COMMUNITY SERVICE PROJECT TITLE: Food Pantry Items and Cash Donations

ZONE REPORTING: Western Zone UNIT(s): Chautauqua South

PROJECT DESCRIPTION- MAIN FEATURES:

Food items and cash donations are collected at the three meetings/luncheons. These items are donated to a local organization.

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have the best **working** knowledge of this project.

Name: Vicki Smith Phone (716) 355-4355

E-mail: vsmith004@stny.rr.com

TIME-FRAME for the event or project: (How long did it take from start to finish?) 1 hour and a half

RESOURCES NEEDED: Please include estimate of the cost and what resources if any were. donated.

The price of a box and gasoline to deliver the donations was needed. My unit did make a monetary donation once; we used a pass-the-hat collection at one meeting instead of our regular 50/50.

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share?) Be sure to place an envelope in the box for cash donations.

NATURE OF PUBLICITY RECEIVED: Please attach any news releases or photos of the event. We try to get an article published in our local paper. The article also publicizes our upcoming meeting/luncheon.

APPROXIMATE # OF YEARS the project has been sponsored by the unit/zone: 4 years

OTHER ORGANIZATIONS with whom you partnered on this event or project. None

PLAN TO CONTINUE THE PROJECT? Yes <u>x</u> No <u>___</u> If continuing, please describe if there are also any plans to expand the project.

At our next meeting/luncheon we will be collecting children's books. They will be distributed to places in the area where children tend to be such as medical centers.

COMMUNITY SERVICE PROJECT TITLE: Book Collection and Food Pantry Collection

ZONE REPORTING: Western Zone UNIT(s): Eastern Erie

PROJECT DESCRIPTION- MAIN FEATURES:

Books collected and distributed to a Buffalo school in a very poor neighborhood. Sundries and paper products are collected for the Food Bank.

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have the best **working** knowledge of this project.

Name: Elaine DeLisle Phone (716) 675-7432

E-mail: delisle5d@aol.com

TIME-FRAME for the event or project: (How long did it take from start to finish?) 1 hour and 45 minutes

RESOURCES NEEDED: Please include estimate of the cost and what resources if any were donated.

There was no cost to the unit at all. Individual members spend approximately \$10-\$15 to support each drive. The person responsible for distribution would have to spend money for gas.

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share?) Come to the meeting prepared with small boxes for easy carrying.

Ask for help!

NATURE OF PUBLICITY RECEIVED: Please attach any news releases or photos of the event. Publicity was received only through meeting announcements.

APPROXIMATE # OF YEARS the project has been sponsored by the unit/zone: 12 years

OTHER ORGANIZATIONS with whom you partnered on this event or project. None

PLAN TO CONTINUE THE PROJECT? Yes _x _ No ___ If continuing, please describe if there are also any plans to expand the project.

COMMUNITY SERVICE PROJECT TITLE: Collection for Salvation Army and Soup

Kitchen

ZONE REPORTING: Western Zone UNIT(s): Eastern Niagara

PROJECT DESCRIPTION- MAIN FEATURES:

Can goods were collected for the Salvation Army. Money was donated to a local Soup Kitchen.

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have the best **working** knowledge of this project.

Name: Rhoda Harrington Phone (716) 434-4600

E-mail: rkamman@roadrunner.com

TIME-FRAME for the event or project: (How long did it take from start to finish?)

1 meeting of the Eastern Niagara County Retired Teachers Association

RESOURCES NEEDED: Please include estimate of the cost and what resources if any were. donated.

Contact a local Salvation Army Major and make arrangements to deliver the goods.

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share?) A man is needed to crate and carry all the can goods out of the meeting.

NATURE OF PUBLICITY RECEIVED: Please attach any news releases or photos of the event. A notice was put in the local newspaper.

APPROXIMATE # OF YEARS the project has been sponsored by the unit/zone: 1 year

OTHER ORGANIZATIONS with whom you partnered on this event or project. None

PLAN TO CONTINUE THE PROJECT? Yes ___ x _ No ___ If continuing, please describe if there are also any plans to expand the project.

At all ENCRTA meetings we collect toiletries for local women's shelters and used eye glasses for the local Lion's Club.

COMMUNITY SERVICE PROJECT TITLE: Honduras School Project

ZONE REPORTING: Western Zone UNIT(s): Cattaraugus West

PROJECT DESCRIPTION- MAIN FEATURES:

We collect non-perishable goods for the Community Food Bank and school supplies for a trip to Honduras taken annually by 2 members.

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have the best **working** knowledge of this project.

Name: Judy Toner Phone (716) 945-2646

E-mail: jactoner45@netsync.net

TIME-FRAME for the event or project: (How long did it take from start to finish?)

1 week

RESOURCES NEEDED: Please include estimate of the cost and what resources if any were. donated.

No cost except for items donated by members

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share? None

NATURE OF PUBLICITY RECEIVED: Please attach any news releases or photos of the event. Newspaper photos and articles

APPROXIMATE # OF YEARS the project has been sponsored by the unit/zone: 3 years

OTHER ORGANIZATIONS with whom you partnered on this event or project. None

PLAN TO CONTINUE THE PROJECT? Yes x No If continuing, please describe if there are also any plans to expand the project.

COMMUNITY SERVICE PROJECT TITLE: Project Flight/Books for Kids

ZONE REPORTING: Western Zone UNIT(s): all

PROJECT DESCRIPTION- MAIN FEATURES:

Western Zone participated in a multi-cultural book drive sponsored by Project Flight and the Buffalo News' Books for Kids. Local agencies (community centers, libraries, schools and Head Start programs) distribute appropriate books to the children. Attendees at our September 15, 2010 annual meeting donated 153 new children's books and \$288.

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have the best **working** knowledge of this project.

Name: Carolyn Cardarella Phone (716) 689-8838

E-mail: jnccw5@gmail.com

TIME-FRAME for the event or project: (How long did it take from start to finish?) 1 day

RESOURCES NEEDED: Please include estimate of the cost and what resources if any were donated.

New primary-level children's books featuring general topics (books with multi-cultural themes were especially needed)

Monetary donations

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share?) None

NATURE OF PUBLICITY RECEIVED: Please attach any news releases or photos of the event. Local newspaper articles

APPROXIMATE # OF YEARS the project has been sponsored by the unit/zone: 1 year

OTHER ORGANIZATIONS with whom you partnered on this event or project.
Wegmans, WGRZ - Channel 2, United Way of Buffalo and Erie County, Buffalo and Erie County
Public Libraries and the Junior League of Buffalo

PLAN TO CONTINUE THE PROJECT? Yes <u>x</u> No <u>___</u> If continuing, please describe if there are also any plans to expand the project.

COMMUNITY SERVICE PROJECT TITLE: Huntington's Disease Walk

ZONE REPORTING: Western Zone UNIT(s): Kenmore

PROJECT DESCRIPTION- MAIN FEATURES:

Walk to raise money and awareness for Huntington's Disease. Money is directly donated to Huntington's Disease.

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have the best **working** knowledge of this project.

Name: Barbara Field Phone (716) 689-8296

E-mail: bfield51@verizon.net

Name: Celeste Kray Phone: (716) 633-4586

E-mail: ckray@teamhopewny.org

TIME-FRAME for the event or project: (How long did it take from start to finish?) The 11 member committee attended monthly meetings from March through October. Each meeting was 3 hours. The walk took 5 hours.

RESOURCES NEEDED: Please include estimate of the cost and what resources if any were. donated.

We have \$5,000 in corporate donations. Food, beverages, T-shirts and the printing of brochures were donated. Also, individuals within the Kenmore Retired Educators Association made independent contributions.

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share?) It is time-consuming and stressful, but satisfying. We raised \$75,000 in 3 walks in 3 years.

NATURE OF PUBLICITY RECEIVED: Please attach any news releases or photos of the event. We contacted all local TV stations, radio stations and newspapers.

APPROXIMATE # OF YEARS the project has been sponsored by the unit/zone: 3 years

OTHER ORGANIZATIONS with whom you partnered on this event or project. Ken-Ton Schools, parents, children, teachers, administrators, bands and companies have partnered for this annual event.

PLAN TO CONTINUE THE PROJECT? Yes <u>x</u> No <u>___</u> If continuing, please describe if there are also any plans to expand the project.

This September will be our 4th and final walk. We'll try to get more independent contributions and publicize more through word-of-mouth and emails.

COMMUNITY SERVICE PROJECT TITLE: Founders' Fund

ZONE REPORTING: Western Zone UNIT(s): all

PROJECT DESCRIPTION- MAIN FEATURES:

Income from the fund is used to assist the York State Manor for Retired Teachers, Friendly Service activities in the Western Zone, Meals-on-Wheels in Western Zone locations, Lifeline installations at Western Zone hospitals, and the establishment of the Network on Aging Center at the University of Buffalo

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have the best **working** knowledge of this project.

Name: Thomas O'Shea Phone (716) 433-8609

E-mail: osheatw@msn.com

TIME-FRAME for the event or project: (How long did it take from start to finish?)

1 month of planning

1 week to distribute allocations

RESOURCES NEEDED: Please include estimate of the cost and what resources if any were. donated.

Legacies, gifts and donations are received from individuals. Western Zone did not make a financial contribution to the Founders' Fund.

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share?)

Make decisions regarding the investment of the money

Think of ways to get additional money

Monitor the fluctuation of interest rates

NATURE OF PUBLICITY RECEIVED: Please attach any news releases or photos of the event.

Local newspaper articles

Press releases to local newspapers

APPROXIMATE # OF YEARS the project has been sponsored by the unit/zone: 51 years

OTHER ORGANIZATIONS with whom you partnered on this event or project. None

PLAN TO CONTINUE THE PROJECT? Yes __x No ___ If continuing, please describe if there are also any plans to expand the project.

We hope that these good works can be extended in the years to come.



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To:

Meals on Wheels Programs

From: Richard J. Gehring, President

RE: New York State Retired Teachers Association Grants

Datc: February 9, 2007

The New York State Retired Teachers Association has awarded the following

grauts:

Alden Meals on Wheels - \$200

Amherst Meals on Wheels - \$300

Batavia Meals on Wheels - \$150

Dunkirk Meals on Wheels - \$200

Holland (Southtowns Meals on Wheels) - \$200

Jamestown Meals on Wheels - \$200

Lockport Meals on Wheels - \$200

Niagara Falls Meals on Wheels - \$200

North Tonawanda Meals on Wheels - \$200

Sinclairville 76'ers - \$200

Springville Meals on Wheels - \$300

Would you kindly do two things:

1. Please distribute the enclosed press release to your local papers.

2. Please send a thank you to the New York State Retired Teachers

Association:

Leonard S. Sikora, Chair

Founders Fund Western Zone Retired Teachers Association

681 Downing Lane

Williamsville, NY 14221

100 James E. Casey Drive Buffalo, New York 14206

TEL: 716.822.2201 FAX: 716.822.0517