

WASHINGTON STATE GRANGE SUBORDINATE CFL REPORT  
FOR YEAR ENDING DECEMBER 20\_\_.

Please complete and submit to WA State Director by Jan. 10<sup>th</sup>  
Helen Berg 1482 Rd 20 NW Soap Lake WA 98851

GRANGE NAME \_\_\_\_\_ NO \_\_\_\_\_

Did you receive your Family Living Packet this year? YES \_\_\_\_\_ NO \_\_\_\_\_

Did you have contact with a Family Living Director this year? YES \_\_\_\_\_ NO \_\_\_\_\_

Did you attend a Pomona or State CFL conference this year? YES \_\_\_\_\_ NO \_\_\_\_\_

Did you hold a separate Family Living conference in your grange to promote activities and involvement? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, how many attended? \_\_\_\_\_

How do you inform others of the events you plan to have for CFL in your Grange?  
\_\_\_\_\_

Did you present a monthly report at your grange meetings to inform members of activities?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Did you and your committee help youth and juniors with their projects? YES \_\_\_\_\_ NO \_\_\_\_\_

Please list projects you helped with. \_\_\_\_\_

Did your grange contribute financially to any of the following? Please circle appropriate ones.

Family Living Dept Scholarship Fund    Jr. Grange Camping Scholarship Fund    Kelly Farm

King Memorial Fund    Other \_\_\_\_\_

Did you promote CFL contests? YES \_\_\_\_\_ NO \_\_\_\_\_ Has your grange hosted a contest YES NO

Does your grange participate in planning contests? YES \_\_\_\_\_ NO \_\_\_\_\_

Did your Grange have entries in? Please circle

Baking    Food preservation    Candy    Quilting    Sewing    Needlework

Comfort toys    State Quilt Block    National quilt block

Did you participate in the following? Please circle

Used eyeglasses    Card fronts    Figit quilts    Project Linus

Pillowcases    Hugs in a quilt    Hugs in a mug    Chemo caps    Adult bibs

Quilts of Valor or similar    Other \_\_\_\_\_

What do you do for community or family outreach? \_\_\_\_\_

Do you have a CFL committee in your grange? YES \_\_\_\_\_ How often do you meet? \_\_\_\_\_

Do you have a Grange Auxiliary? YES \_\_\_\_\_ NO \_\_\_\_\_ How often do you meet?

Signed CFL \_\_\_\_\_ Date \_\_\_\_\_

Thank you for filling out this form. It will help in future planning