

Affiliate Annual Report for Calendar Year 2024

(Complete Attachment B to be considered for one or more 2025 Affiliate Awards.)

To maintain compliance with IAFP Constitution and Bylaws, Affiliates must return this completed report. Please send by email to Susan Smith at: ssmith@foodprotection.org.

Please return the following items electronically by Tuesday, March 4, 2025 (late reports will not be

considered for awards): REQUIRED:		
	This completed form (in English).	
	Your Association's list of current term officers (complete Attachment A).	
OP.	TIONAL:	
	Attachment B: Completion required only if your Association requests to be considered for one or more Affiliate Awards.	
	IAFP now accepts all Affiliate Annual Reports electronically, including those vying for one or more of the Affiliate Awards. Affiliates seeking to present the highest quality visual presentation are encouraged to present their Annual Report in the highest quality possible for review by the Selection Committee. To avoid errors and omissions, please limit your submission to ONE email with all attachments.	
	Digital photos (with names and descriptions) to appear in the Affiliate View quarterly newsletter.	

Name of Affiliate

1. Your Official Delegate to IAFP Affiliate Council and Contact

Enter in the fields below the information requested for your Association's official Delegate to the IAFP Affiliate Council and your official Contact for IAFP correspondence. **Delegate must be an IAFP Member**.

Official Delegate to IAFP Affiliate Council

Name of Official Delegate Jenny Scott
Address 1 5001 Campus Drive
Address 2
City, State ZIP Country College Park, MD 20740 USA
Phone Number
Email address jennyscott@verizon.net
IAFP Member? Y ☒ N □

Official Contact for IAFP Correspondence (indicate "same" if person also serves as Delegate)

Name of official Contact for IAFP Correspondence Alexis Hamilton Address 1 1230 Washington St SW Address 2 402C
City, State ZIP Country Blacksburg, VA 24061 USA
Phone Number 540-231-1892
Email address ahamilton@vt.edu
IAFP Member? Y ☒ N □

2. Membership List

- a. Indicate the current total number of members in your Association: 443
- b. How many NEW members joined your Association in 2024? 27

3. Meetings: Annual Meeting/Conference, Educational, Workshops, Webinars, etc.

- a. On what date(s) was your most recent general membership or major meeting (i.e., Annual Meeting/Conference) during the past year? Please list number of attendees. CAFPA-ASM D.C. Branch Fall Meeting 2024 (10/18/2024); 59 attendees
- b. Please provide the date(s) and location of your next scheduled major meeting (i.e., Annual Meeting/Conference):

April 9, 2025; College Park, MD

c. List all other general membership meetings held in 2024 (excluding board meetings). Include title, dates and attendance numbers.

CAFPA Spring Meeting 2024 – "FSMA 204 Compliance: What You Need to Know Before 2026"	05/16/2024; 50 attendees

4. Awards and Scholarships

a. List members honored with an aw name of award and qualification for	vard from your Association and/or IAFP during 2024. Include
Caroline Smith DeWaal	Food Safety Award
Caroline Official Devvaai	1 000 Salety Award
h I ist scholarshins awarded during	2024; include recipient and qualification for scholarship.
Samantha Bolten	Student Travel Award; Exceptional student
Tamara Walsky	Student Travel Award, Exceptional student
ramara vvaisky	Otadent Traver Award, Exceptional student
5. Web Communication	
	n your mailing list for newsletters, email, and other communications
to your general membership.	
	e's Web site address <u>AND</u> date last updated:
https://www.cafpa.com/; Fall 2021	
Did you launch a <u>new</u> Affiliate Web	site in 2024? Y □ N ⊠

Attachment A (completion required)

Association Officers List

Provide the contact information requested below for all current officers of your Association. Please indicate if each officer is an IAFP Member (reminder: Your President and Delegate are required to be IAFP Members). The information you provide here is published on our website and in select membership materials. The information may be typed in the fields below or may be sent to our office by email, fax or regular mail.

Indicate the term dates (e.g., 2024–2025) for your current Executive Board: January - December 2024 Past President President Sanjay Gummalla Elizabeth Reed 2345 Crystal Dr 5001 Campus Drive Suite 801 College Park, MD 20740 USA Arlington, VA 22202 USA (301) 385-3286 (703) 821-0770 elizabeth.reed@fda.hhs.gov sgummalla@affi.com IAFP Member? Y ☒ IAFP Member? Y ⊠ $N \square$ Vice President Officer Title Bob Ferguson Officer Name 205 Beaumanor Rd Address 1 State College, PA 16803 USA Address 2 (443) 244-5245 City, State ZIP Country bob@strategic-consult.com Phone Number IAFP Member? Y ☒ Email address IAFP Member? Y □ N □ Secretary Alexis Hamilton Officer Title 1230 Washington St SW Officer Name 402C Address 1 Blacksburg, VA 24061 USA Address 2 (540) 231-1892 City, State ZIP Country ahamilton@vt.edu Phone Number IAFP Member? Y ☒ $N \square$ Email address IAFP Member? Y □ $\mathsf{N} \square$ Treasurer Lory Reveil Officer Title 1101 30th St NW Officer Name Suite 200 Address 1 Washington, D.C. 20007 USA Address 2 (505) 450-1719 City, State ZIP Country lory.reveil@candyusa.com Phone Number IAFP Member? Y ⊠ Email address

IAFP Member? Y □

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