

## EXTENSION & REVITALIZATION REPORT

1. Did your Auxiliary utilize any of the Extension & Revitalization material/resources available in MALTA Member Resources?

Yes. Explain which materials were utilized and how.

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No. Explain why these materials were not utilized.

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2. Did your Auxiliary utilize the Department Chief of Staff for help, suggestions and direction for Auxiliary or member issues?

Yes. Explain the circumstances that required the Department Chief of Staff's assistance.

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No.

Please complete the Healthy Auxiliary Checklist and forward to the Department Chief of Staff.

Date \_\_\_\_\_ Auxiliary # \_\_\_\_\_ District \_\_\_\_\_

Chairperson \_\_\_\_\_ Phone number \_\_\_\_\_

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