

## **APPENDIX III**

### **NEMF FORAY ORGANIZATIONAL PLANNING WORKSHEETS (Three Work Sheets)**

The following worksheets should be completed and submitted to the Executive Committee with the "Financial Planning Worksheets."

STANDING RESOLUTION Number 00101, describes the job requirements for the Key and Auxiliary Posts. Work Sheet "A" requires that, as a minimum, the Key Posts be assigned prior to contracting with any potential hosting facility. The entire Staff Rostrum (Work Sheet "A") must be submitted to the Executive Committee prior to the commencement of the Foray. A tentative or proposed Faculty List (Work Sheet "B"), and a list of candidates for conditional compensation (Worksheet "C") should be filled out, including the monetary amount and the calculated number of "Regular" Registrants needed to support the total compensation, and submitted to the Committee.

# ORGANIZATIONAL PLANNING WORKSHEET "A"

Initial Submission      Date: \_\_\_\_\_      Foray Chair Initial: \_\_\_\_\_  
 Final Submission      Date: \_\_\_\_\_      Foray Chair Initial: \_\_\_\_\_

POST TITLE	STATUS *	ASSIGNED PERSONNEL (NAMES)	CLUB AFFILIATION
<i>(KEY POSTS)</i>			
FORAY GENERAL CHAIRMAN			
REGISTRATION CHAIRMAN (1)			
REGISTRATION CHAIRMAN (2)			
FACULTY PROGRAM CHAIRMAN			
FORAY WALKS CHAIRMAN			
MYCOLOGICAL EXHIBITION CHAIRMAN			
<i>(AUXILIARY POSTS)</i>			
COLLECTION SORTING SUPERVISOR			
SOCIAL PROGRAM CHAIRMAN			
AWARDS CHAIRMAN			
ART DISPLAY CHAIRMAN			
FORAY SALES MANAGER			
FACILITIES CLEAN-UP SUPERVISOR			

REFERENCE  
 (SEE WORKSHEETS)

**NOTE: \* Check Status Box if the Auxilliary Post will not be appointed, but will be reporting to a Key Post position as a committee member.**

**COMMENTS:**

**EXECUTIVE COMMITTEE APPROVAL  
SIGNATURES:**

PRES. \_\_\_\_\_

TREAS. \_\_\_\_\_

SEC. \_\_\_\_\_

## FACULTY LIST FOR OVERHEAD CALCULATIONS WORKSHEET "B"

NO.	NAME OF FORAY PARTICIPANT	GUEST TYPE		COMPENSATION		
		EXEMPT	NONEXEMPT	HONORARIA	RM. & BOARD	OTHER
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

REFERENCE

(SEE WORKSHEETS)

NUMBER OF GUESTS \_\_\_\_\_  
 SUB TOTAL COMPENSATION COSTS \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 TOTAL COMPENSATION COSTS \$ \_\_\_\_\_

# CONDITIONAL COMPENSATION LIST

## WORKSHEET "C"

NUM	FUNCTION	INDIVIDUAL'S NAME	COMPENSATION		100 PERCENT COMPENSATION (\$) AMOUNT
			REGISTRATION REFUND (Chk.)	OTHER DISCRIBE	
1	NEMF President	John Keith	✓		295.00
2	Treasurer	Marion Emmons	✓		295.00
3	Secretary	Larry Minor	✓		295.00
4	Foray General Chairman	Lisa			295.00
5	Mycological Database Chair	Russel			295.00
6	Registration Chairman #1	Sally			295.00
7	Registration Chairman #2	Donal			295.00
8	Faculty Program Chairman	Lorrie			295.00
9	Foray Walks Chairman	Georg			295.00
10	Mycological Exhibition Chair	Sharon Hiltiere	✓		295.00
11					
12					
13					
14					

REFERENCE  
(SEE WORKSHEETS)

[ Y = K + L / W ]\*

"L" = (Option #1): 100% Compensation x TOTAL \$ 2950.00

\*See Appx. I, Work Sht .#4

"L" = (Option #2): \_\_\_\_\_% Compensation x TOTAL \$ \_\_\_\_\_

Note: Choose either full partial compensation, option #1 or #2 respectively.

Number of Regular Registrants (Y) Needed to support chosen "L" above = 185

Date Submitted: \_\_\_\_\_

Foray General Chairman Signature: \_\_\_\_\_