

LOCAL ASSOCIATION IFAPAC ANNUAL PLAN
For _____ (year)

Local IFAPAC Chair Name _____ Phone Number _____
Name of Local Association _____ Fax Number _____
Local IFAPAC Chair's Term of Office _____ Email Address _____
Local NAIFA Membership as of 6/30 of previous year _____
Name of Your Successor _____ When does he/she begin the term? _____

1. What are your Local IFAPAC Fundraising Goals for the calendar year?

<u>Political Contributions</u>	<u>Administrative Contributions</u>	<u>Total Contributions</u>
\$ _____	\$ _____	\$ _____

Total IFAPAC Individual *Contributors* Goal _____
Percentage of Contributors to Total State Membership _____%
(The recommended minimum is 30% of membership)

2. What fundraising program/strategies have you selected to achieve your goals? (See next page for ideas.)

Program/Strategy/Date to be Implemented

3. Do you have a Local IFAPAC Vice/Co-Chair and IFAPAC Committee who have been appointed to help you achieve your Fundraising goals? YES NO

(Your National IFAPAC Subcommittee recommends a Local IFAPAC Committee Structure of one Committee member for every 15 members in the Local Association General Membership - 1:15 Ratio).

4. Have you forwarded the names/addresses/phone numbers/fax numbers/email addresses of your Local IFAPAC Committee Members to your State IFAPAC Chair? YES NO

5. The NAIFA Award of Excellence criteria require 100% of Board Members (Elected Officers and Directors) of the Local Association as of 12/31 to contribute at the Investor Level (\$50.00/year) or above. What are you doing to assure 100% Local Board participation?

6. When will you and your Committee meet with your Local Executive Board to share the

current year IFAPAC goals for your local association? _____ (date)

7. Your National IFAPAC Subcommittee recommends that all Local IFAPAC Chairs, Co-Chairs, and Vice-Chairs contribute at a minimum of Century Club (\$100.00/year) or Ambassador Level (\$200.00/year). We believe it is difficult to raise IFAPAC dollars unless the Local IFAPAC Leadership is fully committed to the Program and leads by example.

Please indicate your current, annual contribution status \$ _____

8. Your National IFAPAC Subcommittee recommends that each local association show the Michael Dunn videotape each year, followed by a clear and direct solicitation for IFAPAC contributions. Will you be showing the Dunn video at your local association this year? YES NO

Date Scheduled

Expected Results

Dollars \$ _____

Contributors _____

Fundraising Programs/Ideas:

1. Organize a Phon-a-Thon for your association
2. Work Inactive/Lapsed contributor lists and follow-up on these lists at least quarterly.
3. 100% Board participation (required for NAIFA Award of Excellence) and committee chairs.
4. Conduct an IFAPAC meeting/day with a political speaker who recognizes current IFAPAC contributors and solicits IFAPAC contributions.
5. Promote Century Club contributions via \$8.50, \$10.00 or \$12.00 per month bank draft.
6. Approach APIC legislative contacts and follow up with them to become contributors.
7. Call current contributors and ask them to "double their investment" by soliciting another member to contribute at their same amount.

Date

Signature of Local IFAPAC Chair

Signature of State IFAPAC Chair