will have a heightened awareness of the significance of holistic self-care, encompassing physical, emotional, and spiritual dimensions.**
- **Attendees will be motivated to actualize these insights, leading to tangible shifts in their daily self-care habits, routines, and perceptions.**

Describe how success will be measured and the evaluation tool(s) that will be utilized:

Participant Engagement:

- **Number of participants who signed up for and actively participated in the reading and discussion.**
- **Post-event survey results highlighting participants' understanding and takeaways from the book.**
- **Anecdotal evidence or testimonials of positive changes or improvements in participants' lives due to practices or insights gained from the book.**

∆ **Other agencies/organizations involved, if any, in what capacity**

∆ **Key public officials involved, if any**: **None known at this time**

∆ **Date**: **April 1, 2024, June 3, 2024**

∆ **Location**: **Indianapolis Central Library**

∆ **Attire: Casual**

∆ **Target audience**:

∆ Description:
Age groups: ___x_ 01-Children (0-12)
_x_ 02-Teens (13-18)
_x_ 03-Young Adults (19-30)

__x__ 04-Adults (31-54)
__x__ 05-Seniors (55+)

- **Action Items for Members**:
  - **Book acquisition**
  - **Promote event.**
  - **Collaborate with members on discussion and group activities**
  - **Prepare for the June event**
  - **Complete post-event surveys**
- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems. Provide key dates and assistance requested:**
- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?**
  - **Checks for expenses to be drafted, set up PayPal link for donations.**
- **What chapter properties or assistance from the Custodian will be required?**
- **Planned Cost (per person)**: **__$20 registration__** **Ticket Price (if any)**: _____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income *(delete any lines not applicable)*

Allocation from chapter budget	_____
Ticket Sales	_____
Participant Fees	_____
Sponsorship Fees	_____
Donations	_____
Grants	_____
Other *(replace Other with an appropriate description)*	_____
Total Source of Funds - Income	_____

Use of Funds – Expense *(delete any lines not applicable)*

Room Rental/Facilities Fees	_____
Audio/Visual Equipment Rental	_____
Food	_____
Printing	_____
Postage	_____
Decorations	_____
Publicity	_____
Entertainment	_____

Speaker Fees _____

Lodging _____

Transportation _____

Other *(replace Other with an appropriate description)* _____

Total Use of Funds - Expenses _____

Profit/(Loss) (Total Source of Funds – Total Use of Funds) _____

Allocated budget amount for year: $

Expenses to date: $

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**

Remaining budget amount: $

Are you requesting any additional funds from the chapter? YES NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members *(this should be a list of the committee members present at the committee meeting in which the proposal was generated/voted upon)***:**

Name
Pat Carson
Janai Downs
Ann Randall
DeLaina McCane
Courtney Buggs
Deidre Gray
Robyn Hughes
Yvette Foreste

Committee: Indianapolis Alumnae Chapter Choir

Chair: Jennifer Botts Co-Chair: **Denise Johnson**

Proposed Program/Project Rendering Choral Music Performances for Omega, Omega Services as well as special program as needed.

∆ **Description of the program/project**:
The Choir is a vocal ensemble organized within IAC. The Choir will perform at Chapter or Sorority sponsored events and programs, upon request of the President or Committee/Event Chair(s). The choir will begin the Year 2024 with a choral kickoff rehearsal and welcoming new Sorors to the choir. The choir will have monthly rehearsals and as needed in preparation of designated performances. The choir will possibly provide the music for the Sisterhood in Red, Revival and Worship Services. The Choir will participate in the National Arts and Letters virtual concert in December 2024.

∆ **Purpose of the program/project**:
The Choir is a vocal ensemble organized within IAC. The Choir will perform at Chapter or Sorority sponsored events and programs, upon request of the President or Committee/Event Chair(s).

∆ **Area of focus:** *(i.e., Programmatic Thrust, Arts & Letters, Fund Development/Thrust)*:

Arts & Letters and Performance

∆ **Strategic Plan Alignment/Focus:** *(i.e., Organizational Health, Social Action, Community Impact, Empowerment of Women and Girls, and Appreciation of our Culture)*

The Choir will render the appropriate music for the specific occasion that's being addressed. This will impact the community, empowerment of Women using their gift of music and an appreciation of our Culture.

∆ **Measure(s) of Success from Strategic Plan focus:** *(select from the list on the Strategic Plan companion document. For example: Participation by underserved communities in cultural awareness programs)*

Participating in the Omega, Omega services of out beloved Sorors who have passed on.
Participating in various programs at the discretion of Soror President and or committee chair.

Specific community need(s) addressed:

Vocal Performance within the context of what genre of music is needed for the occasion.

∆ **Objective(s)** *Objectives should be specific and measurable. If this is a fundraiser, objective should include identifying to what organization/agency/line item the proceeds will go. Refer to companion strategic plan document)*

Providing choral music when asked by the President as well as committee chairs.

∆ **What are the expected outputs of this program/project?** *(i.e., # of voters registered, # of participants. What do we expect accomplish?)*

Providing the necessary vocal music for the occasion which will enhance the performance and needs of the committee and community that are being addressed.

∆ **What are the expected outcomes of this program/project?** What measurable action(s) or behavioral change(s) will be affected in the target audience? *(i.e., what will be the % increase in the graduation rate, what will the % increase in voter participation in elections be?)*

Describe how success will be measured and the evaluation tool(s) that will be utilized:

A quarterly survey will be conducted beginning January 2024, to the program participants and committee chairs who have benefited from the IAC choir's performances. Questions will be addressing the effectiveness of the choir's performance.

∆ **Other agencies/organizations involved, if any, in what capacity**

New Augusta Academy school (location of rehearsals)

∆ **Key public officials involved, if any**:
N/A

∆ **Date**: Monday, January 29, 2024, Choir Kickoff

∆ **Location**: New Augusta North Campus Academy, 6450 Rodebaugh Rd. Indianapolis, IN. 46268

∆ **Attire**:
Casual/ Delta Paraphernalia

∆ **Target audience**:
Description:
Age groups: ____ 01-Children (0-12)
____ 02-Teens (13-18)
_x___ 03-Young Adults (19-30)

___x_ 04-Adults (31-54)
___x_ 05-Seniors (55+)

- **Action Items for Members**:
- Preparation and attending rehearsals for choir.

- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:**

  Announcement of the New Year Holiday Choir Kickoff Rehearsal! Will utilize Trello to communicate our kickoff as well as PR and technology and information systems.

- **What specific support will be needed from the financial officers (i.e., checks for vendors, ticket sales or participant fees collected) and when?**
- **Reimbursement of snacks to the Chair and Co-Chair for refreshments for the Sorors that's being provided at rehearsals.**

- **What chapter properties or assistance from the Custodian will be required?**

  Delta Sigma Theta signage when performing.

- **Planned Cost (per person)**: __n/a_____ **Ticket Price (if any)**: __n/a_____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income

Allocation from chapter budget	$0.00
Ticket Sales	
Participant Fees	
Sponsorship Fees	
Donations	
Grants	
Other _____	
Total Source of Funds - Income	**$0.00**

Use of Funds – Expense

Room Rental/Facilities Fees	
Audio/Visual Equipment Rental	
Food	$500.00
Printing	
Postage	
Decorations	$50.00
Publicity	
Entertainment	

Arts and Letters Tea and Music $200.00

Speaker Fees

Lodging

Transportation

Other National Arts and Letters recording fee

Total Use of Funds - Expenses **$150.00**

Profit/(Loss) (Total Source of Funds – Total Use of Funds) $900.00

Allocated budget amount for year: $

Expenses to date: $

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**

Remaining budget amount: $0.00

Are you requesting any additional funds from the chapter? X YES NO

If Yes, amount of additional funds needed? $ 900.00

If Yes, provide rationale for additional funding: Refreshments for the IAC Choir Kickoff and decorations, utensils, cutlery, and food for rehearsals. IAC Arts and Letters Tea and Music Celebration. As well as a possible recording fee to participate in the National Arts & Letters Holiday Virtual Recording.

Committee Members

Name
Chair: Jennifer Botts
Co-Chair: Denise Johnson
Dawn Bullard
Denese Tyson
Theresa Holt
Peggy Averitte
Brittany Jones
Annie Robinson

Danica Shipp-McClendon
Barbara Morgan
Deidre DeeDee Gray
Kirsten Martin
Angel Johnson
DeLaina McCane
LaKesha Triggs
Pamela Williams
Phyllis P. Dowe
Janai Downs
Keisha Nickolson
Audrey Lee
Jody Rogers
Bernice Tate
Christi Martin

Committee: Collegiate Connections Committee

Chair/Co-Chair: Kim Maxey-Chair Tandy Harvey Co-Chair

Proposed Program/Project (Title/Theme): 2024 Collegiate Engagement

- **Description of the program/project**: To focus on supporting, collaborating, and transitioning our graduating collegiate Sorors to Indianapolis Alumnae Chapter.

Purpose of the program/project: To conduct interactive activities with collegiate sorors, teach networking strategies, build sisterly relationships with Indianapolis Alumnae Chapter Sorors, collaborate, provide resources, and teach the business of Delta through IAC.

- The committee will invite collegiate Sorors to Round Up at the beginning of the sorority year to begin fostering a relationship between collegiate and alumnae Sorors in Indianapolis Alumanae Chapter.
- Host an informal meet and greet via zoom between the collegiate connections committee and collegiate Sorors to break the ice and begin building authentic relationships.
- The committee will send sisterly motivational cards via email/mail to the collegiate Sorors monthly as a means of encouragement.
- Have check-in meetings with the collegiates.
- Invite collegiate Sorors to chapter meetings and approved events within the Indianapolis area.
- The committee will send care packages for finals week in the Fall/Spring semesters to increase motivation and demonstrate a strong support network.
- The committee will support approved collegiate events as a committee and chapter, while exploring opportunities to collaborate with collegiate chapters.
- The committee will provide stoles for the graduating seniors as a sisterly keepsake.
- We will disseminate a survey and have a "Roundtable talk" where we ask the collegiates what they desire to get from IAC and how we can best serve them within reason.

- **Area of focus:** Building a professional directory, mentoring program, attendance of and requirements, care packages, and an informal meeting to break the ice.

Specific community need(s) addressed: We would like to increase interaction with Chi and Zeta Theta to strengthen the bonds of Delta. Pour into our collegiate chapters to ensure they are functioning for both success and longevity, and to prepare our collegiates for life after obtaining their undergraduate degree, both professionally and through Delta, with an emphasis on how to conduct business through an alumnae chapter.

∆ **Objective(s)**

- Encourage, promote and demonstrate sisterhood with our collegiate Sorors
- Bring more awareness to our collegiate chapters by highlighting collegiate chapter events and recognition of our collegiate seniors and their chapter accomplishments.
- Fully support, transition and welcome collegiate Sorors who remain in Indianapolis to reduce a portion of the college community who typically become inactive post-graduation.

∆ **Expected outcome(s)**:

- Retain and ease the transition of graduating collegiate Sorors
- To build better sisterly relationships.
- To assist our chapter advisor Sorors by providing more resources and guidance to collegiate Sorors

∆ **Describe how success will be measured and the evaluation tool(s) that will be utilized**:

Success will be measured by the committee creating guidelines and requirements for collegiate Sorors to interact and engage with IAC. Collegiate sorors will be required to participate in a service project with IAC and attend 1-2 events that IAC will be conducted under the programmatic thrust.

We will also assess our own efforts by receiving documented feedback from the collegiate sorors on how our initiatives were received and how effective they were. This assessment will help inform future members of the Collegiate Connections Committee, and inform us on how to keep strategically building to enhance our relationships and keep serving our collegiate chapters.

∆ **Other agencies/organizations involved, if any, in what capacity**

∆ **Key public officials involved, if any**:

∆ **Date**:

∆ **Location**:

∆ **Attire**:

∆ **Target audience**:

Description:

Age groups: ____ 01-Children (0-12)
____ 02-Teens (13-18)
__X__ 03-Young Adults (19-30)
____ 04-Adults (31-54)
____ 05-Seniors (55+)

- **Action Items for Members**: Active participation in all initiatives.

- **Information for Corresponding Secretary, Publicity and Information Systems & Communications**. **Provide key dates and assistance requested:** N/A
- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** N/A

- **What chapter properties or assistance from the Custodian will be required?** N/A

- **Planned Cost (per person)**: _____ **Ticket Price (if any)**: _____

Cost Analysis:

Source of Funds – Income

Allocation from chapter budget $2000

Total Source of Funds - Income **$2000**

Use of Funds – Expense

Food and activity expenses for meet and greet. $400

Apparel (Kente Cloth Stoles for graduating seniors) $300

Miscellaneous: We are requesting funding for the Collegiate Connections line item so the committee can purchase graduation stoles for six graduating seniors in Spring 2024, care packages for finals week Spring 2024 and Fall 2024, and refreshments/activity cost for a meet and greet. Additionally, we would like to sponsor transitioning collegiate Soror's cost to participate in Fall Roundup and/or host an orientation/transition event in Fall 2024. Increase in funds are in anticipation of both chapters having an intake process in Spring or Fall 2024.
$1300

Total Use of Funds - Expenses **$2000**

Profit/(Loss) (Total Source of Funds – Total Use of Funds) $0

Allocated budget amount for year: $

Expenses to date: $

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)

Remaining budget amount: $

Are you requesting any additional funds from the chapter? _____YES _X_ NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding: N/A

Committee Members:

Name
Deborah Quarles
Michele Steele
Sade Sleet
Mable Lewis
Delicia Stephens

Committee: Couture Prom Closet

Chair/Co-Chair: **Martha Lince**

Co Chair – Deborah Cullens

Proposed Program/Project Grand Opening of Couture Prom Closet and Operating Expenses

- **Description of the program/project**: This program serves as a continuation of a partnering relationship with Marion County High Schools and surrounding community to assist young ladies the opportunity to attend school related formal dances without the burden/hardship of purchasing a formal dress. The attendance at these formal school activities are vital to their high school experiences.

- **Purpose of the program/project**: The purpose of the Couture Prom Closet is to provide free of charge formal dresses, shoes, and accessories to high school young ladies in the Marion County and surrounding community. Most high school young ladies struggle financially with the purchase of a formal dress. Our Couture Prom Closet will eliminate the financial burden, enabling them to attend these memorable high school activities.

- **Area of focus** Community Partnership

- **Specific community need(s) addressed**: Much of our student population in Marion County and surrounding community are receiving free/ reduced lunch/textbooks and public assistance. The added burden of purchasing a formal dress and accessories would lessen this financial hardship, enabling these young ladies to attend high school formal affairs.

- **Objective(s)** The Couture Prom Closet will provide free of charge couture formal dresses and accessories to high school young ladies located in Marion County and surrounding community. Evaluation sheets and documentation of visits will be provided for each participant.

- **Expected outcome(s)**: To continue the signature program and ongoing staple of the DSTIAC programming for the community.

- Provide free of charge formal dresses and accessories to 75-100 high school young ladies.

- Reduce the financial burden of purchasing a formal dress and accessories for school functions.

- Provide a signature and ongoing resource to the community of DSTIAC
- **Describe how success will be measured and the evaluation tool(s) that will be utilized**:
- Check out evaluation will be completed by participants- high school young ladies and parents.
- Online registration to track participants of the Couture Prom Closet
- On site registration sign in with contact information

- **Other agencies/organizations involved, if any, in what capacity**

- Community donations of dresses, accessories, and other formal items.
- Vendors: jewelry, hair, and makeup representatives

- **Key public officials involved, if any**: none

- **Date**: March 23, 2024

- **Location**: Arsenal Technical High School, 1500 E. Michigan Street, Indianapolis IN- Treadwell Hall

- **Attire**: Delta and fashion ready attire

- **Target audience**:
  Description:
  Age groups: ____ 01-Children (0-12)
  ___x_ 02-Teens (13-18)
  ____ 03-Young Adults (19-30)
  ____ 04-Adults (31-54)
  ____ 05-Seniors (55+)
- **Action Items for Members**:
- Volunteer for the grand opening event/ ongoing assistance with young ladies through the formal dance season
- Donate dresses, accessories for the Couture Prom Closet
- Donate services such as hair and makeup opportunities
- Donate door prizes for participants'

- **Information for Corresponding Secretary, Publicity, and Information Systems & Communications**. **Provide key dates and assistance requested:**
- Payment from submitted vouchers for items needed for Grand Opening and operating costs.

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?**

- Payment from submitted vouchers for items needed for Grand Opening and operating costs.

- **What chapter properties or assistance from the Custodian will be required?**

- Decorations, official tablecloth, office supplies

- **Planned Cost (per person)**: _____NA___ **Ticket Price (if any)**: ____NA____

Cost Analysis:

Source of Funds – Income

Allocation from chapter budget	800.00	
Total Source of Funds - Income		**800.00**

Use of Funds – Expense

Room Rental/Facilities Fees	0
Audio/Visual Equipment Rental	0
Food	200.00
Printing	100.00
Postage	
Decorations	50.00
Publicity	0
Insurance	200.00
Speaker Fees	
Lodging	
Transportation	
Hangers, plastic garment bags, paper bags, Signage, red runners	250.00

Total Use of Funds - Expenses
800.00

Profit/(Loss) (Total Source of Funds – Total Use of Funds) **0**

Allocated budget amount for year: $ 800.00

Expenses to date: $ 0

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**

Remaining budget amount: $

Are you requesting any additional funds from the chapter? _____YES ___x__ NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members

Name
Martha Lince
Kim Brown
Luita Williams
Kimberly Bentley Walton
Michelle Brittian Watts
Bessie Conn
Deborah Cullens
Jackie Morgan

Committee: Delta Academy

Chair/Co-Chair: **Jennifer Botts (Chair) Aleanya Moore (Co-Chair)**

Proposed Program/Project (Title/Theme): Delta Academy

∆ **Description of the program/project**:

To provide enriching and educational activities in a mentoring setting to local girls ages 11-14 and prepare them for full participation as leaders in the 21st century.

∆ **Purpose of the program/project**:

The purpose of the program is to impart knowledge and shape well-rounded young ladies by focusing on African American history, literacy, character development, leadership development, body awareness and appreciation, academic achievement, and community service involvement.

∆ **Area of focus:** *(i.e., Programmatic Thrust, Arts & Letters, Fund Development/Thrust)*:

Educational Development

∆ **Strategic Plan Alignment/Focus:** *(i.e. Organizational Health, Social Action, Community Impact, Empowerment of Women and Girls, and Appreciation of our Culture)*

Empowerment of Women and Girls and appreciation of our culture

∆ **Measure(s) of Success from Strategic Plan focus:** *(select from the list on the Strategic Plan companion document. For example: Participation by underserved communities in cultural awareness programs.)*

At the completion of each session, participants will be asked to complete a survey to evaluate the activities and facilitators.

Specific community need(s) addressed:

Delta Academy is a mentorship experience for girls ages 11-14(Grades 5-8) in the Indianapolis community. Many young girls in this age group in the Indianapolis Community experience growing peer pressure, lack self-esteem, self-worth, and demonstrate a lack of focus/forward thinking toward goals and future endeavors. In addition, many of them do not possess the leadership, communication, interpersonal and problem-solving skills that will help them be successful in the 21st century. Delta Academy's program objectives focus on helping them build and/or improve these foundational traits and provide participants with exposure and application toward their educational goals and career exploration.

∆ **Objective(s)** *Objectives should be specific and measurable. If this is a fundraiser, objective should include identifying to what organization/agency/line item the proceeds will go. Refer to companion strategic plan document)*

Provide programming about self-awareness and appreciation, leadership, community service and future goals. The facilitators will give the participants a pre and post survey on these objectives to measure the success of the program. In addition, the participants will be required to complete a survey at the end of each session to monitor the success of the program.

∆ **What are the expected outputs of this program/project?** *(i.e. # of voters registered, # of participants. What do we expect accomplish?)*

The expected outputs of Delta Academy are to provide opportunities for local girls ages 11-14. Through these opportunities the expectation is that the girls will increase their leadership skills, community involvement, self-awareness and self-esteem.

∆ **What are the expected outcomes of this program/project?** What measurable action(s) or behavioral change(s) will be affected in the target audience? *(i.e. what will be the % increase in the graduation rate, what will the % increase in voter participation in elections be?)*

The programming will provide enriching and educational activities in a safe, mentorship setting to local girls ages 11-14 and prepare them for full participation as effective leaders in the 21st century. In addition, the participants will increase the following: leadership skills, community involvement, self-awareness and self-esteem.

Describe how success will be measured and the evaluation tool(s) that will be utilized:

At the completion of each session, participants will be asked to complete a survey to evaluate the activities and facilitators.

∆ **Other agencies/organizations involved, if any, in what capacity**
United Way of Central Indiana (host site)

∆ **Key public officials involved, if any**: N/A

∆ **Date**: November 11, 2023, December 17,2023

∆ **Location**:
United Way of Central Indiana, 2955 North Meridian Street, Indianapolis, IN.

∆ **Attire**:

Business/Casual for Sorors and participants

∆ **Target audience**:
Description:
Age groups: __X__ 01-Children (0-12)
__x__ 02-Teens (13-18)
____ 03-Young Adults (19-30)
__X__ 04-Adults (31-54)
__X__ 05-Seniors (55+)

∆ **Action Items for Members**:

Sorors must participate in committee planning and activities. Sorors are highly encouraged to volunteer at all Delta Academy sessions (i.e., committee members) As well as being Risk management training and vetting.

∆ **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:**

Information Systems and Communications-In October 2023 update chapter website with updated information about Delta Academy and link to Delta Academy application.
Publicity-Submit updated video announcements with images to Trello, create flyers for parents' workshop series utilizing Trello.

∆ **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?**

We will need to reimburse committee members who make purchases for food and beverages for participants.

∆ **What chapter properties or assistance from the Custodian will be required?**

An easel and Delta Academy signage

∆ **Planned Cost (per person)**: _____ **Ticket Price (if any)**: _____
(Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income	
Allocation from chapter budget	$4363.03
Ticket Sales	
Participant Fees	
Sponsorship Fees	
Donations	
Grants	
Other	
Total Source of Funds - Income	**$4363.03**

Use of Funds – Expense	
Room Rental/Facilities Fees	$350.00
Audio/Visual Equipment Rental	
Food for Monthly Sessions	$400.00
Printing	$250.00
Postage	
Decorations/Vision Board materials	$250.00
Publicity	
Supplies for participants (Journals and pens)	$400.00
Speakers	
Academy Participant Gifts	$600.00

Toys for Tots $400.00

Total Use of Funds - Expenses **$2400.00**

Profit/(Loss) (Total Source of Funds – Total Use of Funds)

Allocated budget amount for year: $ 4363.03

Expenses to date: $0.00

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**

Remaining budget amount: $4370.03

Are you requesting any additional funds from the chapter? YES NO X

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members:

Name
Jennifer Botts
Aleanya Moore
Denise Johnson
Leah Westley
Adrienne Peck
Peggy Averitte
Mary Richards
Kailyn Thibodeaux
Marcia Johnson
Faith Girton

Committee: Domestic Violence

Chair/Co-Chair: **Rhonda King**

Proposed Program/Project (Title/Theme): No Longer Silent DVA Panel

- **Description of the program/project**: Panel with DV survivors, Counselor, DVA advocates, Law enforcement and Family Services to speak to and answer questions for DV survivors and the community

- **Purpose of the program/project**: The panel is let women tell their stories and seek help from the community.

- **Area of focus:** *Physical and Mental Health*

- **Strategic Plan Alignment/Focus:** *Empowerment of survivors and to give them resources*

- **Measure(s) of Success from Strategic Plan focus:**

- **Specific community need(s) addressed**: DV survivors support and giving them a platform to tell their stories

- **Objective(s)** *To support DV survivors in our communities, to identify their needs and give them access to their resources*

- **What are the expected outputs of this program/project?** *Empowering and supporting DV survivors and educating the community*

- **What are the expected outcomes of this program/project?** Increase awareness to all who attend enhance to

  Describe how success will be measured and the evaluation tool(s) that will be utilized: **Participation survey post the event**

- **Other agencies/organizations involved, if any, in what capacity:**
  Indiana Coalition Against Domestic Violence and Firefly Children and Family Alliance, IMPD, FSSA

- **Key public officials involved, if any**: N/A

- **Date**: 10/2024

- **Location**: TBA

- **Attire**: Purple/ Delta wear

- **Target audience**

- Description:
  Age groups: ____ 01-Children (0-12)
  ____ 02-Teens (13-18)
  __x__ 03-Young Adults (19-30)
  __x__04-Adults (31-54)
  ____ 05-Seniors (55+)

- **Action Items for Members**: Wear purple, show empathy, if you are a survivor tell your story, bring a friend

- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:** April 28, 2024 2p-4p

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when? N/A**

- **What chapter properties or assistance from the Custodian will be required?**

-

- **Planned Cost (per person)**: __0_____ **Ticket Price (if any)**: ____0____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income *(delete any lines not applicable)*

Allocation from chapter budget	$800
Ticket Sales	00
Sponsorship Fees	0
Donations	0
Grants	0
Other *(replace Other with an appropriate description)*	
Total Source of Funds - Income	

Use of Funds – Expense *(delete any lines not applicable)*

Room Rental/Facilities Fees	500

Audio/Visual Equipment Rental	
Food	100
Printing	
Postage	
Decorations	
Publicity	
Entertainment	
Speaker Fees	200
Lodging	
Transportation	
Other *(replace Other with an appropriate description)*	
Total Use of Funds - Expenses	**800**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)	**0**

Allocated budget amount for year: $

Expenses to date: $

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**

Remaining budget amount: $

Are you requesting any additional funds from the chapter? YES NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members

Name
Rhonda King

Committee: Elections Committee

Chair/Co-Chair: **Cicely Hart / Mary Richards**

Proposed Administrative Project: Minerva Circle Elections

Δ **Description of the program/project**: Software and devices for chapter election of MC

Δ **Purpose of the program/project**: To elect the MC

Δ **Area of focus:** *(i.e., Programmatic Thrust, Arts & Letters, Fund Development/Thrust)*: N/A

Δ **Strategic Plan Alignment/Focus:** *(i.e. Organizational Health, Social Action, Community Impact, Empowerment of Women and Girls, and Appreciation of our Culture) N/A*

Δ **Measure(s) of Success from Strategic Plan focus:** *(select from the list on the Strategic Plan companion document. For example: Participation by underserved communities in cultural awareness programs.)*

Smooth election process

Δ **Specific community need(s) addressed**: N/A

Δ **Objective(s)** *Objectives should be specific and measurable. If this is a fundraiser, objective should include identifying to what organization/agency/line item the proceeds will go. Refer to companion strategic plan document)*

Δ **What are the expected outputs of this program/project?** *(i.e. # of voters registered, # of participants. What do we expect accomplish?) # of sorors able to vote for MC.*

Δ **What are the expected outcomes of this program/project?** What measurable action(s) or behavioral change(s) will be affected in the target audience? *(i.e. what will be the % increase in the graduation rate, what will the % increase in voter participation in elections be?) All financial sorors able to vote for MC.*

Describe how success will be measured and the evaluation tool(s) that will be utilized: *(e.g., participant survey, pre& post test, interviews, etc are the preferred and expected measure unless the event is a fundraiser and dollars raised is appropriate to use)*

Δ **Other agencies/organizations involved, if any, in what capacity** *(i.e., organizing agency, co-sponsor, speaker, donor)*:

Δ **Key public officials involved, if any**:

Δ **Date**:

- **Location**:

- **Attire**:

- **Target audience**: *(i.e. sorors, public, age group) Check which age groups are targeted in addition to a brief description.*
  Description:
  Age groups: _____ 01-Children (0-12)
  _____ 02-Teens (13-18)
  _____ 03-Young Adults (19-30)
  _____ 04-Adults (31-54)
  _____ 05-Seniors (55+)

- **Action Items for Members**: Prepare for election by practicing with the selected electronic voting software.

- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:** *Attach copies of **draft** letters, flyers, e-mails, applications and/or press releases. All materials intended for release to the public require advanced presidential review and approval*.

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when? A list of financial sorors will be required for eligibility to vote.**

- **What chapter properties or assistance from the Custodian will be required?** *Please be mindful to submit needed property requests at minimum of one week prior to the event.*

- **Planned Cost (per person)**: _____ **Ticket Price (if any)**: _____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income *(delete any lines not applicable)*

Allocation from chapter budget	$1049_____
Ticket Sales	_____
Participant Fees	_____
Sponsorship Fees	_____
Donations	_____
Grants	_____
Other *(replace Other with an appropriate description)*	_____
Total Source of Funds - Income	_____

Use of Funds – Expense *(delete any lines not applicable)*

Room Rental/Facilities Fees	_____
Audio/Visual Equipment Rental	_____
Food	_____
Printing	_____
Postage	_____
Decorations	_____
Publicity	_____
Entertainment	_____
Speaker Fees	_____
Lodging	_____
Transportation	_____
Other *(replace Other with an appropriate description)*	$1049_____
Total Use of Funds - Expenses	_____
Profit/(Loss) (Total Source of Funds – Total Use of Funds)	_____

Allocated budget amount for year: $ 1049

Expenses to date: $

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)

Remaining budget amount: $

Are you requesting any additional funds from the chapter? YES NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members *(this should be a list of the committee members present at the committee meeting in which the proposal was generated/voted upon)***:**

Name
Cicely Hart
Mary Richards

Committee: Financial Fortitude

Chair/Co-Chair: Kania Lottie/Cheryl Wilkins

Proposed Program (Title/Theme): Financial Literacy Event

- **Description of the program:** Provide two in-person programming events to educate sorors in an area of financial literacy (details/topic TBD)

- **Purpose of the program:** To educate sorors in an area of financial literacy (details/topics TBD)

- **Area of focus:** *(i.e., Programmatic Thrust, Arts & Letters, Fund Development/Thrust)*: Economic Development

- **Strategic Plan Alignment/Focus:** *(i.e. Organizational Health, Social Action, Community Impact, Empowerment of Women and Girls, and Appreciation of our Culture)* Awaiting guidance on this

- **Measure(s) of Success from Strategic Plan focus:** *(select from the list on the Strategic Plan companion document. For example: Participation by underserved communities in cultural awareness programs.)*

  Awaiting guidance on this

- **Specific community need(s) addressed**: Financial literacy

- **Objective(s)** *Objectives should be specific and measurable. If this is a fundraiser, objective should include identifying to what organization/agency/line item the proceeds will go. Refer to companion strategic plan document)*

  To get at least 50 sorors to attend each event.

- **What are the expected outputs of this program?** *(i.e. # of voters registered, # of participants. What do we expect accomplish?)* 50 sorors will enhance their financial literacy in a specific area.

- **What are the expected outcomes of this program?** What measurable action(s) or behavioral change(s) will be affected in the target audience? *(i.e. what will be the % increase in the graduation rate, what will the % increase in voter participation in elections be?)*

A little more than 10% of chapter sorors will be educated in an area of financial literacy.

Describe how success will be measured and the evaluation tool(s) that will be utilized: *(e.g., participant survey, pre& post test, interviews, etc are the preferred and expected measure unless the event is a fundraiser and dollars raised is appropriate to use)*

Participant survey

- **Other agencies/organizations involved, if any, in what capacity** *(i.e., organizing agency, co-sponsor, speaker, donor)*: TBD – may use an external speaker

- **Key public officials involved, if any**: N/A

- **Date**: TBD – project Q2 and Q3

- **Location**: N/A

- **Attire**: N/A

- **Target audience**: *(i.e. sorors, public, age group) Check which age groups are targeted in addition to a brief description.*
  Description: Sorors
  Age groups: ____ 01-Children (0-12)
  ____ 02-Teens (13-18)
  X 03-Young Adults (19-30)
  X 04-Adults (31-54)
  X 05-Seniors (55+)

  All age groups of sorors will be targeted.

- **Action Items for Members**:
  N/A

- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:** *Attach copies of **draft** letters, flyers, e-mails, applications and/or press releases. All materials intended for release to the public require advanced presidential review and approval*.

  Will need help from Comms and Tech team to help create a flyer once programming idea finalized.

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** TBD

- **What chapter properties or assistance from the Custodian will be required?** *Please be mindful to submit needed property requests at minimum of one week prior to the event.* May need Delta signage in the room

- **Planned Cost (per person)**: $0 **Ticket Price (if any)**: _____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income *(delete any lines not applicable)*

Allocation from chapter budget	
Ticket Sales	
Participant Fees	
Sponsorship Fees	
Donations	
Grants	
Other *(replace Other with an appropriate description)*	
Total Source of Funds - Income	**N/A**

Use of Funds – Expense *(delete any lines not applicable)*

Room Rental/Facilities Fees	$1000 (Global Village)
Audio/Visual Equipment Rental	
Food	$300 ($150 per event)
Printing	
Postage	
Decorations	
Publicity	
Entertainment	
Speaker Fees	
Lodging	
Transportation	
Other	
Total Use of Funds - Expenses	**$1300**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)	**-$1300**

Allocated budget amount for year: $ 200

Expenses to date: $0

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)

Remaining budget amount: $

Are you requesting any additional funds from the chapter? YES NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members *(this should be a list of the committee members present at the committee meeting in which the proposal was generated/voted upon)*:

Name

Committee: Financial Fortitude

Chair/Co-Chair: Kania Lottie/Cheryl Wilkins

Proposed Program (Title/Theme): 2024 Goal Diggers Challenge!

- **Description of the program:** We will share a few different money challenge options for sorors to choose from based on their financial goal for the year. They will commit to saving that amount for the year. All sorors who participate for the entire year (based on honor system) will be entered into a drawing for the year to win a gift card of their choice to go towards whatever their goal was (e.g. saving for a house, new car, emergency fund etc.)
- **Purpose of the program:** To encourage sorors to be disciplined with prioritizing their savings and see how easy it can be to reach a financial goal if they plan accordingly.

- **Area of focus:** *(i.e., Programmatic Thrust, Arts & Letters, Fund Development/Thrust)*: Economic Development

- **Strategic Plan Alignment/Focus:** *(i.e. Organizational Health, Social Action, Community Impact, Empowerment of Women and Girls, and Appreciation of our Culture)*

  Awaiting guidance on this

- **Measure(s) of Success from Strategic Plan focus:** *(select from the list on the Strategic Plan companion document. For example: Participation by underserved communities in cultural awareness programs.)*

  Awaiting guidance on this

- **Specific community need(s) addressed**: Financial literacy

- **Objective(s)** *Objectives should be specific and measurable. If this is a fundraiser, objective should include identifying to what organization/agency/line item the proceeds will go. Refer to companion strategic plan document)*

  To get at least 50 sorors to participate and fully complete the challenge.

- **What are the expected outputs of this program?** *(i.e. # of voters registered, # of participants. What do we expect accomplish?)* 50 sorors will enhance their financial stability and/or start a savings for the first time.

- **What are the expected outcomes of this program?** What measurable action(s) or behavioral change(s) will be affected in the target audience? *(i.e. what will be the % increase in the graduation rate, what will the % increase in voter participation in elections be?)*

A little more than 10% of chapter sorors will commit to saving a certain amount of money for the year and hopefully continue this discipline beyond 2024.

Describe how success will be measured and the evaluation tool(s) that will be utilized: *(e.g., participant survey, pre& post test, interviews, etc are the preferred and expected measure unless the event is a fundraiser and dollars raised is appropriate to use)*

Participant survey

- **Other agencies/organizations involved, if any, in what capacity** *(i.e., organizing agency, co-sponsor, speaker, donor)*: N/A

- **Key public officials involved, if any**: N/A

- **Date**: Will start in January 2024 and continue until end of 2024

- **Location**: N/A

- **Attire**: N/A

- **Target audience**: *(i.e. sorors, public, age group) Check which age groups are targeted in addition to a brief description.*
  Description: Sorors
  Age groups: ____ 01-Children (0-12)
  ____ 02-Teens (13-18)
  X 03-Young Adults (19-30)
  X 04-Adults (31-54)
  X 05-Seniors (55+)

  All age groups of sorors will be targeted.

- **Action Items for Members**:

  To choose which challenge they want to participate in and commit to it for the entire year.

- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:** *Attach copies of **draft** letters, flyers, e-mails, applications and/or press releases. All materials intended for release to the public require advanced presidential review and approval*.

  Will need help from Comms and Tech team to help create the saving charts for people to choose from. I have a few examples from the internet but would like them to look more uniform. They will also need to review our communication about the challenge. We will also give updates/teasers throughout the year re: where they should be with their saving.

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** N/A

- **What chapter properties or assistance from the Custodian will be required?** *Please be mindful to submit needed property requests at minimum of one week prior to the event.* N/A
  Planned Cost (per person): N/A **Ticket Price (if any)**: _____

  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income *(delete any lines not applicable)*

Allocation from chapter budget	_____	
Ticket Sales	_____	
Participant Fees	_____	
Sponsorship Fees	_____	
Donations	_____	
Grants	_____	
Other *(replace Other with an appropriate description)*	_____	
Total Source of Funds - Income		**N/A**

Use of Funds – Expense

Prize – Gift Card of soror's choice	$200	
Total Use of Funds - Expenses		**$200**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		**-$200**

Allocated budget amount for year: $ 200

Expenses to date: $0

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)

Remaining budget amount: $

Are you requesting any additional funds from the chapter? YES NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members *(this should be a list of the committee members present at the committee meeting in which the proposal was generated/voted upon)***:**

Name

Committee: Family Life Education

Chair/Co-Chair: LaWanda Girton/Kimberly Bentley Walton

Proposed Program: Family Life Education Black Marriage Workshop & Celebration Initiative

∆ **Description of the program**:

a. The Family Life Education Committee will continue partnering with the Indiana Healthy Marriage and Family Coalition, Inc. (IHMFC) in the planning, advertising, and implementation of the Annual Black Marriage Day Celebration.
b. The Family Life Education Committee will honor married couples during IHMFC Marriage Day Celebration who have completed FLEC sponsored workshops and participated in all related activities.

∆ **Purpose of the program**: To show appreciation for our culture by offering and participating in various activities that focus on healthy African American marriages, relationships and families throughout the sorority year.

∆ **Area of focus:** Physical & Mental Health

∆ **Strategic Plan Alignment/Focus:** Appreciation of our Culture

∆ **Measure(s) of Success from Strategic Plan focus:** Participation of sorors and community participants in cultural growth/awareness programs.

∆ **Specific community need(s) addressed**: Strengthening of black marriages and marital relationships, through improved communication, intentional interaction, and committed bonding.

∆ **Objective(s)**:

a. Expose soror and community participants to the significance of the tenets, experiences, and contributions of healthy African American marriages and relationships, which have shaped and supported the African American community.
b. Expose soror and community participants to mentors, counsellors, and best practice exercises to create, improve, and maintain a healthy marriage and marital relationship.

∆ **What are the expected outputs of this program?** Attendance/participation of 50-75 married/soon-to-be married (≤ 1 year) couples.

∆ **What are the expected outcomes of this program?** 15% of participating couples will report improved spousal communication at 30 day follow-up survey; 25% of participating couples will report improved communication at 60 day follow-up survey; 50% of participants will express desire to attend future Marriage Day-related programs/sessions/seminars/etc.

∆ **Describe how success will be measured and the evaluation tool(s) that will be utilized**:

a. Pre- and Post-Participant Surveys (utilizing written and QR code formatting).

b. Testimonials and comments from soror and community participants will be monitored (i.e.: written, verbalized, and social media posts).

c. The number of participants who report an increased awareness, knowledge base, appreciation, and understanding of the significance of Black Marriage across the culture.

∆ **Other agencies/organizations involved, if any, in what capacity:**

- Indiana Healthy Marriage and Family Coalition Inc., proposes to take the lead in planning and execution of Black Marriage Day Celebration,
- Girt Enterprises proposes to take the lead in providing assistance in the area of IT and marketing,
- FLEC proposes to partner with other IAC committees for participant recruitment.
- Churches TBD are the proposed site for events and assisting with fund development.

∆ **Key public officials involved, if any**: None

∆ **Describe how success will be measured and the evaluation tool(s) that will be utilized**: Pre- and Post-Participant Surveys (utilizing written and QR code formatting)

∆ **Dates**:

- Marriage Workshop Session 1 - 1/23/24
- Marriage Workshop Session 2 - 2/27/24
- Marriage Workshop Session 3 - 4/23/24
- Black Marriage Day March 2024 - TBD

∆ **Location**: TBD

∆ **Attire**: Workshop dates – casual; Black Marriage Day Celebration – church attire

∆ **Target audience**:

Description:

Age groups: ____ 01-Children (0-12)
____ 02-Teens (13-18)
__X__ 03-Young Adults (19-30)
__X__ 04-Adults (31-54)
__X__ 05-Seniors (55+)

∆ **Action Items for Members**: Assist and serve on the committees, recommend couples for Black Marriage Day, share and promote related events via their personal/professional network, attendance/participation, and assist with any ticket sales for events.

- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:** Flyer for Black Marriage Family Day.
- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** TBD
- **What chapter properties or assistance from the Custodian will be required?** TBD.

- **Planned Cost (per person)**: _____ **Ticket Price (if any)**: _____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income

Allocation from chapter budget	550	
Ticket Sales	_____	
Donations	_____	
Total Source of Funds - Income		**550**

Use of Funds – Expense *(delete any lines not applicable)*

Room Rental/Facilities Fees	225	
Food ($400/$200)	600	
Printing	_____	
Postage	_____	
Decorations ($200/$50)	250	
Publicity	_____	
Speaker Fees/ Honorariums (6x$50)	300	
Total Use of Funds - Expenses		**(1375)**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		(825)

Allocated budget amount for year: $

Expenses to date: $

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)

Remaining budget amount: $

Are you requesting any additional funds from the chapter? YES NO

If Yes, amount of additional funds needed? $??

If Yes, provide rationale for additional funding: ??

Committee Members

Name
LaWanda Girton
Kimberly Bentley Walton
Deborah Greene
Angela Denman
Aundi Rhodes
Delores Williams
Elizabeth Malone
Kimberly Rusununguko
Mia-Lon Washington
Sherie Scott
Simyeon Trabue
Tanya Pratt
Christine Barnett
Ruth Lambert
DeLaina McCane
Angela Posey
Faith Girton
Katherine Fox-Cunningham

Committee: Fundraising

Chair/Co-Chair: **Carolyn Sanders/Misty Ackles Dumas**

Proposed Program/Project – The Bridgerton Masquerade Ball

- **Description of the program/project**: This activity is an elegant fundraising event designed to support our Scholarship fund. The Soror who raises the most money will be acknowledged in some way. The environment will be Bridgerton inspired and will include a VIP Experience to kick off the evening. Guests will enjoy a variety of entertainment.

- **Purpose of the program/project**: To raise Scholarship Funds for the Youth in our community.

- **Area of focus:** *Fund Development*:

- **Strategic Plan Alignment/Focus:** *(Community Impact)*

- **Measure(s) of Success from Strategic Plan focus: To raise a minimum of $20K.**

- **Specific community need(s) addressed**: Financial support to deserving youth to do to college

- **Objective(s)** To provide scholarship dollars to youth in our service area.

- **What are the expected outputs of this program/project?**

  - Sale of Tickets
  - Sponsorship dollars
  - Recognition of Sponsors
  - Encourage Soror Participation in excess of 200 Sorors (Engagement key Element)
  - Recognition of top sales

- **What are the expected outcomes of this program/project?** To increase the number of dollars given to youth in our service area.

  Describe how success will be measured and the evaluation tool(s) that will be utilized: Dollars raised.

- **Other agencies/organizations involved, if any, in what capacity**

  Participation from D9 Organizations

- **Key public officials involved, if any**:
  None

- **Date**: April 2025

- **Location**:
  Indiana Roof Ballroom

- **Attire**:
  Formal or Bridgerton inspired

- **Target audience**

  Description:

  The event is for 21 and older
  Age groups: ____ 01-Children (0-12)
  ____ 02-Teens (13-18)
  __x__ 03-Young Adults (19-30)
  __x__ 04-Adults (31-54)
  __x__ 05-Seniors (55+)

- **Action Items for Members**:

  Sell or Purchase 2 tickets and/or become table sponsors

  Become a Sponsor

  Sell Sponsorships

  Evening or Formal Attire with Masks

  Sign up to volunteer

  If not attending donate $22.00 to DREF Scholarship

- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:** TBD

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when? TBD**

- **What chapter properties or assistance from the Custodian will be required? TBD**

- **Planned Cost (per person)**: __114.28_____ **Ticket Price (if any)**: $125.00 base
  Sponsor donations to DREF not included in income or expenses.

Cost Analysis:

Source of Funds – Income

Allocated from Chapter	$6,226.75
Ticket Sales	$ 92,885.00
Silent Auction	$ 3,750.00
Mystery Gifts	$ 1,350.00
Raffle	$ 595.00
Mask Sponsor	$ 875.00
Wine Pull	$ 1,730.00
Sponsorship	$ 8,300.00
Total Source Funds - Income	$ 115,711.75

Use of Funds – Expense

Venue $ 7,057.50

Food $ 40,381.08

Liability Insurance $ 400.00

Supplies/Decorations $ 8,073.44

Queen supplies $ 822.45

Carriage $ 280.00

Designer $ 430.00

Calling Post $ 94.62

Mask $ 210.00

Entertainment

DJs $ 300.00

Harpist $ 400.00

Violinist $ 5,158.01

Dancer $ 350.00

360 Machine $ 350.00

Raffle winner $ 329.00

Silent Auction $ 3,350.00

VIP Reception $ 587.20

Total Use of Funds - Expense $ 68,573.30

Profit/(Loss) (Total Source of Funds – Total Use of Funds) **47,138.45**

Allocated budget amount for year: $

Expenses to date: $

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**

Remaining budget amount: $

Are you requesting any additional funds from the chapter? YES NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members

Name
Misty Ackles Dumas

Committee: Dr. Jeanne L. Noble G.E.M.S. Institute

Chair/Co-Chair: LaToya Black/Marquita Fears

Proposed Program/Project (Title/Theme): Delta G.E.M.S. Program Year 2024 - 2025

- **Description of the program/project**: The Delta G.E.M.S. (**Growing and Empowering Myself Successfully)** program will establish a group of young women, grades 9-12, who will meet at least one time per month to engage in activities aligned with the curriculum provided by National Program Planning & Development.
  1. Growing Myself Successfully Goal –
     - To instill the need to excel academically
     - To create compassionate, caring and community minded young women and actively involve them in service learning and community service
  2. Empowering Myself Successfully Goal-
     - To provide tools that enable girls to sharpen and enhance their skills to achieve high levels of academic success
     - To assist girls in proper goal setting and planning for their futures high school and beyond
- **Purpose of the program/project**: The Jeanne L. Noble G.E.M.S. Institute is an educational mentoring program.
- **Area of focus:** Educational Development Youth Management Program

  Specific community need(s) addressed: Community Youth Outreach with at least 10% of program participants identifying as *Free and Reduced Lunch* students.

- **Objective(s):**

  Improve self –esteem of African-American girls

  Provide guidance for college/career search and readiness

  Provide guidance for goal setting and academic achievement (career standards)

- **Describe how success will be measured and the evaluation tool(s) that will be utilized**:

The committee will guide the session workshops. We will distribute beginning and end of the year parent and student surveys. Success will also be measured through their full participation in the career shadowing/goal setting session as well as the culminating rites of passage celebration, the G.E.M.S. Gala. Further, it is the committee's goal to allow the G.E.M.S. participants to have ownership of the end of year program (i.e. participant idealized, participants serve as the MC, create and execute program, determine what artistic expression they will do, etc.).

Each session will have a survey to measure increased in knowledge of the subject as well as effectiveness of presenter:

1. Today's session workshop topic was____. Do you feel the presenter provided you with valuable information on this topic? Y/N
2. On a scale of 1-5 how beneficial was this information to you? (1 not at all 2 somewhat 3 neither 4 somewhat beneficial 5 very beneficial)
3. The presenter was knowledgeable about_____.Y/N
4. I would rate this presenter a 1 2 3 4 5 (1 not effective 5 very effective)
5. Would you recommend this workshop to your friends? Y/N
6. Comments

- **Other agencies/organizations involved, if any, in what capacity:** Delta G.E.M.S. will collaborate with IAC Committees across the Five Point Programmatic Thrusts, including Delta Academy, Financial Fortitude and Scholarships, with the hopes of leveraging areas of expertise to deliver programs to the participants within the Youth Management curriculum.

- **Key public officials involved, if any**: Councilor Keith Graves - District 13

- **Date**: The program will meet on the second or third Saturday of the month, unless otherwise noted. Please refer to the calendar for proposed dates. With services projects and team building events TBD throughout the program year. (Dates will be determined at a later time.)

- **Location**: *United Way Building, Brightlane Learning - Suite 200. 2955 N. Meridian Street, Indianapolis, IN 46208. NOTE: Any virtual activities to take place via approved Chapter Zoom account. **This venue location is only accessible for G.E.M.S. session workshops so long as Soror LaToya Black is Chair.*

- **Attire**:

  1. G.E.M.S. - Casual attire. Badges must be worn and in clear view.

  2. Sorors - Casual/Paraphernalia are acceptable for monthly sessions. Badges must be worn and in clear view.
  3. G.E.M.S. Community Volunteers (if applicable) – Casual attire - Badges must be worn and in clear view.

- **Target audience**:
  Description:
  Age groups: ____ 01-Children (0-12)
  __x_ 02-Teens (13-18)
  ____ 03-Young Adults (19-30)
  ____ 04-Adults (31-54)
  ____ 05-Seniors (55+)

- **Action Items for Members**:
    - Complete the Risk Management Training and Certification process to join the G.E.M.S. Committee
    - Assist with corporate or community donations.
- **Information for Corresponding Secretary, Publicity and Information Systems & Communications**. **Provide key dates and assistance requested:**
    - Add Delta G.E.M.S. Informational Sheet and Application link
    - Add Public Delta G.E.M.S. events to the IAC chapter public website and social media to monthly announcements about G.E.M.S. activities that will be presented to the Chapter (as requested).
    - Create flyers for G.E.M.S. Gala via Trello
- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** Assist with ticket sales for G.E.M.S. Gala/Celebration and disburse timely payment of all associated invoices.
- **What chapter properties or assistance from the Custodian will be required?** Decorations for G.E.M.S. Gala
- **Planned Cost (per person)**: _____ **Ticket Price (if any)**: _____

  Please see the proposed budget for the 2024-25 program year.

	Fiscal Year:	2024 - 2025								
	Acct No:		Submitted By:		LaToya Black			Phone (10 Dig):		317-727-4427
	Acct Name:	Delta G.E.M.S.	Date:		11/5/2023			Email:		delta_gems2@dstiac.org

Attention: Please request all funds needed for entire sorority year. Quarterly reallocations will be approved based on this ORIGINAL budget request.

Finance Committee Use

Quarter	Project (Title/Theme)/Administrative	BUDGET REQUEST	EXPECTED INCOME	EXPECTED EXPENSE	PROFIT OR LOSS	APPROVED AMOUNT	Sub for Realloc	FIN. COMMMITTEE COMMENTS
1st Quarter July 1-Sept 30	Hamilton County HBCU Fair	$ 100.00	$ -	$ 100.00	$ -	$ -		
	IBAC Fair	$ 100.00	$ -	$ 100.00	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		

	1ST QUARTER TOTALS	$ 200.00	$ -	$ 200.00	$ -	$ -		
2nd Quarter Oct 1-Dec 31	Fall Youth Explosion	$ 500.00		$ 500.00	$ -	$ -		
	GEMS Worskshop - November	$ 175.00	$ -	$ 175.00	$ -			
	GEMS Workshop - December	$ 175.00	$ -	$ 175.00	$ -			
			$ -		$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
	2ND QUARTER TOTALS	$ 850.00	$ -	$ 850.00	$ -	$ -		
	GEMS Gala Practice - January	$ 100.00	$ -	$ 100.00	$ -	$ -		
	GEMS Workshop - February	$ 175.00	$ -	$ 175.00	$ -	$ -		
	GEMS Gala Practice - February	$ 100.00	$ -	$ 100.00	$ -	$ -		
	GEMS Workshop - March	$ 175.00	$ -	$ 175.00	$ -	$ -		
	Cultural Social Outing	$ 375.00	$ -	$ 375.00	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		
		$ -	$ -	$ -	$ -	$ -		

		$ -	$ -	$ -	$ -	$ -		
	3RD QUARTER TOTALS	$ 1,100.00	$ -	$ 1,100.00	$ -	$ -		
4th Quarter April 1-Jun 30	GEMS Workshop - April	$ 175.00	$ -	$ 175.00	$ -			
	GEMS Gala Practice - April	$ 100.00	$ -	$ 100.00	$ -	$ -		
	GEMS Gala - DJ	$ 500.00	$ -	$ 500.00	$ -	$ -		
	GEMS Gala - Photographer/Videographer	$ 500.00	$ -	$ 500.00	$ -	$ -		
	GEMS Gala - Ticket Sales ($50/per person x 250 people)		$ 12,500.00	$ -	$ 12,500.00	$ -		
	GEMS Gala - Venue Rental		$ -	$ 4,000.00	$ (4,000.00)	$ -		
	GEMS Gala - Food Catering		$ -	$ 6,000.00	$ (6,000.00)	$ -		
	GEMS Gala - Artistic Expression	$ 500.00		$ 500.00	$ -	$ -		
	GEMS End-of-Year Workshop - May	$ 350.00	$ -	$ 350.00	$ -	$ -		
	4TH QUARTER TOTALS	$ 2,125.00	$ 12,500.00	$ 12,125.00	$ 2,500.00	$ -		
		$ 4,275.00	$ 12,500.00	$ 14,275.00	$ 2,500.00	$ -		

Committee: Health Awareness Committee

Chair/Co-Chair: Nieasha Richardson, Chair/Anikra Holland, Co-Chair

Proposed Program/Project (Title/Theme): Give the Gift of Love

∆ **Description of the project**:

- Development of an IAC-DST Family and Friends team of donors to give blood. IAC has done blood drives in the past and our continued donation merges IAC's commitment to service and giving and increases awareness to the need and importance of blood donation. Partner with or at least promote participation from other Divine 9 organizations to increase the number of donors.

∆ **Purpose of the project**:

- The Health Awareness Committee will use this opportunity to recruit blood donors and engage prospective donors to increase awareness for the need of blood donation. Research has shown that AA's and Hispanics have the highest percentages of having O-type (universal donor) blood. For this reason, it is imperative that we give not only to save lives, but also O-type blood is often the least donated (American Red Cross, 2015). Through this donation drive, IAC Sorors, families and friends will serve the Indianapolis community by giving "life".

∆ **Area of focus:** *(i.e., Programmatic Thrust, Arts & Letters, Fund Development/Thrust)*:

- Physical and Mental Health

∆ **Strategic Plan Alignment/Focus:**

- Organizational Health
- Community Impact

∆ **Measure(s) of Success from Strategic Plan focus:** *(select from the list on the Strategic Plan companion document. For example: Participation by underserved communities in cultural awareness programs.)*

∆ **Specific community need(s) addressed**:

- Blood donation is crucial to improving and saving lives. Research shows there are fewer complications when blood is phenotypically matched. Therefore, it is important that donors of all ethnicities donate (American Red Cross, 2015).

∆ **Objective(s)**

- To recruit 35 blood donors.
- Increase awareness regarding the importance of blood donation
- Collect items/donations for a health issue/cause to be determined by the HA committee.

∆ **What are the expected outputs of this project?** *(i.e. # of voters registered, # of participants. What do we expect accomplish?)*

- We expect to collect at least 25 units of blood

∆ **What are the expected outcomes of this project?** What measurable action(s) or behavioral change(s) will be affected in the target audience?

- Collect at least 25 units of blood
- Increased awareness of the importance of blood donation.

Describe how success will be measured and the evaluation tool(s) that will be utilized:

- Total count of the number of donors registered.
- Total units of blood final collected.

∆ **Other agencies/organizations involved, if any, in what capacity**

- Blood Bank or the local American Red Cross who will provide the Blood Mobile and personnel.

∆ **Key public officials involved, if any**: NA

∆ **Date**: March 2024

∆ **Location**: Location of March Chapter meeting

∆ **Attire**: No specific attire. Will ask participants to ensure arms are easily accessible.

∆ **Target audience**:
Description: Open to the public
Age groups: ____ 01-Children (0-12)
____ 02-Teens (13-18)
__x__ 03-Young Adults (19-30)
__x__ 04-Adults (31-54)
__x__ 05-Seniors (55+)

∆ **Action Items for Members**:

- Register to donate. Recruit family and friends to donate. Come and give moral support to donors. Donate items for health issue/cause to be determined by the Health Awareness Committee.

∆ **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:**

- Release of event information as submitted via the Chapter newsletter, public and private social media pages, public and private web pages and video announcements.

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?**
    - Pay liability insurance.
    - Check for $50.00 for Thank you Tokens.
        - To be provided one month prior to event

- **What chapter properties or assistance from the Custodian will be required?**

  The IAC Health Awareness pop up banner

- **Planned Cost (per person)**: __$0.00_____ **Ticket Price (if any)**: __$0.00_____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income

Allocation from chapter budget	$200.00
Total Source of Funds - Income	**$200.00**

Use of Funds – Expense

Liability Insurance	$150.00	
Thank You Token for Donors	$50.00	
Total Use of Funds - Expenses		**$200.00**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		

Allocated budget amount for year: $

Expenses to date: $0.00

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)

Remaining budget amount: $

Are you requesting any additional funds from the chapter? NO

If Yes, amount of additional funds needed? NA

If Yes, provide rationale for additional funding: NA

Committee Members:

Name
Jennifer Conner, Chair (immediate past)
Lindi Randall-Hayes, MD, Co-Chair
Natasha Weems -Love, Physical and Mental Health Chair
Loretta Conner
Gladys Johnson Anderson
Deborah Green

Committee: Health Awareness

Chair/Co-Chair: Nieasha Richardson, Chair/Anikra Holland, Co-Chair

Proposed Program/Project (Title/Theme): Club Delta-The Hip Hop Fitness Experience

- ∆ **Description of the program/project**:
  - This event is a fitness event to promote fun active living and physical activity in the African American community.
- ∆ **Purpose of the program/project**:
- This is a multi-purpose event which include the following purposes: 1) To encourage fun physical activity among Sorors of all ages and the communities we serve 2) To raise funds to support IAC's Educational programs (BCT, Delta Academy, Delta Gems) 3) To engage and reclaim inactive & non-financial Sorors in a fun, active & engaging environment.

- ∆ **Area of focus:** *(i.e., Programmatic Thrust, Arts & Letters, Fund Development/Thrust)*:

  Physical Health

- ∆ **Strategic Plan Alignment/Focus:**
  - Community Impact
  - Empowerment of Women and Girls
- ∆ **Measure(s) of Success from Strategic Plan focus:**
  - Building and delivering on innovative programs or activities to promote healthy outcomes
- ∆ **Specific community need(s) addressed**:
  - This activity will address the need for increased physical fitness in an often sedentary African American population. As well as promote physical activity in a fun, engaging environment for individuals of all fitness levels.

- ∆ **Objective(s)** *Objectives should be specific and measurable. If this is a fundraiser, objective should include identifying to what organization/agency/line item the proceeds will go. Refer to companion strategic plan document)*
  - Measure the number of participants that are already physically active & sedentary
  - Raise funds to support IAC's Educational programs
  - Engage & reclaim inactive and non-financial Sorors

- ∆ **What are the expected outputs of this program/project?**
  - We expect approximately 100 participants (including Sorors & the community) to attend this event.

∆ **What are the expected outcomes of this program/project?**

- We expect approximately 100 participants (including Sorors & the community) to attend this event.

Describe how success will be measured and the evaluation tool(s) that will be utilized:

A similar survey will be used as well as using tablets again or laptops for participants to complete the surveys. Success will be measured by the number of individuals that attend the event, the amount of money raised, and engagement via a Membership Services table of non-financial, inactive Sorors.

∆ **Other agencies/organizations involved, if any, in what capacity:**

We will be collaborating with the Membership Services Committee for this event

∆ **Key public officials involved, if any**: NA

∆ **Date**: TBD

∆ **Location**: TBD

∆ **Attire**: Workout/fitness gear is the appropriate attire. Sorors are encouraged to wear paraphernalia.

∆ **Target audience**:

∆ Description: Open to the public
Age groups: ____ 01-Children (0-12)
____ 02-Teens (13-18)
__x__ 03-Young Adults (19-30)
__x__ 04-Adults (31-54)
__x__ 05-Seniors (55+)

∆ **Action Items for Members**:

Attend the event, invite inactive Sorors, family and friends, publicize to the community and their networks.

∆ **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:**

∆ Publicity/Information Systems will be asked to post the approved event flyer on our chapter website as well as our social media pages.

∆ **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?**

We will need a link set up to allow participants to pay online, as well as a financial officer onsite the day of the event to allow participants to pay at the door.

∆ **What chapter properties or assistance from the Custodian will be required?**

We will need tablecloths for the Membership Services, a registration table, survey tables, raffle prize table, and health information table. As well as free standing chapter banners, step and repeat and any other material the membership committee will need to adorn their table.

∆ **Planned Cost (per person)**: ___$0.00_____ **Ticket Price (if any)**: __$15.00_____
(Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income

Ticket Sales	$1500 ($15x100)	
Donations (In Kind)	$25.00	
Total Source of Funds - Income		**$1525.00**

Use of Funds – Expense

Instructor Fees	$250.00	
Audio/Visual Equipment Rental	$200.00	
Facility Fee	$150.00	
Total Use of Funds - Expenses		**$600.00**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		$925.00

Allocated budget amount for year: $

Expenses to date: $

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)

Remaining budget amount: $

Are you requesting any additional funds from the chapter? NO

If Yes, amount of additional funds needed? NA

If Yes, provide rationale for additional funding: NA

Committee Members:

Name
Jennifer Conner
Lindi Randall Hayes
Natasha Weems-Love
Loretta Conner
Gladys Johnson Anderson
Deborah Green

Committee: Health Awareness

Chair/Co-Chair: Nieasha Richardson, Chair/Anikra Holland, Co-Chair

Proposed Project (Title/Theme): Too Blessed to be Stressed Mental Health Symposium

- **Description of the project**:
  - May is Mental Health Awareness Month. The Health Awareness Committee will provide information on the importance of mental health, the signs of mental health illness, effects of mental health illness in the African American Community, and resources to deal with mental health issues. Various Mental Health Professionals will present in a panel as well as having a breakout session about specific topics related to self-care. This project will also include 1 60 minute yoga class. Yoga has been a mindfulness activity sometimes used to manage symptoms of depression and anxiety.
- **Purpose of the program/project**:
  - The purpose of this project is to help the participants understand the signs of mental distress and to provide information and resources to manage the symptoms. This program will also help to reinforce aspects of the DeltaCare initiative.
- **Area of focus:** *(i.e., Programmatic Thrust, Arts & Letters, Fund Development/Thrust)*:
  - Physical and Mental Health
- **Strategic Plan Alignment/Focus:**
  - Community Impact
  - Empowerment of Women
- **Measure(s) of Success from Strategic Plan focus:**
  -
- **Measure(s) of Success from Strategic Plan focus:**
  - Building and delivering on innovative programs or activities to promote healthy outcomes
- **Specific community need(s) addressed**:
  According to the Health and Human Services Office of Minority Health, African Americans are 20% more likely to experience serious mental health problems than the general population. This is often due to the community's understanding of mental health, unmet needs and other barriers. According to the National Alliance on Mental Illness, one in five Americans live with some form of mental illness.
- **Objective(s)**

- The project objectives are to work collaboratively with the National Alliance on Mental Illness to share information with the community regarding available resources and programs. Also, our committee's goal is to measure how many participants know how to recognize the symptoms of mental illness.

∆ **What are the expected outputs of this program/project**

- Our committee expects to register 50 participants. We also expect to understand how many participants know the signs of mental distress.

∆ **What are the expected outcomes of this program/project**

- Our committee expects to register 50 participants. We also expect to understand how many participants know the signs of mental distress.

Describe how success will be measured and the evaluation tool(s) that will be utilized:

We plan to survey the participants with the following questions:

1. Was the information provided by NAMI helpful?
2. Do you know anyone who could be blessed by the information?
3. Can you name any signs of mental distress?
4. If so, did you know any signs before this event?
5. Was the yoga class a relaxing experience for you?

∆ **Other agencies/organizations involved, if any, in what capacity**:
NAMI (National Alliance on Mental Illness) will provide materials and possibly a representative to present information.

∆ **Key public officials involved, if any**: N/A

∆ **Date**: TBD

∆ **Location**: TBD

∆ **Attire**: Comfortable workout attire

∆ **Target audience**:
Description: Open to the public
Age groups: ____ 01-Children (0-12)
____ 02-Teens (13-18)
__x__ 03-Young Adults (19-30)
__x__ 04-Adults (31-54)
__x__ 05-Seniors (55+)

- **Action Items for Members**:
  - Register for the class and invite family and friends to attend.

- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested**
  - Run video announcements during March and April. Also, advertise event on DSTIAC web page from early April until the event date as well as both the public and private Facebook pages.

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?**
  - We will require a PayPal link for registrants, a check for the yoga instructor, tokens for the speakers and a check for the publicity flyer.

- **What chapter properties or assistance from the Custodian will be required?**
  - A DSTIAC pop- up banner will be required the day of the event

- **Planned Cost (per person)**: __$0.00_____ **Ticket Price (if any)**: _$5.00_____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:
Source of Funds – Income

Ticket Sales	$250.00 ($5 x 50)	
Total Source of Funds - Income		**$250.00**
Use of Funds – Expense		
Yoga Instructor Fees	$100.00	
Liability Insurance	$150.00	
Total Use of Funds - Expenses		**$250.00**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		**$0.00**

Allocated budget amount for year: $

Expenses to date: $

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)

Remaining budget amount: $

Are you requesting any additional funds from the chapter? NO

If Yes, amount of additional funds needed? NA

If Yes, provide rationale for additional funding: NA

Committee Members:

Name
Jennifer Conner, Chair
Lindi Randall Hayes, Co-Chair S
Natasha Weems-Love, Physical & Mental Health Chair
Loretta Conner
Deborah Green
Gladys Johnson Anderson

Committee: Health Awareness Committee

Chair(s)/Co-Chair(s): Nieasha Richardson, Chair; Anikra Holland, Co-Chair

Proposed Program/Project American Heart Association's Purse-onality Auction Participation

- **Description of the program/project** American Heart Association will hold it's annual Go Red for Women Expo & Luncheon in February 2024. As part of this event, there will be a "Purse-onality" Auction to highlight organizations, companies and individuals who are giving back. The Health awareness Committee plans to collect items for the Indianapolis auction. For the 2023-2024 Sorority year we would also like to have a heart disease awareness and education symposium in addition to our donation collection.

- **Purpose of the program/project**: The purpose of the project is to provide a fun bidding experience on the day of the Go Red for Women Luncheon for the attendees while raising funds for the American Heart Association.

- **Area of focus** : Physical and Mental Health

- **Specific community need(s) addressed**: The Indianapolis Go Red for women Luncheon focuses on three areas of support to fight heart disease and stroke in women: raising awareness for the issue, creating a passionate call-to-action and generating funds to support education and research. The health symposium focused on heart disease will also provide education and resources for the community in regards to heart disease, especially for women and persons of color.

- **Objective(s)** :The project objective is to create a successful "purse-onality" package for the Indianapolis event with a value of at least $250. The proceeds of the fundraiser will go to the American Heart Association. To have an educational health symposium on heart disease to raise awareness of heart disease and heart disease prevention.

- **Expected outcome(s)**: The Health Awareness Committee will commit to participating in the auction by submitting the form by the deadline. Our committee will work collaboratively to put together a creative "Purse-onality" package that represents the style and class of our organization. We will ask if an IAC member is attending the event, and ask them to take a picture of the winner/winning bid if possible. Have an audience listen to and engage in an educational panel and discussion on heart disease awareness and prevention.

- **Describe how success will be measured and the evaluation tool(s) that will be utilized**: **We will calculate the value of the package and follow the bidding results if possible.** We will calculate the value of the package and follow the bidding results if possible

- **Other agencies/organizations involved, if any, in what capacity** :The American Heart Association-whom we are fundraising for and we have asked the current Director of the Indianapolis American Heart Association, who is a Soror, to participate in the panel.

- **Key public officials involved, if any**:N/A

- **Date**: February 2024

- **Location**: TBD

- **Attire**: N/A

- **Target audience**:
  Description:
  Age groups: ____ 01-Children (0-12)
  ____ 02-Teens (13-18)
  ____ 03-Young Adults (19-30)
  __X__ 04-Adults (31-54)
  __X__ 05-Seniors (55+)

- **Action Items for Members**: Donate items for the "Purse-onality" package when requested. Specifically the committee is requesting upscale pampering items, gift cards, etc. (i.e. perfume, department store gift cards, spa gift cards, jewelry)

- **Information for Corresponding Secretary, Publicity and Information Systems & Communications**. **Provide key dates and assistance requested:** We will submit a video announcement form with the donation requests and Go Red for Women Event information.

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when? N/A**

- **What chapter properties or assistance from the Custodian will be required?**
  A table during chapter meetings for donations

- **Planned Cost (per person)**: _____ **Ticket Price (if any)**: _____

Cost Analysis:

Source of Funds – Income

Allocation from chapter budget	_____	
Sponsorship Fees	_____	
Donations	$500_____	
Total Source of Funds - Income		**$500__**

Use of Funds – Expense

Purse-onality materials	_$500_____	
Total Use of Funds - Expenses		**___$500_____**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		$0_____

Allocated budget amount for year: $

Expenses to date: $

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**

Remaining budget amount: $ N/A

Are you requesting any additional funds from the chapter? _____YES __X___ NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members:

Name
Jennifer Conner
Lindi Randall Hayes
Natasha Weems-Love
Loretta Conner
Deborah Green
Gladys Johnson Anderson

Committee: Heritage and Archives

Chair/Co-Chair: **Crystal Brown – Chair; Joyce Johnson – Co-chair**

Proposed Administrative Project: Heritage and Archives

- ∆ **Description of the program/project**: Maintain IAC's Sorority Historical Events/Documentation
- ∆ **To preserve the IAC historical events of 2024-2025**

∆ **Purpose of the program/project**: Maintain historical documents.

∆ **Area of focus:** *(i.e., Programmatic Thrust, Arts & Letters, Fund Development/Thrust)*: N/A

∆ **Strategic Plan Alignment/Focus:** *(i.e. Organizational Health, Social Action, Community Impact, Empowerment of Women and Girls, and Appreciation of our Culture) – N/A*

∆ **Measure(s) of Success from Strategic Plan focus:** *(select from the list on the Strategic Plan companion document. For example: Participation by underserved communities in cultural awareness program) Produce documentation in photo and written documentation*

∆ **Specific community need(s) addressed**: N/A

∆ **Objective(s)** *Objectives should be specific and measurable. If this is a fundraiser, objective should include identifying to what organization/agency/line item the proceeds will go. Refer to companion strategic plan document)*

∆ **What are the expected outputs of this program/project?** *(i.e. # of voters registered, # of participants. What do we expect accomplish?) IAC Chapter Documentation*

∆ **What are the expected outcomes of this program/project?** What measurable action(s) or behavioral change(s) will be affected in the target audience? *(i.e. what will be the % increase in the graduation rate, what will the % increase in voter participation in elections be?) N/A*

Describe how success will be measured and the evaluation tool(s) that will be utilized:

∆ **Other agencies/organizations involved, if any, in what capacity:** N/A

∆ **Key public officials involved, if any**: N/A

∆ **Date**:

∆ **Location**:

- **Attire**:

- **Target audience**: Description:
  Age groups: ____ 01-Children (0-12)
  ____ 02-Teens (13-18)
  ____ 03-Young Adults (19-30)
  ____ 04-Adults (31-54)
  ____ 05-Seniors (55+)

- **Action Items for Members**:
- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:**
- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?**

- **What chapter properties or assistance from the Custodian will be required?**

-

- **Planned Cost (per person)**: _____ **Ticket Price (if any)**: _____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income

Allocation from chapter budget	_____
Ticket Sales	_____
Participant Fees	_____
Sponsorship Fees	_____
Donations	_____
Grants	_____
Other	_____
Total Source of Funds - Income	_____

Use of Funds – Expense

Room Rental/Facilities Fees	_____
Audio/Visual Equipment Rental	_____
Food	_____
Printing	_____
Postage	_____
Decorations	_____
Publicity	_____
Entertainment	_____

Speaker Fees _____

Lodging _____

Transportation _____

Other *(replace Other with an appropriate description)* _____

Total Use of Funds - Expenses _____

Profit/(Loss) (Total Source of Funds – Total Use of Funds) _____

Allocated budget amount for year: $

Expenses to date: $

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**

Remaining budget amount: $

Are you requesting any additional funds from the chapter? YES NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members:

Name
Joyce Johnson – Co-chair

Committee: International Awareness and Involvement Committee

Chair: Soror Kimberly Rusununguko

Proposed Program Forward with Fortitude: World AIDS Day Awareness walkathon

- **Description of the program**:
  This program will raise funds for supplies for the Delta House/ Vashti Village Orphanage for Children of AIDS victims in Eswatini (formerly Swaziland) Africa. The walkathon will take place in a local gymnasium. Sorors and their guests/team members will be asked to start with a pledge of $22.00 and then pledge a minimum of $2.00 per lap to raise funds for needed supplies for the House.

  The Delta House/Vashti Village Orphanage for Children of AIDS victims was dedicated in 2002 currently houses 23 children. The home was built to accommodate 12 children and a housemother, the home was made possible with funds contributed by Sorors at the 45th and 46th National Conventions held in Chicago (2000) and Atlanta (2002).

  The Village is still a work in progress with an office complex, conference center, church and apartments envisioned for the future.

- **Purpose of the project**:
  The goal of this project is to raise money to purchase needed supplies such as: toiletries, blankets, farming tools and stable internet. In addition information will be shared to spread awareness on how to prevent infection, resources available for treatment and issues affecting persons who are living with HIV/AIDS. The ultimate goal is to fight the stigma of AIDS and to prevent future transmissions of the virus.

- **Area of focus:** Programmatic Thrust

- **Strategic Plan Alignment/Focus:** Community Impact and Empowerment of Women and Girls

- **Measure(s) of Success from Strategic Plan focus:**

  Support the overall physical and mental well-being of women and girls.

- **Specific community need(s) addressed**:

  Promote healthy behaviors in physical and mental health through major corporate and community partners by offering low to no-cost opportunities for women and girls in low-income communities

- **What are the expected outputs of this project?**

  To provide community awareness education to help women and girls learn effective strategies to safeguard their physical and mental health, while raising money for necessary supplies for the Delta House/ Vashti Village Orphanage for Children of AIDS victims.

∆ **What are the expected outcomes of this project?** What measurable action(s) or behavioral change(s) will be affected in the target audience?

The project will raise funds for needed supplies and awareness of interventions and available resources by 75%.

Describe how success will be measured and the evaluation tool(s) that will be utilized:

Success will be measured by participant survey and monies raised.

∆ **Other agencies/organizations involved, if any, in what capacity:** local school system, agencies working with persons affected by AIDS will be invited to participate in the walkathon and asked to provide educational resources.

∆ **Key public officials involved, if any**: TBD

∆ **Date**: 1/27/24 from 11:00am until 1:00pm

∆ **Location**: Gymnasium

∆ **Attire**: Delta paraphernalia Sorors and athletic wear for Sorors and other participants

∆ **Target audience**

Description: Persons affected by, living with and interested in learning more about HIV/AIDs resources and how to eradicate the transmission of the virus.

Age groups: __X__ 01-Children (0-12)
__X__ 02-Teens (13-18)
__X__ 03-Young Adults (19-30)
_ X__ 04-Adults (31-54)
__X__ 05-Seniors (55+)

∆ **Action Items for Members**: To support this project by pledging the minimum of $22.00, participate in the event, recruit team members and share the publicity flyers

∆ **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:**
Event to occur on 1/27/24.

∆ **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** Voucher for publicity flyers, checks for insurance and rental of facility. Also a PayPal link.

∆ **What chapter properties or assistance from the Custodian will be required?** Chapter banners, tablecloths

∆ **Planned Cost (per person)**: _$22.00/22___(Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected) (team registration fee x 22 teams)

Cost Analysis:

Source of Funds – Income *(delete any lines not applicable)*

Allocation from chapter budget	$600.00	
Sponsorship Fees	$484.00	
Donations	$1000.00	
Other *(replace Other with an appropriate description)*		
Total Source of Funds - Income		**$2084.00**

Use of Funds – Expense *(delete any lines not applicable)*

Room Rental/Facilities Fees	$600.00	
Audio/Visual Equipment Rental		
Food (Gatorade/Granola Bars	$150.00	
Decorations	$50.00	
Publicity		
Other: insurance	$375.00	
Total Use of Funds - Expenses		**1175.00**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		**$909.00**

All profits of this program will be donated to the Delta House/ Vashti Village Orphanage for Children of AIDS victims

Allocated budget amount for year: $ 0

Expenses to date: $0

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)

Remaining budget amount: $

Are you requesting any additional funds from the chapter? NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members

Name
Soror Kimberly Rusununguko, Chair
Soror Shirley Lewis-Johnson
Soror Mary Hill
Soror Sophia Casey
Soror Jody Rogers
Soror Geralyn Polk
Soror Kim Stennette-White
Soror Dennisha Arnold-Murff
Soror Mialon Washington

Committee: International Awareness and Involvement Committee

Chair/Co-Chair: **Chair Soror Kimberly Rusununguko**

Proposed Program International Women's Day: Celebration

- **Description of the program**: Tea and Talk with women who are receiving services from a local domestic violence shelter or transitional living housing program. The women will be treated to a tea party while a panel of women who are overcomers do a panel presentation. The 2024 International Women's theme is #inspireinclusion.

- **Purpose of the program**: International Women's Day is a global celebration that started in 1911. It celebrates the social, economic, cultural and political achievements of women. The day also is a call for social action to push for women's equality.

  This program will feature panelists who will provide encouragement and support to the women as they share how they were able overcome abusive relationships, heal and become successful in their careers. The program will celebrate the women's resilience, goals and right to a safe and healthy life.

- **Area of focus:** Programmatic Thrust

- **Strategic Plan Alignment/Focus:** Community Impact and Empowerment of Women and Girls

- **Measure(s) of Success from Strategic Plan focus:**

  Support the overall physical and mental well-being of women and girls.

- **Specific community need(s) addressed**:

Promote healthy behaviors in physical and mental health through community partnershipa by offering low to no-cost opportunities for women and girls in low-income communities

- **What are the expected outputs of this project?**

  To provide community awareness, support and education to help women and girls learn effective strategies to safeguard their physical and mental health.

- **What are the expected outcomes of this project?**

The project will raise the participants awareness of how domestic violence/intimate partner violence affects all walks of life and available resources by 75%.

Describe how success will be measured and the evaluation tool(s) that will be utilized:

Success will be measured by participant survey.

- **Other agencies/organizations involved, if any, in what capacity:** TBD

- **Key public officials involved, if any**:

- **Date**: March 8, 2024

- **Location**: Local domestic violence shelter

- **Attire**: Business casual

- **Target audience**

  Description: Persons affected by domestic/intimate partner violence

  Age groups: ____ 01-Children (0-12)
  __X__ 02-Teens (13-18)
  __X__ 03-Young Adults (19-30)
  _ X__ 04-Adults (31-54)
  __X__ 05-Seniors (55+)

- **Action Items for Members**: To support this project by spreading the word and being in attendance.

- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:**
  Event to occur on March 8, 2024. Flyers for internal Sorortiy circulation will be needed.

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** Vouchers for tea party supplies and small token gifts for participants

- **What chapter properties or assistance from the Custodian will be required?** Banner, table cloth

- **Planned Cost (per person)**: ___$20.00/22 people__
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income

Allocation from chapter budget	$500.00
Total Source of Funds - Income	

Use of Funds – Expense

Other tea cup w/tea sets, fresh flowers, 2 tickets to the Indy Global Village International Women's Day celebration.	__$500.00
Total Use of Funds - Expenses	**___$500.00**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)	_____

Allocated budget amount for year:

Expenses to date: $0

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**

Remaining budget amount:

Are you requesting any additional funds from the chapter? NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members

Name
Soror Kimberly Rusununguko, Chair
Soror Shirley Lewis-Johnson
Soror Mary Hill
Soror Sophia Casey
Soror Jody Rogers
Soror Geralyn Polk
Soror Kim Stennette-White
Soror Dennisha Arnold-Murff
Soror Mia-Ion Washington

Committee: LEAD

Chair/Co-Chair: **Nicole Harper/Michelle Brittain-Watts**

Proposed Program (Theme): DID Trainings (Titles will be determined based on Chapter request)

- ∆ **Description of the program**: Quarterly DID Trainings

- ∆ **Purpose of the program**: To provide education to Sorors, based on requested learning, preparation for upcoming events/hot topics, and/or requests from Chapter.
- ∆ **Area of focus:** Educational Development

- ∆ **Strategic Plan Alignment/Focus:** Soror Education and Development

- ∆ **Measure(s) of Success from Strategic Plan focus:** Participation by Membership in training/learning opportunities.

- ∆ **Specific community need(s) addressed**: Education/Training/Learning Opportunities

- ∆ **Objective(s)** Provide education to Chapter as needed/requested – addressing hot topics/learning and/or development needs.

- ∆ **What are the expected outputs of this program/project?** Improved/increased Chapter education

- ∆ **What are the expected outcomes of this program/project?** Increased knowledge and awareness for our Membership regarding DID Trainings

  Describe how success will be measured and the evaluation tool(s) that will be utilized: Success will be measured by completed trainings and participant surveys will be conducted to measure value and effectiveness of training, as well as for the collection of ideas for additional training needs.

- ∆ **Other agencies/organizations involved, if any, in what capacity: We will work with National Headquarters (via our 2nd Vice President) to schedule DID Trainings with certified trainers, as we are unable to train our own Chapter at this time**

- ∆ **Key public officials involved, if any**: N/A

- ∆ **Date**: March 2024/June 2024/September 2024

- ∆ **Location**: TBD – goal will be to utilize donated space

- ∆ **Attire**: Casual

- **Target audience**: Sorors Only
  Description:
  Age groups:
  _X_ 03-Young Adults (19-30)
  _X_ 04-Adults (31-54)
  _X_ 05-Seniors (55+)

- **Action Items for Members**: Register for advertised trainings, and complete follow up surveys to assist in improving the training experiences for the membership.

- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:** We'll work with ICC to develop flyers and create call posts, specific to the identified trainings.

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** We'll need support for speaker fees and reimbursement as well as reimbursement for the committee for food items and/or other needed supplies.

- **What chapter properties or assistance from the Custodian will be required?** We may need to utilize the projector for trainings.

- **Planned Cost (per person)**: $0 **Ticket Price (if any)**: $0

Cost Analysis:

Source of Funds – Income

Allocation from chapter budget		
Total Source of Funds - Income		

Use of Funds – Expense

Room Rental/Facilities Fees	Donated	
Food	$450	
Printing	Donated	
Publicity	$300 (call post/flyer development)	
Speaker Fees	$450	
Lodging	$1200	
Transportation	$600	
Total Use of Funds - Expenses		**$0**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		**$0**

Allocated budget amount for year: $

Expenses to date: $0

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)

Remaining budget amount: $0

Are you requesting any additional funds from the chapter? **YES**

If Yes, amount of additional funds needed? $3000.00

If Yes, provide rationale for additional funding: LEAD Committee begins at $0 each year as we are not a revenue producing committee. These funds will help us to secure facilitators, covering their expenses and fees, and provide handouts and refreshments for those who attend trainings. Once we identify the training topics, we would like to schedule all of the trainings ahead of time so that we know what advertising will need to be done, what other events will need to be considered, and give us enough time to address any other logistical items.

Committee Members:

Name
Nicole Duperon Harper
Michelle Brittain-Watts
Kim Bugg

Committee: Membership Committee

Chair/Co-Chair: Quiona “Q” Russell

Proposed Program: Rejoice in Red - Prayer, Power, & Purpose Brunch

- ∆ **Description of the program**: Brunch and Worship Service-A Movement of Healing, Restoration &, Elevation
- ∆ **Purpose of the program**: Allow Sorors and family members to come together in the spirit of worship and family bonding.
- ∆ **Area of focus**: Reclamation & Retention, and Community Engagement
- ∆ **Objective(s)** Rejoice in Red is a spiritual bonding event & Reclamation program. Members and Sorors will come together for worship. The Membership Committee will also have a resource table available to allow Sorors to pay dues, get information about becoming active, chapter leadership, meetings and upcoming events.
- ∆ **Expected outcome(s)**: As the Sorority is founded on Christian principles, we will come together to worship and strengthen our bonds as well as encourage non-active Sorors to become financially and personally active and provide an opportunity for community members to engage with the Indianapolis Alumnae Chapter.
- ∆ **Describe how success will be measured and the evaluation tool(s) that will be utilized**: Success will be measured # of tickets sold, attendance & # Sorors surveys completed
- ∆ **Date**: Saturday, January 2024
- ∆ **Location**: TBA
- ∆ **Attire**: Business/Church Attire
- ∆ **Target audience**:.
  Description: The Prayer Brunch will be open to Sorors and their families therefore all ages are included as the target audience.

  Age groups: __x__ 01-Children (0-12)
  __x__ 02-Teens (13-18)
  __x__ 03-Young Adults (19-30)
  __x__ 04-Adults (31-54)
  __x__ 05-Seniors (55+)
- ∆ **Action Items for Members**: Invite line sisters, specials, family and friends to attend Rejoice in Red, Prayer Brunch

- **Information for Corresponding Secretary, Publicity and Information Systems & Communications**. **Provide key dates and assistance requested:** The flyer will be posted on the chapter's private and public website. The publicity will begin a week before the tickets go on sale. Key dates are still to be determined.

- **What specific support will be needed from the financial officers:** Ticket sales via PayPal or mail in. (Tickets will also be sold in person if meetings are conducted in person.). Sales will begin 3 weeks before the event.

- **Planned Cost (per person)**: _____ **Ticket Price (if any)**: _50_-60____

Cost Analysis:

Source of Funds – Income

Ticket Sales	$7,500 (150 x $50)	
Vendors	$750 (5 x $150)	
Total Source of Funds - Income	**$8,250**	

Use of Funds – Expense

Room Rental/Facilities Fees	$1500	
Food	$2,500.00	
Publicity	$40.00	
Speaker Fees	$300.00	
Insurance	$200.00	
Total Use of Funds - Expenses		**$4,540**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		**$3,710**

Allocated budget amount for year: $

Expenses to date: $

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)

Remaining budget amount: $

Are you requesting any additional funds from the chapter? _____YES ___x__ NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members

Name	Name

Committee: Membership & Scholarship Committees

Chair/Co-Chair: Soror Quiona “Q” Russell

Proposed Program/Project (Title/Theme): White Pearl Gala

- **Description of the program/project**: Membership and Scholarship Awards Recognition Event

- **Purpose of the program/project**: Acknowledge Sorors in the IAC Chapter who are recipients of the 2023-2024 Chapter Awards for demonstrating excellence in service above and beyond. This will also be a collaboration with Scholarship Committee to recognize the winners of the Chapter Scholarships.
- **Area of focus:** Reclamation, Retention**,** and Community Engagement

- **Specific community need(s) addressed**: Donation will support the residents of the Salvation Army - Harbor Light Center

- **Objective(s)**:

  Honor Sorors who are recipients of the 2023-2024 Chapter Awards

  Honor the recipients of the Chapter Scholarships

  Special Soror Award for Community Service-One for Alumnae Soror and one for Collegiate Soror within service area

  Support the Salvation Armey – Harbor Light Center with donations

- **Expected outcome(s)**: Increased Soror morale, honored Sorors, increase in Soror involvement and service as well as strengthen community presence

- **Describe how success will be measured and the evaluation tool(s) that will be utilized**:

  # of Sorors in attendance, # of tickets sold, amount of donations collected for community service organization Post event surveys

- **Other agencies/organizations involved, if any, in what capacity:**

  Salvation Army - Harbor Light Center

- **Key public officials involved, if any**: N/A

- **Date**: May, 2024; 7pm -9pm

- **Location**: TBD, Indianapolis, IN

- **Attire**: Gala Attire
- **Target audience**: **Open to the public**
  Description:
  Age groups: ____ 01-Children (0-12)
  ____ 02-Teens (13-18)
  __x__ 03-Young Adults (19-30)
  __x__ 04-Adults (31-54)
  __x__ 05-Seniors (55+)
  - **Action Items for Members**: Purchase tickets, invite non-financial Sorors, scholarship recipients and families, and invite other Greeks, promote event on social media. Support is needed from Pan Hell Representatives to encourage Greek Participation.
  - **Information for Corresponding Secretary, Publicity, and Information Systems & Communications**. **Provide key dates and assistance requested:** Posting of approved flyer on both internal & external social media pages, mail chimp messages, video announcement, and posting of event info on chapter website
  - **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** PayPal link for ticket sales & vendors; Periodic PayPal Reports, Final Financial Report Completed reimbursements, vouchers.
  - **What chapter properties or assistance from the Custodian will be required?** Decorations, props, etc will be needed out of the chapter suite
- **Planned Cost (per person)**: **Ticket Price (if any)**: $40-60

Cost Analysis:

Source of Funds – Income	
Allocation from chapter budget	
Ticket Sales	$7,500 ($50 x 150)
Vendors (at least 3 brand new)	$900 (6 x150)
Total Source of Funds - Income	**$8,400**

Use of Funds – Expense	
Room Rental/Facilities Fees	$1500
Food	$3000
Decorations	$300
DJ	$400
Insurance	$200
Total Use of Funds - Expenses	**$5,400**

Profit/(Loss) (Total Source of Funds – Total Use of Funds) **$3,000**

Allocated budget amount for year: $

Expenses to date: $

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**

Remaining budget amount: $

Are you requesting any additional funds from the chapter? _____YES __X___ NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members :

Name	**Name**

Committee: Membership Committee

Chair/Co-Chair: Soror Quiona “Q” Russell

Proposed Program/Project (Title/Theme): Sisterhood Month Activities

- **Description of the program/project**: A collection of events with one central theme to strengthen the mind, body, & soul of every Soror in the month of March that will include a social, volunteer, fitness, and speaker activities.

- **Purpose of the program/project**: Celebrate our Sisterhood. Promote community involvement by volunteering. Foster positive relations amongst our Chapter during our Sisterhood Retreat. Celebrate Women's Heritage Month

- **Area of focus:** R**e**tention & Reclamation

- **Specific community need(s) addressed**: To provide support, resources and services to various organizations throughout the month of March.

- **Objective(s)**: Celebrate, honor and strengthen our bonds during Sisterhood Month. Partner with the Arts and Letter Committee to engage in activities to celebrate Women’s Heritage Month.
- **Expected outcome(s)**: Increase chapter morale, form stronger relationships among Sorors, & support of community organizations

- **Describe how success will be measured and the evaluation tool(s) that will be utilized**:

  Number of Sorors that attend events, # of community service organizations support, & post survey assessment

- **Other agencies/organizations involved, if any, in what capacity:**

  Community organizations of our choice for volunteering

  Key public officials involved, if any: N/A

- **Date**: March 2024
- **Location**: Various, Indianapolis, IN and Kokomo, IN
- **Attire**: Delta Paraphernalia
- **Target audience**.

Description: Sorors
Age groups: ____ 01-Children (0-12)
____ 02-Teens (13-18)
__x__ 03-Young Adults (19-30)
__x__ 04-Adults (31-54)
_x_ _ 05-Seniors (55+)

- **Action Items for Members**:

  Attend events, share events with other Sorors, and volunteer

- **Information for Corresponding Secretary, Publicity and Information Systems & Communications**. **Provide key dates and assistance requested:** Posting of approved flyer on both internal & external social media pages, mail chimp messages, video announcement, and posting of event info on chapter website

- **What specific support will be needed from the financial officers?:** PayPal link for ticket sales & vendors; Periodic PayPal Reports, Final Financial Report Completed reimbursements, vouchers.

- **What chapter properties or assistance from the Custodian will be required?** Decorations, props, etc will be needed out of the chapter suite

- **Planned Cost (per person)**: _____ **Ticket Price (if any)**: N/A

Cost Analysis:

Source of Funds – Income

We endeavor for all Sisterhood month/activities to be free of charge

Total Source of Funds - Income	**$0**

Use of Funds – Expense

Room Rental/Facilities Fees	$300
Food	$2,000
Decorations	$300
Speaker Fees	$500
Insurance	$200

Total Use of Funds - Expenses	**$3,300**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)	**$3,300**

Allocated budget amount for year: $

Expenses to date: $

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)

Remaining budget amount: $

Are you requesting any additional funds from the chapter? _____YES __X___ NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members

Name	Name

Committee: MEmbership Committee

Chair/Co-Chair: Soror Quiona “Q” Russell

Proposed Program/Project (Title/Theme): *United for the Holidays – Nine Divine Reasons for Christmas Cheer*

- **Description of the program/project**: This is a MEmbership event focused on celebrating the holiday season with the Divine 9 and rekindling and strengthening relationships. This event will be a matinee social. This will be a partnership with Kappa Alpha Psi.

- **Purpose of the program/project**: The purpose of this event is to fellowship, encourage, and share holiday cheer among Sorors and to encourage unity, togetherness, and support across the Divine 9 family. Proceed allocation shall be determined by the chapter with a portion retained by MEmbership for future programming.

- **Area of focus**: Reclamation, Retention, and Fundraising

- **Specific community need(s) addressed**: Support homeless individuals during cold winter months with items to include socks, gloves, hats, & scarves (men, women & children). Distribution of items to be a collaboration with Community Partnerships.

- **Objective(s):**

    - Engage 200 Sorors (financial & non-financial) in a holiday focused setting in addition to representatives for all other Divine 9 Organizations.
    - Collect a minimum of 100 socks, gloves, hats & scarves for the homeless
    - Promote unity among Divine 9
    - Encourage support for National Convention

- **Expected outcome(s)**: Increased Soror involvement, community partnership formed with collected items for homeless in collaboration with IAC Community Partnerships, money raised for a worthy cause, support of Divine 9 for National Convention, and more Sorors reclaimed & retained.

- **Describe how success will be measured and the evaluation tool(s) that will be utilized**:

  Success will be measured by the number of attendees (Paypal Ticket Sales), number of warm clothing items (hats, gloves, scarves, and socks) collected for homeless, amount of monies raised, 100 percent representation from Divine 9.

- **Other agencies/organizations involved, if any, in what capacity:** Divine 9
- **Key public officials involved, if any**: N/A

- **Date & Time**: Friday or Saturday, December 2023; 7:00pm -10:00pm

- **Location**: TBD
- **Attire**: Red Chic Attire
- **Target audience**:
  Description: This event is intended for every Soror in the IAC service area; Dolls, Divas, & DEARS. As well as financial & non-financial Sorors. It is also intended for members of the other Greek Organizations. Must be at least 21.

Age groups: ____ 01-Children (0-12)
____ 02-Teens (13-18)
__X__ 03-Young Adults (19-30)
__X__ 04-Adults (31-54)
__X__ 05-Seniors (55+)

- **Action Items for Members**: Purchase tickets, invite non-financial Sorors, invite other Greeks, promote event on social media. Support is needed from Pan Hell Representatives to encourage Greek Participation.
- **Information for Corresponding Secretary, Publicity and Information Systems & Communications**. **Provide key dates and assistance requested:** Posting of approved flyer on both internal & external social media pages, mail chimp messages, video announcement, and posting of event info on chapter website
- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** PayPal link for ticket sales & vendors; Periodic PayPal Reports, Final Financial Report Completed reimbursements, vouchers.
- **What chapter properties or assistance from the Custodian will be required?** Decorations, props, etc will be needed out of the chapter suite

Planned Cost (per person): _____ **Ticket Price (if any)**: __$15__-$20____

Cost Analysis:

Source of Funds – Income

Allocation from chapter budget	N/A
Ticket Sales	$3,750 (250 x $15) Sorors and Other Greeks
Vendor Fee	$1,000 (5 x $200)
Total Source of Funds - Income	**$ 4,750.00**

Use of Funds – Expense

Room Rental/Facilities Fees	$1,000
Audio/Visual Equipment Rental	$0
Printing	$100
Decorations	$200
DJ	$350
Insurance	$200
Total Use of Funds - Expenses	**$ 1,850.00**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)	**$ 2,900.00**

Allocated budget amount for year:

Expenses to date:

Expense		**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**

Remaining budget amount: $0.00

Are you requesting any additional funds from the chapter? _X___YES _____ NO

If Yes, amount of additional funds needed? $1000 seed money for venue.

If Yes, provide rationale for additional funding: Seed money will be returned at the conclusion of the event.

Committee Members:

Name	Name
Rhonda Bost	Luita Williams
Renee Smith Campbell	Misty Ackles Dumas
Crystal Brown	Joyce Johnson
Girtha Perkins	Carolyn Sanders
Valorie Pyles	Dionne Stewart
Justina Plummer	Michelle Brantley
Christi Martin	Nicole Harper
Ebony Holmes	Kim Bugg
Annie Mayes	Robyn Hughes
Michelle Brittain-Watts	Krista Hollins
Martha Lince	Karmyn Saunders
Mary Richards	Keisha Nickolson
Errical Jones	Peggy Averitte

Committee: Membership Committee

Chair/Co-Chair: Christi Martin

Proposed Program/Project (Title/Theme): -Holiday Social -Soror Only Event

- **Description of the program/project**: The Holiday Social will be an event for Sorors only to come together for the Holidays to spread cheer, warmth, and sisterly pleasantries. There will be a volunteer gift exchange, games, crafts, door prizes, music, and warm and tasty treats..

- **Purpose of the program/project**: To Recruit, Retain, and Reclaim Sorors

- **Strategic Plan Alignment/Focus:** This will be an effort of Community Impact with the ability to bring donations for resources and reindeer.

- **Measure(s) of Success from Strategic Plan focus:** Sorors participation will have an impact on the community by providing donations for the holidays during Resources and Reindeers.

- **Specific community need(s) addressed**: Providing donations of toys and other holiday needs to the underserved communities that will serve the community during Resources and Reindeers.

- **Objective(s)** The 1st objective is to provide an opportunity for Sorors both financial and non-financial to come together for the Holidays. The 2nd objective is to support the donation efforts of Resources and Reindeers.

- **What are the expected outputs of this program/project?** We expect to have a measurable amount of donations for R&R and to retain, recruit, and reclaim Sorors.

- **Date**: December 2024

- **Location**: Global International Village, 4233 Lafayette Road

- **Attire**: Delta Chic-Comfortable

- **Target audience**: All Sorors in service areas including Collegiates.

- Description:
  Age groups: ____ 01-Children (0-12)
  ____ 02-Teens (13-18)
  __X__ 03-Young Adults (19-30)
  __X__ 04-Adults (31-54)
  __X__ 05-Seniors (55+)

- **Action Items for Members**: Advertise event, purchase tickets, invite a non-financial Soror, participate in gift exchange if they would like.

- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:** Will submit request in Trello for Flyer and Email message.
- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** To create a Paypal link for payment**.**
- **Planned Cost (per person)**: _$25-__ **Ticket Price (if any)**: ___$25_____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income

Ticket Sales	$6250@ $2/Ticket (250)
Total Source of Funds - Income	**$6250**

Use of Funds – Expense

Room Rental/Facilities Fees	$500
Food	$4500.00
Insurance	$100
Decorations	$300
Entertainment	$450
Tokens	$400
Total Use of Funds - Expenses	**$6250**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)	**$0.00**

Expenses to date: $0.00

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)
Venue	$500	Cost of space	Global Village	yes
Entertainment	$400	For Soror enjoyment	DJ	Yes
Decorations	$200	Decorate space	Committee	Yes
Tokens	$150	Door Prizes	Committee	Yes
Food	$4000	Feed Sorors	Attendees	Yes
Insurance	$100	Required	Attendees	Yes

Remaining budget amount:

Are you requesting any additional funds from the chapter? YES NO

If Yes, amount of additional funds needed? $ N/A

If Yes, provide rationale for additional funding:N/A

Committee Members

Name

Committee: Membership

Chair/Co-Chair: Christi Martin

Proposed Program/Project (Title/Theme): Join The Movement Round-Up 2024 —The Membership Matters Movement. Inviting all IAC service areas: Indianapolis, Kokomo, Lafayette, West Lafayette, Carmel, Fishers, Zionsville, Brownsburg, Plainfield, Greenwood, & Avon

- ∆ **Description of the program**: This indoor, in-person, Soror only round-up event will be a fun, interactive & informative festival to provide resources, information, and opportunities for chapter engagement and involvement for every Soror.
- ∆ **Purpose of the program**: The dual main purposes of this program are to reclaim inactive/non-financial Sorors as well as retain currently active/financial Sorors in an engaging & welcoming environment. Additionally, this event will be an opportunity to get Sorors engaged and signed up to be on committees.
- ∆ **Area of focus**: Reclamation & Retention
- ∆ **Specific community need(s) addressed**: This is not a community focused event. This is an internal reclamation/retention event. However, there is an inherent indirect impact on the community when we have more active, financial, and involved Sorors.
- ∆ **Objective(s)**:
    - Register 250 Sorors (non-finacial & financial) for this event
    - Kick off our chapter Reclamation Race by reclaiming a minimum of 25 Sorors
    - Full committee representation & participation during the Committee Fair
    - Sign-ups for every committee present
    - Collect at least 50 non-financial/inactive soror surveys (Survey will assess barriers, concerns, perceptions, & reasons Sorors are not financial and/or not active in the chapter).
- ∆ **Expected outcome(s)**: We expect that this event will retain & reclaim Sorors in our service area as well as bring Deltas across the city together to unite, recommit, get involved and be informed.
- ∆ **Describe how success will be measured and the evaluation tool(s) that will be utilized**: We will measure success by the number of Sorors that register for the event, the number of soror surveys that we collect, and the number of committees that attract potential committee members/Sorors to sign-up.
- ∆ **Other agencies/organizations involved, if any, in what capacity**: N/A

∆ **Key public officials involved, if any**: TBA

∆ **Date**: Saturday, August 2024 11am – 3pm

∆ **Location**: TBA

∆ **Attire**: Delta Paraphernalia

∆ **Target audience**:
Description: Soror only (financial/non-financial) are invited and encouraged to attend.
Age groups: ____ 01-Children (0-12)
____ 02-Teens (13-18)
__X__ 03-Young Adults (19-30)
__X__ 04-Adults (31-54)
__X__ 05-Seniors (55+)

∆ **Action Items for Members**:

- Register & plan to attend
- Spread the word and promote the event
- Bring a non-financial/inactive Soror
- Sign-up for a committee

∆ **Information for Corresponding Secretary, Publicity and Information Systems & Communications**. **Provide key dates and assistance requested:**

∆ Support will be needed for the following:

- Save the Date email dissemination
- Flyer
- Social Media Publicity Campaign
- PayPal link
- Event Registration

∆ **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?**

- Development of PayPal link
- Periodic PayPal/Registration link names list

∆ **What chapter properties or assistance from the Custodian will be required?**

- Table cloth
- Table décor
- Memorabilia
- Ability to access chapter suite to go through available items for use

Planned Cost (per person): _____ **Ticket Price (if any)**: $20 financial soror alone; $15 financial soror w/non-financial soror ticket

(also $15) – Max of 3 non-financial tickets per 1 financial soror allowed: $10 Collegiate Soror

Cost Analysis:

Source of Funds – Income

Allocation from chapter budget		
Ticket Sales	$250 @ all tickets $20	
Participant Fees	N/A	
Sponsorship Fees	N/A	
Donations	N/A	
Grants	N/A	
Vendors	$900 (6 x $150)	
Total Source of Funds - Income		**$5,900**

Use of Funds – Expense

Room Rental/Facilities Fees	$800	
Custodian Fee (2)	$300	
Food	$700	
Printing	$100	
Insurance	$200	
Decorations	$200	
Publicity	$200	
Festival Snack machines (popcorn, snow cone, cotton candy)	$250	
Registration Gift	$500	
DJ	$400	
Total Use of Funds - Expenses		**$3,650**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		**$2,250**

Allocated budget amount for year:

Expenses to date: $

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)

Remaining budget amount: N/A

Are you requesting any additional funds from the chapter? __X__YES _____ NO

If Yes, amount of additional funds needed?

If Yes, provide rationale for additional funding:

Committee Members:

Name	Name

Committee: MIDS – Midwest Impact Day of Service

Chair/Co-Chair: **Kimberly McElroy-Jones/TBD**

Proposed Program/Project (Title/Theme): To Be Determined by Region Leadership

- ∆ **Description of the program/project**: To provide impactful programming and service to our communities and across the Midwest Region, on One Day.
- ∆ **Purpose of the program/project**: To give back to the community through service.
- ∆ **Area of focus:** *(i.e., Programmatic Thrust, Arts & Letters, Fund Development/Thrust)*:

  TBD
- ∆ **Strategic Plan Alignment/Focus:** *(i.e. Organizational Health, Social Action, Community Impact, Empowerment of Women and Girls, and Appreciation of our Culture)*

  TBD
- ∆ **Measure(s) of Success from Strategic Plan focus:** *(select from the list on the Strategic Plan companion document. For example: Participation by underserved communities in cultural awareness programs.)*

  TBD
- ∆ **Specific community need(s) addressed**: TBD
- ∆ **Objective(s)** *Objectives should be specific and measurable. If this is a fundraiser, objective should include identifying to what organization/agency/line item the proceeds will go. Refer to companion strategic plan document)*
- ∆ **What are the expected outputs of this program/project?** *(i.e. # of voters registered, # of participants. What do we expect accomplish?)*
- ∆ **What are the expected outcomes of this program/project?** What measurable action(s) or behavioral change(s) will be affected in the target audience? *(i.e. what will be the % increase in the graduation rate, what will the % increase in voter participation in elections be?)*
- ∆ **Describe how success will be measured and the evaluation tool(s) that will be utilized**: TBD
- ∆ **Other agencies/organizations involved, if any, in what capacity** -TBD
- ∆ **Key public officials involved, if any**:
- ∆ **Date**:
- ∆ **Location**:

- **Attire**:

- **Target audience**: *TBD*

- Description:
  Age groups: ____ 01-Children (0-12)
  ____ 02-Teens (13-18)
  ____ 03-Young Adults (19-30)
  ____ 04-Adults (31-54)
  ____ 05-Seniors (55+)

- **Action Items for Members**:

- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:**

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?**

- **What chapter properties or assistance from the Custodian will be required?**

- **Planned Cost (per person)**: _____ **Ticket Price (if any)**: _____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income		
Allocation from chapter budget	$1000	
Ticket Sales	_____	
Participant Fees	_____	
Sponsorship Fees	_____	
Donations	_____	
Grants	_____	
Other	_____	
Total Source of Funds - Income		**$1000**
Use of Funds – Expense		
Room Rental/Facilities Fees	$500.00	
Audio/Visual Equipment Rental	_____	
Food	_____	
Printing	_____	
Postage	_____	
Decorations	_____	

Publicity	_____	
Entertainment	_____	
Speaker Fees	_____	
Lodging	_____	
Transportation	_____	
Other - *Supplies*	$500	
Total Use of Funds - Expenses		**$1000**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		_____

Allocated budget amount for year: $

Expenses to date: $

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**

Remaining budget amount: $

Are you requesting any additional funds from the chapter? YES NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members:

Name
Kim McElroy-Jones

Committee: Nominating Committee

Chair: LaTrece Thompson

Proposed Program/Project (Title/Theme): Nominating Committee Activities 2023-2024

- **Description of the program**: The nominating committee will need to provide chapter members with copies of various documents related to running for office during the 2023-2024 program year.

- **Purpose of the program**: Provide chapter members with documentation necessary for the nominating process.

- **Area of focus:** Establishment of a full slate of candidates for office in IAC for program year 2023-2024.

- **Specific community need(s) addressed**: Internal chapter program

- **Objective(s)**: Provide chapter members with documentation necessary for the nominating process.

- **Expected outcome(s)**: Every financial chapter member will be given copies of documentation necessary for the nominating process.

- **Describe how success will be measured and the evaluation tool(s) that will be utilized**: Success will be measured by few complaints of not having access to necessary documents.

- **Other agencies/organizations involved, if any, in what capacity:** None
- **Key public officials involved, if any**: None
- **Date**: 2023-2024 program year, to begin in September 2023.
- **Location**: Information will be shared primarily at executive board meetings and chapter meetings.
- **Attire**: Business
- **Target audience**:
  Description: IAC Sorors only (Dolls, Diva's, and DEARS
  Age groups:
  ____ 03-Young Adults (19-30)
  ____ 04-Adults (31-54)
  ____ 05-Seniors (55+)
- **Action Items for Members**: Use the materials provided to make determinations about running for office and ensure all understanding of the process is consistent.

- **Information for Corresponding Secretary, Publicity and Information Systems & Communications**. **Provide key dates and assistance requested:** Key dates have not yet been established.

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** Reimbursement will be required for expenses related to copies. Should a meeting space be used for an event related to the nominating process, reimbursement will be requested for that as well.

- **What chapter properties or assistance from the Custodian will be required?** None

- **Planned Cost (per person)**: $600/300 sorors = $2.00/ soror **Ticket Price (if any)**: None

Cost Analysis:

Source of Funds – Income		
Allocation from chapter budget		
Ticket Sales		
Participant Fees		
Sponsorship Fees		
Donations		
Grants		
Other		
Total Source of Funds - Income		
Use of Funds – Expense		
Room Rental/Facilities Fees	$250.00	
Audio/Visual Equipment Rental		
Food		
Printing	$300.00	
Postage		
Decorations		
Publicity		
Entertainment		
Speaker Fees		
Lodging		
Transportation		
Binders	$50.00	
Total Use of Funds - Expenses		**$600.00**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		**$600.00**

Allocated budget amount for year: $

Expenses to date: $

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**

Remaining budget amount: $

Are you requesting any additional funds from the chapter? _____YES ___x__ NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members:

Name
LaTrece Thompson, Chair
Thiwasha Harper
Sherie Scott

Committee: Nursing Home & Senior Care Outreach

Chair/Co-Chair: **Pearlie Crain/ Deja Hodgens**

Proposed Program/Project (Title/Theme): Project: Christmas Gift Bags Project & Wellness Cards to Sorors

∆ **Description of the program/project**:
The committee shall collect the following items, put them in gift bags, and deliver them to residents at Brickyard Healthcare Center and Arlington Place Health Campus during Christmas Holidays (Blankets, Christmas cards, Socks, Christmas trinkets).

∆ **Purpose of the program/project**:
Project purpose is to extend love, appreciation, and gratitude to the residents at our adopted nursing home facilities during the holiday season.

∆ **Area of focus:** *(i.e., Programmatic Thrust, Arts & Letters, Fund Development/Thrust)*:

Focus area is Physical and Mental Health

∆ **Strategic Plan Alignment/Focus:** *(i.e., Organizational Health, Social Action, Community Impact, Empowerment of Women and Girls, and Appreciation of our Culture)*

N/A

∆ **Measure(s) of Success from Strategic Plan focus:** *(select from the list on the Strategic Plan companion document. For example: Participation by underserved communities in cultural awareness programs)*

N/A

∆ **Specific community need(s) addressed**:
Health and wellbeing of senior citizens; social awareness and engagement of nursing home residents; acknowledgment of service as United States citizens.

∆ **Objective(s)**

The Nursing Home Outreach Committee is dedicated to offering compassionate care, heightening the spirit of nursing home residents, and increasing zeal and worthiness in the daily life of seniors.

What are the expected outputs of this program/project?

Committee members shall report to our adopted facilities twice during the week to engage in activities designated by the facility's Director. Members shall facilitate a Sunday Service on the 1st Sunday of the month at Brickyard Healthcare Center and the 2nd Sunday at Arlington Place Health Campus. The Committee shall assist in supplying prizes for resident winners of Bingo at each site. Residents at both facilities shall receive a Christmas Gift Bag in December.

∆ **What are the expected outcomes of this program/project?**

The expectations of the committee are: Provide social engagement to our community of focus during the holidays; all members on the roster will sign-up to service our two facilities three times per month; donate prizes to residents' Bingo activities; regularly attend one of the two Sunday Services offered each month at our adopted sites; unite at a specified location to prepare Christmas Gift Bags for nursing home residents; to joyfully deliver Christmas Gift Bags to residents at both facilities.

Describe how success will be measured and the evaluation tool(s) that will be utilized: The metrics to be used by the Nursing Home Committee for its success shall consist of letters from the facilities Directors; percentage of committee members serving our two sites; percentage of members attending our monthly Sunday Services; written or oral statements from residents; letters of appreciation from recipients of our services; percentage of members attending committee meetings; survey from facility's Director.

- **Other agencies/organizations involved, if any, in what capacity**

  N/A

- **Key public officials involved, if any**:

  N/A

- **Date**:
  Delivery of the Christmas Gift Bags will occur in December 2023, prior to the Christmas Holiday.

- **Location**:
  Brickyard Healthcare Center/2002 West 86th Street/Indianapolis, IN 46260

  Arlington Place Health Campus/1635 N. Arlington Avenue/Indianapolis, IN

- **Attire**:
  Soror's discretion, but Delta Sigma Theta attire is preferred.

- **Target audience**: Description:
  Age groups: ____ 01-Children (0-12)
  ____ 02-Teens (13-18)
  ____ 03-Young Adults (19-30)
  ____ 04-Adults (31-54)
  _XXX___ 05-Seniors (55+)

- **Action Items for Members**:

  Members are to attend all virtual meetings, fulfill duties and responsibilities, sent correspondents to Committee Chair, and prepare to express joy and thankfulness with the residents as we celebrate the day Christ was born.

- **Information for Corresponding Secretary, Communications & Public Relations, and Technology & Information Systems**. **Provide key dates and assistance requested.**
  None

- **What specific support will be needed from the financial officers (i.e., checks for vendors, ticket sales or participant fees collected) and when?**

  None

- **What chapter properties or assistance from the Custodian will be required?**

  None

- **Planned Cost (per person)**: _____0___ **Ticket Price (if any)**: _____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:
Source of Funds – Income

Total Source of Funds - Income **$0.00**

Use of Funds – Expense

Homebound/Hospitalized Sorors Cards/Stationery	$74.76
Gift Bags (150)	$75.00
150 Socks for 2 facilities	$300.00

Total Use of Funds - Expenses
$449.76

Profit/(Loss) (Total Source of Funds – Total Use of Funds) **0**

Allocated budget amount for year: $ 449.76

Expenses to date: $

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**
Wellness Cards	$74.76	Inspiration and acknowledgement	Homebound & Hospitalized Sorors	
Christmas Bags	$375.00	Gifts bag items	Residents at Brickyard and Arlington Place Nursing Homes	

Remaining budget amount: $

Are you requesting any additional funds from the chapter? NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members

Name/Sorors
• Campbell-Smith, Renee
• Coleman, Lana
• Crain, Pearlie
• Freeman, Jackie
• Hendrickson, April
• Hodgens, Deji
• Holder, Barbara
• Holt, Theresa
• Johnson, Joyce
• Johnson-Lewis, Shirley
• Liggons, Bridgette
• Marten, Kristen
• Robinson, Annie
• Richardson, Donna
• Rogers, Jody
• Sails, Karen
• Strother, Allyson
• Thompson, Darlene
• Tomes, Cassandra
• Tyler, Evelyn
• Williams, Pamela

Committee: Publicity

Chair/Co-Chair: **Camille Taylor**

Proposed Program/Project (Title/Theme): N/A

- Δ **Description of the program/project**: Promotion of Delta programs and information (internal/external)

- Δ **Purpose of the program/project**: To make sure that we promote programs/information to the IAC DST Chapter, Sorors, D9 and the community to promote attendance and make sure the community is informed and educated.

- Δ **Area of focus** *(i.e., Programmatic Thrust, Arts & Letters, Fund Development/Thrust)*: All programs are promoted through Publicity.

- Δ **Specific community need(s) addressed**: Communication, support and meeting the needs of those in need.

- Δ **Objective(s)** Increasing the audiences we reach and community we help

- Δ **Expected outcome(s)**: larger attendance at events and more Sorors extending their reach.

- Δ **Describe how success will be measured and the evaluation tool(s) that will be utilized**:

- Δ **Other agencies/organizations involved, if any, in what capacity** N/A

- Δ **Key public officials involved, if any**:

- Δ **Date**: Sorority Year

- Δ **Location**: Service Areas

- Δ **Attire**: N/A

- Δ **Target audience**: Description: All Ages depending on the audience
  Age groups: ____ 01-Children (0-12)
  ____ 02-Teens (13-18)
  ____ 03-Young Adults (19-30)
  ____ 04-Adults (31-54)
  ____ 05-Seniors (55+)

- **Action Items for Members**: Posting on FB, Instagram, Indy Delta Webpage

- **Information for Corresponding Secretary, Publicity and Information Systems & Communications**. **Provide key dates and assistance requested:**

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when? N/A**

- **What chapter properties or assistance from the Custodian will be required? N/A**

- **Planned Cost (per person)**: __N/A___ **Ticket Price (if any)**: __N/A___

Cost Analysis:

Source of Funds – Income

Allocation from chapter budget	N/A	
Ticket Sales		
Participant Fees		
Sponsorship Fees		
Donations		
Grants		
Other		
Total Source of Funds - Income		

Use of Funds – Expense

Room Rental/Facilities Fees		
Audio/Visual Equipment Rental		
Food		
Printing		
Postage		
Decorations		
Publicity		
Entertainment		
Speaker Fees		
Lodging		
Transportation		
Total Use of Funds - Expenses		
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		

Allocated budget amount for year: $

Expenses to date:

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**
Renewal of VYOND for video announcements	$299	Video Announcement program renewal	VYOND	Yes

Remaining budget amount: $0

Are you requesting any additional funds from the chapter? _____YES _X__ NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members:

Name
Camille Taylor
Jayla Thompson
Kandace DeSadier
Nichelle Hayes

Committee: N/A

Chair/Co-Chair: Kimberly McElroy-Jones

Proposed Program/Project (Title/Theme): Resources, Reindeer, and Reasons to Give

- **Description of the program/project**: Toy Giveaway and book giveaway for kids; With the IAC Choir and Performance Team and other relevant committees. Also, reading circle and pictures with Santa for the children and food give away and resources for parents from Community Based Organizations
- **Purpose of the program/project**: provide cheer and resources for families in need for the holiday season
- **Area of focus**: N/A Community Impact Project
- **Strategic Plan Alignment/Focus:** Community Impact
- **Measure(s) of Success from Strategic Plan focus:** number of families impacted by the event
- **Specific community need(s) addressed**: providing resources for those in need
- **Objective(s)** Give away toys, books, etc. and create an opportunity for parents to have resource tables for needed resources in one venue.
- **What are the expected outputs of this program/project?** Distribute over 1000 toys and books to families in need in our community.
- **Action Items for Members**: contribute to the event by donating no less than 2 items, participate in the event.
- **Information for Corresponding Secretary, Publicity and Information Systems & Communications**. **Provide key dates and assistance requested:**
- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?**

Cost Analysis:

Source of Funds – Income		
Allocation from chapter budget	$ 1500.00	
Total Source of Funds - Income		**$1500.00**
Use of Funds – Expense		
Room Rental/Facilities Fees	$ 300.00	

Insurance	$ 150.00	
Food		
Printing	_____	
Postage	_____	
Decorations	$ 300.00	
Photography	$ 350.00	
Entertainment DJ	$ 200.00	
Other – Santa	$ 200.00	
Total Use of Funds - Expenses		**$1500.00**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		**$ 0**

Allocated budget amount for year: $ 500.00

Expenses to date: $ 0

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**

Remaining budget amount: $ 0

Are you requesting any additional funds from the chapter? ____ YES ___ NO

If Yes, amount of additional funds needed?

If Yes, provide rationale for additional funding: Fees to cover expenses to host a large, safe event.

Committee Members

Name	**Email**	**Cell**
Kim McElroy-Jones		

Committee: Ritual and Ceremonies

Chair/Co-Chair: **Crystal Brown/Yolana Wakefield Wilson**

Proposed Project: Purchase robes, supplies for violets, purchase additional Rituals

- **Purpose of the program/project**: Replenish, Update Ceremonial Properties

- **Area of focus:** Ceremonial Properties

- **Specific community need(s) addressed**: N/A

- **Objective(s)** To ensure ceremonial properties are updated, corsages are available for Omega Omega Services and extra Rituals are available for ceremonies.

- **What are the expected outcomes of this program/project?** N/A

- **Other agencies/organizations involved, if any, in what capacity** *N/A*

- **Key public officials involved, if any**:

- **Date**: **N/A**

- **Location**: **N/A**

- **Attire**: **N/A**

- **Target audience**:

- Description:
  Age groups: ____ 01-Children (0-12)
  ____ 02-Teens (13-18)
  ____ 03-Young Adults (19-30)
  ____ 04-Adults (31-54)
  ____ 05-Seniors (55+)

- **Action Items for Members**: N/A

- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:** N/A

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?**

- **What chapter properties or assistance from the Custodian will be required? N/A**

- **Planned Cost (per person)**: _____ **Ticket Price (if any)**: __**N/A**_____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income

Allocation from chapter budget	$ 1,628.90	
Ticket Sales	N/A	
Participant Fees	N/A	
Sponsorship Fees	N/A	
Donations	N/A	
Grants	N/A	
Other		
Total Source of Funds - Income		**1,628.90**
Total Use of Funds - Expenses		**1,628.90**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		

Allocated budget amount for year: $

Expenses to date: $0.00

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**
New Robes	450.00	Current robes are faded and worn		
Extra Rituals	60.00	Ensure participants in ceremonies have the current Ritual		
Cleaning of Robes	618.90	Robes need to be cleaned after ceremonies		

Supplies for Omega Omega Violets	300.00	Violets are needed for Omega Omega Ceremonies		
Incidentals	200.00	Funds needed for unseen expenses		

Remaining budget amount: $

Are you requesting any additional funds from the chapter? YES NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members:

Name
Crystal Brown (Chair)
Yolana Wakefield-Wilson (Co-Chair)
Leslie Hagans
Joyce Johnson
Gina Powell
Carol Ross
Deimetra Taylor

Committee: Scholarship (Program)

Chair/Co-Chair: Michelle Brittain-Watts

Proposed Program/Project (Title/Theme): 2023-2024 Student Scholarship Awards

- **Description of the program/project**: Committee is requesting $15,000 from available funds in the Chapter's Operating Budget to be transferred to the student scholarship line item, S1000. These funds will be used to provide awards to qualified students in our service areas. Currently the scholarship line time as $1,932.33, which is not sufficient to support this committees charge. The committee's goal would be to completely deplete the funds during the sorority year. However, if the funding cannot be depleted, it is to remain in the line item for subsequent sorority years.

- **Purpose of the program/project**: Awards will assist recipients with paying college fees.

- **Area of focus**: Educational Development

- **Specific community need(s) addressed**: African American high school seniors who identify as female and attend schools in the service area as listed in the chapter's policies and procedures.

- **Objective(s)**: The objective is to award 7 Fortitude, 7 Pearl and 4 Book Scholarship Awards during the 2023-2024 sorority year using funds allocated to scholarship from DREF and additional funds requested in this proposal.
- **Expected outcome(s)**: To award the 18 stated scholarships to deserving African American seniors who identify as female to help support post-secondary educational efforts.

- **Describe how success will be measured and the evaluation tool(s) that will be utilized**:

  Success will be measured using the scholarship vetting process, whereby the committee identifies qualified candidates to receive scholarship awards. Awardees will adhere to the reporting processes and requirements outlined in the scholarship process.

- **Other agencies/organizations involved, if any, in what capacity**: Scholarship materials were distributed to high schools in the service area. The request was to distribute materials to the targeted population.

- **Key public officials involved, if any**: N/A
- **Date**: N/A

- **Location**: N/A

- ∆ **Attire**: N/A
- ∆ **Target audience**: African American high school seniors who identify as female
  Description:
  Age groups: ____ 01-Children (0-12)
  _X__ 02-Teens (13-18)
  ____ 03-Young Adults (19-30)
  ____ 04-Adults (31-54)
  ____ 05-Seniors (55+)
- ∆ **Action Items for Members**: Promote and circulate scholarship application and attend the awards ceremony during May Week. Participate in application vetting and interview process.
- ∆ **Information for Corresponding Secretary, Publicity and Information Systems & Communications**. **Provide key dates and assistance requested:** Place scholarship application information on all public social media accounts (Facebook, Twitter, Instagram), place scholarship application information on chapter website's main landing page, and provide Chapter Zoom licenses for student interviews, if in-person interviews are not an option.
- ∆ **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** Provide award checks once student enrollment is verified.
- ∆ **What chapter properties or assistance from the Custodian will be required?** N/A
- ∆ **Planned Cost (per person)**: _N/A_____ **Ticket Price (if any)**: ___N/A_____

Cost Analysis:

Source of Funds – Income

Allocation from chapter budget	$15,000 (Request from Chapter GT)
Donations	$13,370 (As designated through DREF)
Other	$1,932 (Current Scholarship Balance)
Total Source of Funds - Income	**$30,302**

Allocated budget amount for year: $ 30,000

Expenses to date: $ N/A

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)

Remaining budget amount: $

Are you requesting any additional funds from the chapter? __X___YES _____ NO

If Yes, amount of additional funds needed? $15,000

If Yes, provide rationale for additional funding: The goal is to award $30,000 in scholarship dollars to deserving students. The requested funds will support the shortfall in the budget to ensure the committee meets its targeted number of scholarship awards.

Committee Members:

Name
Michelle Brittain-Watts- Chair
Latasha Stubblefield
Cicely Hart
Annie Mayes
Phyllis Dowe
Pat Crittendon
Lana Coleman
Bessie Conn
Jamie Rogers
Christie Martin

Committee: Social Action

Chair: **Yvette Coleman-Foreste**

Proposed Program: Voter Education and Registration Forum

- **Description of the program:** This program will consist of community partnerships with other organizations that are dedicated to the education and registration of Indiana voters. This program will allow participants to not only register to vote, but also to gain insight on how to respond when their voting rights have been infringed upon. There will be several presenters and there will also be a time for questions and answers (Q&A). Voters will have the opportunity to hear the concerns that are of the upmost importance for our various communities.

- **Purpose of the program**: The purpose of this program is to ensure that Indiana voters are informed and armed with correct information that will aid them during the 2024 Election Cycle. Persons that need to register to vote will be able to register.

- **Area of focus:** Political Awareness and Involvement

- **Strategic Plan Alignment/Focus:** Social Action

- **Measure(s) of Success from Strategic Plan focus:** The number of participants will determine the success of the program. A short survey will be provided via QR code to determine if the participants found the program beneficial and if the program should be offered in the future.

- **Specific community need(s) addressed**: The specific community needs that will be addressed are: access to Voter Registration materials, access to Voters Rights information, and specific information on how and where to vote. Candidate materials will also be offered on-site.

- **Objective(s)**: The objective is to ensure that all citizens understand the importance of voting and that they have the opportunity and proper information to make an informed decision during the Election Cycle in order to vote.

- **What are the expected outputs of this program/project?** *T*
  The expected output of this program is to register at least 20-30 new voters and to have at least 30-50 people in attendance.

- **What are the expected outcomes of this program?** The expected outcome will be hard to measure since we do not have access to voter records; however, we do believe that due to our efforts there will be an increase of voter participation.

Describe how success will be measured and the evaluation tool(s) that will be utilized:

To measure success a survey with a QR code will be developed and utilized during the program. This survey will be brief so that those in attendance will feel comfortable in completing it.

∆ **Other agencies/organizations involved, if any, in what capacity:**

We are proposing that we involve other organizations such as:

African American Women of Indiana

Faith In Indiana

College Campus Connections

Boss Babe Network

∆ **Key public officials involved, if any**: We will reach out to the Gubernatorial Candidates to see if they would like to attend.

Date: February 10, 2024

∆ **Location**: Amazing Grace Christian Church
8100 East 16th Street
Indianapolis, IN 46219

∆ **Attire**: Casual attire

∆ **Target audience**:
Description: Sorors, college students, community members, etc.
Age groups: ____ 01-Children (0-12)
__X__ 02-Teens (13-18)
__X__ 03-Young Adults (19-30)
__X__ 04-Adults (31-54)
__X__ 05-Seniors (55+)

∆ **Action Items for Members**: Printing of materials, Securing Speakers, Decorations, passing out flyers to the event and making them available to congregations, youth organizations, senior citizen facilities, schools, colleges and universities, and businesses.

∆ **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:**

Flyers will be produced, shortly.

∆ **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?** Checks for printing and decorations. Checks will be needed in January 2024 to ensure that the printing and flyers are complete. Light refreshments will also be provided.

- **What chapter properties or assistance from the Custodian will be required? DST** Banner and tablecloth. These items will be utilized to represent IAC as the Host of the event.

- **Planned Cost (per person)**: ___$0_____ **Ticket Price (if any)**: __$0_____
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income *(delete any lines not applicable)*

Allocation from chapter budget	$480.00
Ticket Sales	
Participant Fees	
Sponsorship Fees	
Donations	
Grants	
Other *(replace Other with an appropriate description)*	
Total Source of Funds - Income	

Use of Funds – Expense

Food (Light refreshments)	$150.00	
Printing	$200.00	
Other *(Paper Goods)*	$40.00	
Total Use of Funds - Expenses		**$390.00**
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		

Allocated budget amount for year: $ 480.00

Expenses to date: $

Expense	Amount	Reason	Receiver	Approved through Budget (yes/no)
Printing	$390.00	Voter Program		

Remaining budget amount: $ $90.00

Are you requesting any additional funds from the chapter? NO

If Yes, amount of additional funds needed? $ 0.00

If Yes, provide rationale for additional funding: N/A

Committee Members:

Name
Rhonda Barker-Butler
Erica Chism
Yvette Coleman-Foreste
Katherine Cunningham-Fox
Barbara Morgan
Ann Randall

Committee: UNCF Committee – UNITED NEGRO COLLEGE FUND

Chair/Co-Chair: **Soror Sherie Scott/Soror Lauren Bates Smith**

Proposed Program/Project (Title/Theme): 2024 UNCF Masked Ball- IAC FUNdraiser

- **Description of the program/project**: The UNCF Committee is tasked with collecting and/or raising monies to be donated to the UNCF through the chapter budget allocation, phone solicitation from the Chapter Alumnae roster and in person and mail in donations. We are also seeking to have a unified presence as a chapter by attending the 2024 UNCF Masked Ball.

- **Purpose of the program/project**: UNCF is the nation's largest and most effective minority education organization. To serve youth, the community, and the nation, UNCF supports students' education and development through scholarships and other programs, strengthens its 37 member colleges and universities, and advocates for the importance of minority education and college readiness. UNCF institutions and other historically black colleges and universities are highly effective, awarding 20 percent of African American baccalaureate degrees. UNCF administers more than 400 programs, including scholarship, internship and fellowship, mentoring, summer enrichment, and curriculum and faculty development programs. Today, UNCF supports more than 60,000 students at over 900 colleges and universities across the country. The Indianapolis Alumnae Chapter (IAC) of Delta Sigma Theta Sorority participates at the highest level possible with the local UNCF by raising funds, attending the UNCF Kick-off gathering, and the UNCF Masked Gala yearly. IAC's UNCF committee solicits Soror donations and utilizes chapter funds allocated to generate the United Negro College Fund.

⊗ **Area of focus:** *(i.e., Programmatic Thrust, Arts & Letters, Fund Development/Thrust)*:

Scholarship

- ⊗ **Strategic Plan Alignment/Focus:** *(i.e. Organizational Health, Social Action, Community Impact, Empowerment of Women and Girls, and Appreciation of our Culture)* - Scholarship funding and educational support for our youth.
- ⊗ **Measure(s) of Success from Strategic Plan focus:** *(select from the list on the Strategic Plan companion document. For example: Participation by underserved communities in cultural awareness programs.)* A substantial donation to help provide scholarships to students who attend HBCU's will be our measure of success. Our hope is to raise more our goal and to donate more each year than the last.

- **Specific community need(s) addressed**: Supporting scholarship efforts for youth seeking to attend colleges and universities, providing information to our youth organizations about UNCF scholarship opportunities.

Δ **Objective(s)** *Objectives should be specific and measurable. If this is a fundraiser, the objective should include identifying to what organization/agency/line item the proceeds will go. Refer to companion strategic plan document)*

- Δ *We desire to have* 471 financial Sorors in our chapter to donate a minimum of $22 (**Founder's Sponsor)** for a total sponsorship of $10,362 and 40 Sorors (4 Tables)- to attend the UNCF Gala (**Sorors and Sponsors in Red**).- $350.00 or More

- ⊗ **What are the expected outputs of this program/project?** *(i.e. # of voters registered, # of participants. What do we expect to accomplish?) We seek to triple our scholarship fundraising efforts from $7,000 from last year (2022), $19,000 (2023), to $25,000 (2024) as we currently have 471 active sorority members within our chapter. We would also like to increase the attendance to the UNCF Masked ball from 20 Sorors (2022) to 30 Sorors (2023), to 40 Sorors (2024).*

- ⊗ **What are the expected outcomes of this program/project?**

  - *We desire to have* 471 financial Sorors in our chapter to donate a minimum of $22 (**Founder's Sponsor)** for a total sponsorship of $10,362 and 40 Sorors (4 Tables)- to attend the UNCF Gala (**Sorors and Sponsors in Red**).- $350.00 or More

Describe how success will be measured and the evaluation tool(s) that will be utilized:

Success will be measured via Google Form (Tracking all payment options) for Sorors and Sponsors that are donating. Percent of the goal raised toward funds raised is how it will be measured.

Δ **Other agencies/organizations involved, if any, in what capacity: N/A**

Δ **Key public officials involved, if any**: **N/A**

Δ **Date**: December 2024

Δ **Location**: T.B.D.

Δ **Attire**: RED Formal Attire (2023)

(**Committee could decide if they want color to change for 2024**)

Δ **Target audience**: Description:
Age groups: ____ 01-Children (0-12)
____ 02-Teens (13-18)
__x__ 03-Young Adults (19-30)
__x__ 04-Adults (31-54)
__x__ 05-Seniors (55+)

Δ **Action Items for Members**:

Δ UNCF IAC Committee Members should meet with Indiana UNCF Chair to create a partnership to have members be volunteers to disseminate information to our chapter about scholarship opportunities that are available for youth, how the community can get involved to support the funding efforts to be raised

to assist the college and universities, and to encourage Sorors to raise their $350 or more throughout the year.

- Committee will be assisting with the chapter fundraising effort by encouraging donations from our 471 chapter members to meet our FUNdraising goal of $25,000 and to encourage our Sorors to attend the UNCF Masked Ball gala.
- -Social Media Blast
- -Telephone Calls/Calling Posts
- -Emails
- **Information for Corresponding Secretary, Communications & Public Relations and Technology & Information Systems**. **Provide key dates and assistance requested:**

Release of UNCF Masked Ball Google Form (Via Trello and Social Media)

Post $25,000 Donation Thermometer on our Chapter Social Media Page

Launch PayPal Link for Donations at the beginning of Sorority Year until UNCF Deadline

Monthly Donation Goal Posting to Community (September to November)

- **What specific support will be needed from the financial officers (i.e. checks for vendors, ticket sales or participant fees collected) and when?**
- **Final check to UNCF from Soror donations, PayPal Links, Collection of donations, and vouchers to reimburse payment of approved items.**

- **What chapter properties or assistance from the Custodian will be required?** N/A

- **Planned Cost (per person)**: __$350.00__ **Ticket Price (if any)**: $3,500 per table (10 guests)
  (Planned Cost Per Person = ($ Total Expense) / (# of Persons Projected)

Cost Analysis:

Source of Funds – Income		
Allocation from chapter budget	**$3,810.00**	
UNCF IAC Chapter Table		**$3,500**
-IAC UNCF Committee Chair(s)		
Committee Members, Leadership (10 seats)		
Other- Calling Post to Chapter Roster		$60.00
Gift to Sorors Who Raise $350 or Above		$250.00
Raise Money for Q4 (UNCF Major Sponsor)		$10,000
Total Source of Funds - Income		**$13,810.00**
Use of Funds – Expense		
Total Use of Funds - Expenses		_____
Profit/(Loss) (Total Source of Funds – Total Use of Funds)		_____

Allocated budget amount for year: $

Expenses to date: $0.00

Expense	**Amount**	**Reason**	**Receiver**	**Approved through Budget (yes/no)**

Remaining budget amount:

Are you requesting any additional funds from the chapter? YES NO

If Yes, amount of additional funds needed? $

If Yes, provide rationale for additional funding:

Committee Members:

Name