2026-2027 COUNTY AUXILIARY EMERGENCY FUND REPORT FORM

Reporting Dates: □ November 10, 2026 □April 10, 2027

County Chairman_____

Address_____

E-mail_____Phone#_____

County_____District_____

_____ County does not have an Auxiliary Emergency Fund Chairman

1. Total Unit Contributions $_____ # of Units Reporting: _____

2. Total Memorial Contributions $_____

3. Grand total of all Contributions $_____

4. Total hours members volunteered _____ Volunteer hour $36.14

5. Number of military families served: _____

6. Number of AEF Applications submitted_____

Describe special activities to raise funds for this committee (write on back or attach page)

_____

****** YOU MUST FILL IN THIS INFORMATION FOR IMPACT REPORTS *****

2. Our ALA Service for Military Families

Impact Form Lines	Service for Military Families	Obtain Total From		Total
Line 8	Total **hours** members volunteered	*** Line 4**		
Line 9	Total dollars spent	*** Line 3**		$
Line 10	Number of military families served	*** Line 5**		

Send to the Department Auxiliary Emergency Fund Chairman

Marie SantaCroce
C: 718-938-5952
nyalaemergencyfund@gmail.com

Keep a copy for your records