CARE Foundational and Plus planner 2020

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| |  |  | | --- | --- | | Primary Chapter CARE contact | enter Chapter Leader’S name | |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | category | elements | Starting | Ending | Done | | Board of Directors | Board Meetings: Chapter board meets at least once per quarter. | [Select Date] | [Select Date] | Yes \ No | | Board Roster: Chapter submits an incoming board roster in Excel template. | [Select Date] | [Select Date] | Yes \ No | | Professional Development: Chapter board members maintain Power Membership (joint chapter/ATD national membership). | [Select Date] | [Select Date] | Yes \ No | | Position Descriptions: Chapter maintains written position descriptions for elected members. | [Select Date] | [Select Date] | Yes \ No | | Board of Directors  CARE PLUS  (Select four) | CARE Plus – Select One | | | Yes \ No | | CARE Plus – Select One | | | Yes \ No | | CARE Plus – Select One | | | Yes \ No | | CARE Plus – Select One | | | Yes \ No | | Governance | Operating Plan: Chapter creates and submits an operational plan for the coming year. | [Select Date] | [Select Date] | Yes \ No | | Governing Documents: The chapter’s mission, vision, and bylaws align with those of ATD, and the chapter meets the ATD branding guidelines. *(For 2020, all chapters are required to submit current bylaws.)* | [Select Date] | [Select Date] | Yes \ No | | Government Reporting Requirements: Chapter complies with federal and state reporting requirements. Submission of 990/990-N filings to chapter services is required. | [Select Date] | [Select Date] | Yes \ No | | Board Selection:Chapter members participate in the nomination or election  of the chapter board. | [Select Date] | [Select Date] | Yes \ No | | Governance  CARE plus  (select tWO) | CARE Plus - Select One | | | Yes \ No | | CARE Plus - Select One | | | Yes \ No | | Finance | Budget: The chapter board develops and approves an annual operating budget and makes it available to members. | [Select Date] | [Select Date] | Yes \ No | | Financial Documents: Chapter submits most recent yearly balance sheet. | [Select Date] | [Select Date] | Yes \ No | | Financial Documents: Chapter submits most recent profit and loss statement. | [Select Date] | [Select Date] | Yes \ No | | Financial Review: Chapter board has an internal or external financial review completed annually by a person or group not directly responsible for the management of chapter finances. | [Select Date] | [Select Date] | Yes \ No | | Finance  CARE PLUS  (Select three) | CARE Plus – Select One | | | Yes \ No | | CARE Plus – Select One | | | Yes \ No | | CARE Plus – Select One | | | Yes \ No | | Membership | Membership Roster: Chapter submits year-end membership roster in Excel. | [Select Date] | [Select Date] | Yes \ No | | Member Feedback: Chapter board assesses member needs and satisfaction levels at least once per year. | [Select Date] | [Select Date] | Yes \ No | | Power Membership: Chapter achieves a minimum of 20 Power Members (joint chapter/ATD national members) and 35 percent simultaneously. | [Select Date] | [Select Date] | Yes \ No | | Power Member Activities: Chapter completes 10 Power Member activities of the chapter’s choice. | [Select Date] | [Select Date] | Yes \ No | | Membership  CARE PLUS  (Select six) | CARE Plus – Select One | | | Yes \ No | | CARE Plus – Select One | | | Yes \ No | | CARE Plus – Select One | | | Yes \ No | | CARE Plus – Select One | | | Yes \ No | | CARE Plus – Select One | | | Yes \ No | | CARE Plus – Select One | | | Yes \ No | | Programming | Chapter Programs: Chapter provides at least six professional development activities per year for members. | [Select Date] | [Select Date] | Yes \ No | | Programing  CARE Plus  (Select Three) | CARE Plus – Select One | | | Yes \ No | | CARE Plus – Select One | | | Yes \ No | | CARE Plus – Select One | | | Yes \ No | | Communication | Website: Chapter maintains a current website with up-to-date information. | [Select Date] | [Select Date] | Yes \ No | | Member Communication: Chapter distributes a communication piece to members at least once per quarter that features chapter and ATD programs and initiatives. | [Select Date] | [Select Date] | Yes \ No | | Annual Report: Chapter board shares an annual report at least once per year with members noting membership numbers, financial performance, and progress toward annual goals. | [Select Date] | [Select Date] | Yes \ No | | National Support: Board members hold, at minimum, an annual phone call with their chapter relations manager to identify opportunities for support. | [Select Date] | [Select Date] | Yes \ No | | Communication  CARE PLUS  (Select two) | CARE Plus – Select One | | | Yes \ No | | CARE Plus – Select One | | | Yes \ No | |  |

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| chapter relations manager | ENTER name | e-mail & Phone Number |
| National Advisor for chapters | ENTER Name | e-mail & Phone Number |
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CARE joint membership activities

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| **Activities: Select a minImum of 10** | | | |
|  | DONE? |  | DONE? |
| Power Member page on chapter website | Yes \ No | Highlight Power Membership in chapter email communications | Yes \ No |
| Send quarterly email to prospective members promoting Power Membership | Yes \ No | Participate in the Chapter Membership on the ATD Store program | Yes \ No |
| Mention Power Membership at the start of each chapter event | Yes \ No | Promote Power Membership SIG and GIG meetings | Yes \ No |
| Power Member benefits using rotating PowerPoint at events | Yes \ No | Request list of ATD members quarterly; identify prospects. | Yes \ No |
| Printed Power Member collateral at each event | Yes \ No | Request joint membership calculation from CRM quarterly | Yes \ No |
| Power Member section in chapter newsletter | Yes \ No | Promote Power Membership at chapter special events | Yes \ No |
| Power Member logos on chapter website | Yes \ No | Create group/corporate Power Membership offering | Yes \ No |
| Power Member testimonials on website, newsletter, etc. | Yes \ No | Talk about Power Membership at each board meeting | Yes \ No |
| Power Member messages on social media | Yes \ No | Conducts new member orientations | Yes \ No |
| Share a joint membership best practice on a NAC area call, SOS, or at ALC | Yes \ No | Customize activities for your chapter | Yes \ No |

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| January | February | March | April | May | June |
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| July | August | September | October | November | December |
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