

**NAMI KENTUCKY  
AFFILIATE QUARTERLY REPORT**

In accordance with NAMI Kentucky policy, each affiliate group is required “to submit a quarterly report to be received at the state office within forty-five (45) days following the close of the calendar quarter. Due dates are: April 15, July 15, October 15 & January 15.

Affiliate Group \_\_\_\_\_

Current Member Count \_\_\_\_\_

Current Bank Balance \_\_\_\_\_

NAMI Activities:

	<u>Average # of participants</u>		
	YES	NO	_____
• Monthly Member Meetings	YES	NO	_____
• Monthly Family Support Group Meetings	YES	NO	_____
• NAMI CARE Consumer Support Group Mtgs.	YES	NO	_____
• Family-to-Family Education Classes	YES	NO	_____
• Provider Education Classes	YES	NO	_____
• In Our Own Voice Presentations	YES	NO	_____
• Presentations to community groups	YES	NO	_____
• Other activities?	YES	NO	_____

Please list “other” activities and number of people participating:

\_\_\_\_\_

\_\_\_\_\_

• Bank being used \_\_\_\_\_

• Funds raised during the quarter \_\_\_\_\_

• Funds spent during the quarter \_\_\_\_\_

• Are there changes in your officers or board members?                      YES      NO

If yes, please provide detail \_\_\_\_\_

\_\_\_\_\_

Prepared by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_