



## Hampton Roads Chapter of ASPA

### November 29, 2017 Council Minutes

Present: Officers: Betty Meyer (President), Michelle San Anton (Treasurer), David Chapman (Web Administrator), John Dunning (Secretary), Immediate Past President: Charlie Mills.  
Council: Ron Carlee, Stephen Chenault, Kelly Doolan, Celeste Greene, Jerry Hoddinott, Gary Roberts. Unable to attend: Kaitlyn Bennett (President-Elect), Mechelle Smith (Council)

Minutes: The minutes from our last meeting (October 10, 2017) and the financial statements were approved as written.

Treasurer's Report: Michelle reviewed the chapter's finances and provided the following summary:

- Our current checking account balance is \$942.78
- Our savings account balance is \$877.17
- The total cash on hand is \$1819.95
- Our two savings bonds total \$7814.40
- Total Assets: \$9634.45

Michelle stated that the cost of the November luncheon was \$589.75 which included the cost of the lunches for two guests. Some discussion was held about the cost of the luncheon and other options. Charles Mills mentioned that the cost of the box lunch and a plated lunch was the same. It was decided that we would go back to the plated lunch option.

Michelle stated that the Annual Chapter Information Report is due to ASPA National by December 31<sup>st</sup>. She will submit to national and send the required copy to our membership. *A copy of the report is added to these minutes for record.*

Committee Reports:

- For Marketing: Caitlin Stein prepared a 10 question survey on communications options. The survey was tested and will be sent to the membership.
- No other reports were presented.

### Discussion of Events:

**January 18<sup>th</sup> Meeting:** Topic: Newport News Choice Neighborhoods Initiative: The City of Newport News and the Newport News Redevelopment and Housing Authority have been awarded a \$500,000 Choice Neighborhoods Initiative Grant from the U.S. Department of Housing and Urban Development to help revitalize and transform a portion of the Southeast Community.

Jerry Hoddinott reported that Karen Wilds, the Executive Director of NNRHA and Britta Ayers, the Manager of Comprehensive Planning for the Newport News Department of Planning agreed to be the guest speakers. The event will be held at the Marker 20 in Downtown Hampton from 6:00 to 7:30 PM. John Dunning reserved the Marker 20 backroom for the social and presentation. He will also order some appetizers to make the networking more engaging.

**March 15<sup>th</sup> Symposium** - The original topic was “Building Skills for Innovation and Creativity.” This was based on ODU’s involvement in developing a multi-disciplinary prototype training program in collaboration with the City of Virginia Beach to promote creative problem-solving in bureaucratic environments. Ron Carlee stated that we may want to make some adjustments to the topic. ODU just completed a survey that was a jurisdictional based analysis and is working on a dashboard for quality of life. Ron could present some of the analysis. He also mentioned that United Way is developing a quality of life dashboard. The ODU and United Way work would be complementary presentations. The dashboards will be live and on-line. This will use the data for strategic planning or grant writing as well as providing the opportunity for using database evidence to drive innovation. The topics and panels will be finalized at our next council meeting.

**May 3<sup>rd</sup> Public Service Awards Luncheon:** The council discussed the need to revise the eligibility for the chapter scholarship. David Chapman, Celeste Greene and Gary Roberts agreed to rewrite of the 2018 announcement. The announcement will incorporate the following:

The annual \$500 scholarship is awarded to a student who is an undergraduate with a minimum of 60 hours of college credit or graduate student who has completed 9 hours of college credit. If the student is not a member of ASPA, a new membership will be a part of the scholarship. If the student is a current member of ASPA, an additional year’s membership will be included with the scholarship.

There being no further business, the meeting was adjourned.

Attachments:

1. Chapter Financial Statement as of 30 November 2017
2. Chapter Scholarship Announcement
3. Chapter Annual Report to ASPA National.

## ASPA Chapter Information Form

*Submission of reporting forms is the responsibility of the current administration. This form is due within sixty (60) days after the close of ASPA Nationals fiscal year on Dec. 31. Note: All fields are required*

<b>For fiscal year starting:</b>	<b>For fiscal year ending:</b>
<b>EIN Number:</b>	
<b>Chapter Name:</b>	
<b>Preparer's Name:</b>	<b>Date:</b>
<b>Title:</b>	<b>Email:</b>

Please provide a minimum of 2 reviewers. Note: Reviewers must be current or incoming leaders.

<b>Reviewer 1:</b>	<b>Date Reviewed:</b>
<b>Reviewer 2:</b>	<b>Date Reviewed:</b>

*\*This report must be approved by the Chapter leadership and distributed to the Chapter membership.*

**Membership Distribution Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### FINANCIAL INFORMATION

**Please indicate the accounting method used:**    \_\_\_\_ **Cash**    \_\_\_\_ **Accrual**

*\*Please skip this section if you are enrolled in EFT or do not wish to participate at this time.*

**Financial Institution:** \_\_\_\_\_

**Branch:** \_\_\_\_\_                      **City:** \_\_\_\_\_                      **State:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_                      **Routing Number:** \_\_\_\_\_

**Enroll in Electronic Fund Transfer Service for member rebates?**    \_\_\_\_ **Yes**    \_\_\_\_ **No**

#### Notice of Understanding for Electronic Transfer Service

As a duly authorized signer of the financial institution account identified below, I authorize the American Society for Public Administration (ASPA) to perform scheduled or periodic electronic funds transfer credits to my account identified below for Chapter member rebates.

For accounting purposes, all electronic credits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below. In addition, I understand that:

- \* my Chapter must maintain the account listed below.
- \* I am responsible for contacting my financial institution and ASPA if any financial information changes, including the authorized signer.
- \* I must provide ASPA notice in writing of termination or updates of electronic fund transfer service.

**Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Assets**

Item	Actuals	Notes/Comments
Cash		
Investments		
Accounts Receivable		
Prepaid Expenses		
<b>Total Assets</b>	\$ -	

**Revenue**

Item	Proposed Revenue	Actuals	Notes/Comments
Rebates			
Meetings			
Workshops			
Interest			
Grants			
Fundraising			
<b>Total Revenue</b>	\$ -	\$ -	

**Expenses**

Item	Proposed Expenses	Actuals	Notes/Comments
Printing			
Postage			
Supplies			
Chapter Meetings			
National Conference or Regional Meetings			
Awards			
Speakers			
Scholarships			
Web maintenance			
New logo design			
Misc.			
<b>Total Expenses</b>	\$ -	\$ -	

**Fund Balance**

\$

**Notice of Understanding**

**By Submitting this form we, the Chapter officers, certify and understand:**

- \* any and all real or anticipated liabilities incurred by the Chapter are the sole responsibility of the Chapter.
- \* payment of membership dues will be withheld from the Chapter in the event of noncompliance with reporting requirements or nonacceptance of said reports by the Executive Director, non-member officers or membership programs in violation of ASPA's constitution or Council-adopted policy.
- \* any amounts due to the national organization for a period exceeding ninety days will be deducted from the next regularly scheduled rebate of any Chapter with such outstanding debt.

**We further certify that we will:**

- \* submit any contract in an amount exceeding \$5,000 to ASPA's Executive Director for review and approval.
- \* not incur a liability or anticipate a liability in an amount exceeding \$5,000.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**CHAPTER OFFICER INFO**

Leaders are elected: \_\_\_ 1-year term \_\_\_ 2-year term \_\_\_ Other (specify)

Elections are held: \_\_\_ Annually or \_\_\_ Biannually

Leaders assume their position in what month/year: \_\_\_\_\_

If the Chapter elects a Vice President, does the individual automatically ascend to Presidency upon completion of the current President's term of office?

\_\_\_ Yes or \_\_\_ No

<b>President</b>	Start Date:
Name:	Email:
Mailing Address:	
City:	State: Zip:

<b>Vice President/President Elect</b>	Start Date:
Name:	Email:
Mailing Address:	
City:	State: Zip:

<b>Secretary</b>	Start Date:
Name:	Email:
Mailing Address:	
City:	State: Zip:

<b>Treasurer</b>	Start Date:
Name:	Email:
Mailing Address:	
City:	State: Zip:

<b>Other:</b>	Start Date:	
Name:	Email:	
Mailing Address:		
City:	State:	Zip:

<b>Other:</b>	Start Date:	
Name:	Email:	
Mailing Address:		
City:	State:	Zip:

<b>Notice of Understanding</b>		
<p>All Chapter officers, as well as individuals with check-signing authority, must be current members of the American Society for Public Administration. By accepting his or her position as an ASPA Chapter officer, each person agrees:</p> <p>* to maintain ASPA membership during the term of office.  * that noncompliance with reporting requirements will lead to the withholding of Chapter member rebates.</p>		
<b>Signature:</b> _____ <b>Date:</b> ____ / ____ / ____		

## ASPA Chapter Information Form

Submission of reporting forms is the responsibility of the current administration. This form is due within sixty (60) days after the close of ASPA Nationals fiscal year. Note: All fields are required

<b>For fiscal year ending:</b>	
<b>Chapter Name:</b>	
<b>Preparer's Name:</b>	<b>Date:</b>
<b>Title:</b>	<b>Email:</b>

Please provide a minimum of 2 reviewers. Note: Reviewers must be members of ASPA

<b>Reviewer 1:</b>	<b>Date Reviewed:</b>
<b>Reviewer 2:</b>	<b>Date Reviewed:</b>

*\*This report must be approved by the Chapter leadership and distributed to the Chapter membership.*

**Membership Distribution Date:** \_\_\_/ \_\_\_/ \_\_\_\_

### FINANCIAL INFORMATION

**EIN Number:** \_\_\_\_\_

**Please indicate the accounting method used:**            **Cash**            **Accrual**

#### Assets

Item	Actuals	Notes/Comments
Cash		
Investments		
Accounts Receivable		
Prepaid Expenses		
<b>Total Assets</b>		

#### Revenue

Item	Proposed Revenue	Actuals	Notes/Comments
Rebates			
Meetings			
Workshops			
Interest			
Grants			
Fundraising			
<b>Total Revenue</b>			

#### Expenses

Item	Proposed Expenses	Actuals	Notes/Comments

Printing			
Postage			
Supplies			
Chapter Meetings			
National Conference or Regional Meetings			
Awards			
Speakers			
Scholarships			
Web maintenance			
New logo design			
Misc.			
<b>Total Expenses</b>			

**Fund Balance** **\$**

**By Submitting this form we, the Chapter officers, certify and understand:**

- \* any and all real or anticipated liabilities incurred by the Chapter are the sole responsibility of the Chapter.
- \* payment of membership dues will be withheld from the Chapter in the event of noncompliance with reporting requirements or nonacceptance of said reports by the Executive Director, non-member officers or membership programs in violation of ASPA's constitution or Council-adopted policy.
- \* any amounts due to the national organization for a period exceeding ninety days will be deducted from the next regularly scheduled rebate of any Chapter with such outstanding debt.

**We further certify that we will:**

- \* discuss with ASPA's Executive Director any intention to enter into a contract or incur a liability or anticipate liability in an amount exceeding \$5,000.
- \* file annual return with the IRS and mail a copy to ASPA.

**CHAPTER OFFICER INFO**

The Chapter's fiscal year beginning and end dates: \_\_\_/\_\_\_/\_\_\_ thru \_\_\_/\_\_\_/\_\_\_  
 Leaders are elected: \_\_\_ 1-year term or \_\_\_ 2-year term  
 Elections are held: \_\_\_ Annually or \_\_\_ Biannually  
 Leaders assume their position in what month: \_\_\_\_\_

If the Chapter elects a Vice President, does the individual automatically ascend to Presidency upon completion of the current President's term of office?  
 \_\_\_ Yes or \_\_\_ No

<b>President</b>	Member ID:
Name:	Email:



Mailing Address:		
City:	State:	Zip:

<b>Vice President/President Elect</b>	Member ID:
Name:	Email:
Mailing Address:	
City:	State: Zip:

<b>Secretary</b>	Member ID:
Name:	Email:
Mailing Address:	
City:	State: Zip:

<b>Treasurer</b>	Member ID:
Name:	Email:
Mailing Address:	
City:	State: Zip:

Other:	Member ID:
Name:	Email:
Mailing Address:	
City:	State: Zip:

Other:	Member ID:
Name:	Email:
Mailing Address:	
City:	State: Zip:

**Notice of Understanding**

All Chapter officers, as well as individuals with check-signing authority, must be current members of the American Society for Public Administration. By accepting his or her position as an ASPA Chapter officer, each person agrees:

\* to maintain ASPA membership during the term of office.

\* that noncompliance with reporting requirements will lead to the withholding of Chapter member rebates.



Hampton Roads Chapter of ASPA

## ACADEMIC SCHOLARSHIP FOR STUDIES IN PUBLIC ADMINISTRATION 2018

Each year, the Hampton Roads Chapter of the American Society for Public Administration, recognizes the potential for individual excellence in public service through educational assistance to members of the Chapter. The annual \$500 scholarship is awarded to a student who is an undergraduate with a minimum of 60 hours of college credit or graduate student who has completed 9 hours of college credit. If the student is not a member of ASPA, a new membership will be a part of the scholarship. If the student is a current member of ASPA, an additional year's membership will be included with the scholarship.

### **The recipients for this award must meet the following criteria:**

- Resides in Virginia,
- Is not a previous recipient of this scholarship,
- Has a minimum grade point average for completed hours is 3.0,
- Is in one of the following categories:
  - Enrolled in a program offered by an institution with a presence in Hampton Roads,
  - Has residence in Hampton Roads and is enrolled in related educational programs outside the region
  - Works in public service in Hampton Roads and is pursuing a degree via an accredited live and/or on-line program

Applicants will provide information on their extracurricular activities, professional development, and work experience. They will also furnish references and an essay discussing the importance of the chosen degree program to public administration and why they want a career in public service

The Scholarship application and information is available at: <http://aspahr.org/scholarship/>  
The application is due no later than <date>.

Please Email the Scholarship application packet to :

the Chapter Secretary - John E. Dunning ([johndunning@cox.net](mailto:johndunning@cox.net)) - who will forward the nominations to the Scholarship Committee.