**Indiana DeMolay**

**Chapter Of The Year Program**

**Instruction Sheet**

COTY program participants,

Thank you for your interest in competing for Chapter Of The Year. The program is designed to urge Chapters to be well rounded and self-sufficient, and hopefully the membership of your Chapter will be motivated to work harder in some of their weaker areas because of the desire to win COTY. If this is the case, your Chapter will benefit greatly from attempting to reach the goals laid out in this program.

The instructions are simple. To compete for the title of Indiana DeMolay Chapter Of The Year, your Chapter must:

1) Complete all eight of the required items listed on the Qualification Requirement Checklist. As the items are completed,

please check them off and record the date.

2) Complete at least six of the eight subjective items listed on the Qualification Requirement Checklist. As the items are

completed, please check them off and record the date. If your Chapter is able to complete more than six it will help it stand

out.

3) Sign and date the Qualification Requirement Checklist when completed.

4) Fill out the Chapter Questionnaire. The questions that require a long answer may be completed on a separate sheet of paper and attached to the form. Also, you may include supporting documentation to help fully explain any of the items on the form (*i.e. your term calendars, photos from events, copies of installation programs, signed visitation forms, etc*).

**Point of emphasis:** Please be aware that the selection committee will not be giving bonus points for a dazzling multimedia

display or a packet that looks as if it were put together by a professional marketing agency. The goal of the supporting

documentation is simply to supplement the Chapter Questionnaire, not to replace it.

5) Send the completed forms and supporting documentation to the Indiana DeMolay office by the date specified on the forms. The COTY packets will then be reviewed by a selection committee comprised of Senior DeMolays who are not associated with any of the competing Chapters. The committee will attempt to make an unbiased decision based solely upon the answers and supporting documentation in the submitted packets. The winner will be announced at Conclave with the rest of the “Of The Year” awards.

This program is radically different from those in recent years, and it will require much more effort from the competing Chapters.

Following are some suggestions to help make the packet submission process successful:

· Shortly after Conclave, select a COTY committee to be responsible for documenting the Chapter’s progress and call for

regular reports from the committee chairman. Also select an Advisor to work with the committee.

· Review the qualification requirements and the questions on the questionnaire. Address as many as possible in the term plans of the Master Councilors.

· Do not procrastinate. Many of the questions can be completed throughout the year, so don’t wait until the last second to try

to pull things together.

· Try not to double your work. If you compete in State Officer contests pertaining to publications, DeMolay week, obligatory days, visitations, etc., make sure that you make copies of the forms before you send them in for the SO contest. They can also be attached to the COTY forms instead of entering the same information twice.

Good luck in your attempt to become the Chapter Of The Year. Win or lose, we feel that by implementing a plan to reach that prize your Chapter will be doing the things needed to become stronger and better represent DeMolay in Indiana.

The COTY program committee

**Indiana DeMolay Chapter Of The Year Program**

**Qualification Requirement Checklist**

**All COTY forms must be received at the DeMolay office by May 15th**.

**Chapter Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Required Items Subjective Items**

The chapter must complete at least 6 of the 8 items listed below.

q**Membership Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The chapter must initiate a minimum of 8 new members during the year.

q**PMC-MSA Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The chapter must earn this award during the year.

q**RD Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Two or more members must be designated a Representative DeMolay during the year.

q**Ritual Tourney Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Chapter must have one or more credible team performance or have five or more credible individual performances at the Indiana State Ritual Tournament.

q**Masonic Service Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The chapter must perform two or more masonic service events during the year.

q**Athletic Tourneys Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The chapter must have one or more teams entered in one of the Indiana state athletic tournaments during the year.

q**Civic Service Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The chapter must perform two or more civic / community service events during the year.

q**Publications Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A chapter must publish four or more editions of a Chapter newsletter or e-letter in the year. A Chapter webpage is also acceptable if 4 or more articles are updated at least quarterly.

q**Visitations Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The chapter must complete two or more visitations to different chapters during the year. These may be to events other than stated meetings, such as an installation, dance, initiation, x-box tournament, etc.

q**DeMolay Month Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The chapter must complete a DeMolay Month program in which seven events related to the seven precepts of DeMolay are executed during the month of March.

q**Ritual Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The chapter must open and close a meeting (including the 9 o’clock prayer) without rituals and with no assistance from other chapters at least once during the year using a minimum of 8 members,

q**Fund Raising Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The chapter must plan and execute two or more fund raising events during the year.

q**Initiations Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The chapter must perform their own full form initiation at least twice during the year using a minimum of 8 members. The Initiatory and

DeMolay degrees may be performed on the same day or on separate days.

q**Social Events Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The chapter must plan and execute two or more social events during the year.

q**Obligatory Days Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The chapter must hold an observance for all seven Obligatory Days during the year following the guidelines set in the current State Officer Program guide.

q**Installations Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The chapter must plan and execute two public installation ceremonies with a minimum of 8 officers installed during the year.

**\*** All usages of “year” references the Indiana DeMolay programs operational year beginning July 1 and ending May 15.

**With my signature below, I verify that the information on this form is accurate and that the items**

**marked have met the criteria necessary for completion.**

Master Councilor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indiana DeMolay Chapter Of The Year Program**

**Chapter Questionnaire**

**All COTY forms must be received at the DeMolay office by 15 May 2023**

**Chapter Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 1. General Information**

Who have been your Chapter’s Master Councilors in the past year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did they create and hand out a copy of their term plans at the start of their term? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many Chapter Dads have you had in past year? \_\_\_\_\_\_ Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many Council Chairmen have you had in past year? \_\_\_\_\_\_ Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was your Per Capita paid on time? \_\_\_\_\_\_\_\_ Was your ACR submitted on time? \_\_\_\_\_\_\_\_

How many times has the Youth Protection video been shown? \_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many active Advisors and adult workers have worked with your Chapter this year? \_\_\_\_\_\_\_\_\_\_\_

List any other information or unusual circumstances the Selection Committee should know *(i.e. our Lodge burned in September, our Chapter Dad suffered a stroke in December, etc.)*

**Section 2. Membership and Initiations**

How many members have joined your Chapter in the past two years? 2021-22\_\_\_\_\_\_ 2022-23 \_\_\_\_\_\_

What is your Chapters approximate “Active Membership”?

\_\_\_\_ 1 to 10 \_\_\_\_ 11 to 20 \_\_\_\_ 21 to 30 \_\_\_\_ over 30

What is the total number of members on the Chapter’s roster?

\_\_\_\_ 1 to 25 \_\_\_\_ 25 to 50 \_\_\_\_ 50 to 75 \_\_\_\_ over 75

How old is your Chapter? \_\_\_\_ Less than 5 years \_\_\_\_ 5 to 35 years \_\_\_\_ Over 35 years

Approximately how many of your members have attended at least one DeMolay function in the past year? \_\_\_\_\_\_\_\_\_\_

How many full form initiations did your Chapter perform in the past year? \_\_\_\_\_\_

Were any done entirely by the Chapter members? \_\_\_\_\_\_\_ Were any completely performed without rituals? \_\_\_\_\_\_\_

Did your Chapter (min of 3 DeMolays) assist another Chapter in performing an initiation in the past year? \_\_\_\_\_\_

If yes, how many? \_\_\_\_\_\_

**\*** All usages of “year” references the Indiana DeMolay programs operational year beginning July 1 and ending May 15

**Section 3. Chapter Operation**

How often does your chapter “open and close” using officers and the DeMolay opening & closing ceremonies?

\_\_\_\_ Never \_\_\_\_ Rarely \_\_\_\_ Majority \_\_\_\_ Always

What % of the stations are filled by different active members, giving parts from memory (without the ritual)?

\_\_\_\_ 1 to 25 \_\_\_\_ 25 to 50 \_\_\_\_ 50 to 75 \_\_\_\_ over 75

When did the Chapter first open and close without rituals?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

Has it happened again?

\_\_\_\_\_\_\_\_\_

If yes, how many times?

\_\_\_\_\_\_\_\_

How often does your Chapter have business meetings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

According to your Chapter by-laws, how often are you supposed to meet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Obligatory Days**

Describe what your Chapter did to observe each Obligatory day this year, and the date it occurred. If you have already

submitted this information on forms for a State Officer Program, you may attach copies of them to this questionnaire.

**Devotional Day** Date Observed \_\_\_\_\_\_\_\_\_\_\_ Number participating \_\_\_\_\_\_\_\_\_\_

Brief description of the event:

**Patriot’s Day** Date Observed \_\_\_\_\_\_\_\_\_\_\_ Number participating \_\_\_\_\_\_\_\_\_\_

Brief description of the event:

**Educational Day** Date Observed \_\_\_\_\_\_\_\_\_\_\_ Number participating \_\_\_\_\_\_\_\_\_\_

Brief description of the event:

**Day of Comfort** Date Observed \_\_\_\_\_\_\_\_\_\_\_ Number participating \_\_\_\_\_\_\_\_\_\_

Brief description of the event:

**Section 3. Chapter Operation - Continued**

**Parent’s Day** Date Observed \_\_\_\_\_\_\_\_\_\_\_ Number participating \_\_\_\_\_\_\_\_\_\_

Brief description of the event:

**My Government Day** Date Observed \_\_\_\_\_\_\_\_\_\_\_ Number participating \_\_\_\_\_\_\_\_\_\_

Brief description of the event:

**Frank S. Land Memorial Day** Date Observed \_\_\_\_\_\_\_\_\_\_\_ Number participating \_\_\_\_\_\_\_\_\_\_

Brief description of the event:

**Section 4. State Programs and Brotherhood**

Did your Chapter compete in a team event at the Indiana State Ritual Tournament? \_\_\_\_\_\_\_\_\_\_\_

If yes, list each: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Chapter have 5 or more individuals compete in individual events at the Indiana State Ritual Tournament? \_\_\_\_\_\_

If yes, list each: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all Indiana State Athletic tournaments in which the Chapter participated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many visitations have been completed in the past year? \_\_\_\_\_\_\_ List each in the space below:

Chapter visited Date Description of visit

q Check this box if additional space was needed and additional visits are listed on a supplemental page.