**FMHCA Local Network Annual Audit**

**Name of Local Network \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Website of Local Network\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Local Network Contact: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FL Zip\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Name**  | **Email Contact** | **FMHCA** **Yes** | **FMHCA****No** |
| Chairman |  |  |  |  |
| Assistant Chair |  |  |  |  |
| Past President |  |  |  |  |

**Number of Members in Your Network \_\_\_\_\_\_ Number who are FMHCA members \_\_\_\_**

**Which Social Media has your Network maintained in this past fiscal year**

|  |  |
| --- | --- |
| **Social Media Outlet** | **URL** |
| Website |  |
| Facebook |  |
| YouTube |  |
| Twitter |  |
| Instagram |  |
| LinkedIn |  |

**Summary of network activities during this past fiscal year**

|  |
| --- |
|  |

**List of Continuing Education programs offered membership this past fiscal year**

|  |
| --- |
|  |

**Legislative Advocacy Efforts Conducted by network this past fiscal year**

|  |
| --- |
|  |

**Membership recruitment activities your network conducted this past fiscal year**

|  |
| --- |
|  |

**Interfacing activities done with local Universities’ CMHC programs this past fiscal year**

|  |
| --- |
|  |

**Please List What Goals has your network set for the upcoming fiscal year**

|  |
| --- |
|  |

**Please attach the following OPTIONAL Document if you have them to this Report:**

1. 2016 Florida Not for Profit Corporation Annual Report for your local network
2. Copy of your Current By-Laws for your local network

**When this form is completed please email it and its attachments to:**

FMHCA Office at: office@flmhca.org