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Form #	Revised	Form #	Revised
DD 2558	09/02 _____	NSB 00-35-0809	08/03 _____
HUD-1	03/86 _____		

CGMA Representative Information and Certification Form

Unit Name _____ Site Number _____

A. Information about the NEW CGMA Representative

Name and Rate/Rank _____

Telephone (____) _____ - _____ Add to CGMA-HQ e-mail distribution list? Yes No .
(Each unit must have at least one person on the e-mail distribution list)

Who is the Representative being relieved? _____

Do you wish to have access (a user name and password) to CGMA-CMP? Yes No .

Who is the Primary CGMA Point of Contact for your site? _____
(This person's name, phone number and e-mail address will be published on the CGMA website.)

List all CGMA Assistant Representatives.

I confirm that my **Appointment Letter** has been received.

I confirm that an **Audit** has been completed.

I am aware that the **CGMA Manual**, the latest **CGMA Annual Report**, the latest **Education Brochure**, and the **BOC Meeting Minutes** are available online at www.cgmahq.org.

I am aware that the **Active Loan List** and all **Assistance Summary Reports** are available from within the CGMA-CMP application.

I am aware that the **Restricted List** and the **List of Rep's & Assistants** will be sent to all individuals on the CGMA-HQ e-mail distribution list, monthly.

CGMA assistance is provided for the following number of individuals located at the units within my CGMA AOR:

Total number of Active Duty Members: Total number of Reserve Members:

Total number of Civilian/MWR/CDC Employees: Total number of CGES Employees:

I have read Section 2-F of the CGMA Manual and understand the responsibilities outlined for a CGMA Representative.

Signature of new Representative Date

This form is designed to assist individuals in successfully assuming the duties and responsibilities of a CGMA Representative. At the same time, this form will assist with maintaining up-to-date information concerning Representatives, which is crucial to the communication network used by Coast Guard Mutual Assistance.

This information must be completed and forwarded to CGMA-HQ each time a CGMA Representative is appointed. User names and passwords necessary to access CGMA-CMP will not be issued until all items are completed.

Contact CGMA-HQ at (202) 493-6636 for additional assistance.

Once complete, please FAX to CGMA-HQ at (202) 493-6686.

CGMA Assistant Representative Information and Certification Form

Unit Name _____

Site Number _____

B. Information about the NEW CGMA Assistant Representative

Name and Rate/Rank _____

Telephone (____) _____ - _____

Add to CGMA-HQ email distribution list? Yes No .
(Each unit must have at least one person on the distribution list)

Relieving the existing Assistant Representative? Yes No If yes, whom? _____

Do you wish to have access (user name and password) to CGMA-CMP? Yes No .

Who is the Primary Point of Contact for your site? _____

(This person's name, phone number and e-mail address will be published on the CGMA website.)

Authorization

I have been authorized to approve CGMA loans up to \$_____.

I have been authorized to sign CGMA Checks.

I confirm that my **Appointment Letter** has been received.

I confirm that an **Audit** has been completed.

I am aware that the **CGMA Manual**, the latest **CGMA Annual Report**, the latest **Education Brochure**, and the **BOC Meeting Minutes** are available online at www.cgmahq.org.

I am aware that the **Active Loan List** and all **Assistance Summary Reports** are available from within the CGMA-CMP application.

I am aware that the **Restricted List** and the **List of Rep's & Assistants** will be sent to all individuals on the CGMA-HQ e-mail distribution list, monthly.

I have read Section 2-F of the CGMA Manual and understand the responsibilities outlined for a CGMA Assistant Representative.

Signature of new Assistant Representative

Date

This form is designed to assist individuals in successfully assuming the duties and responsibilities of a CGMA Assistant Representative. At the same time, this form will assist with maintaining up-to-date information concerning Assistant Representatives, which is crucial to the communication network used by Coast Guard Mutual Assistance.

This information must be completed and forwarded to CGMA-HQ each time a CGMA Assistant Representative is appointed. User names and passwords necessary to access CGMA-CMP will not be issued until all items are completed.

Contact CGMA-HQ at (202) 493-6636 for additional assistance.

Once complete, please FAX to CGMA-HQ at (202) 493-6686.

Relief of CGMA Representative or Assistant Representative
Audit Form

This form is designed to assist with the audit of a site's CGMA account when a new Representative has been assigned or when there is a change in custody of the CGMA checks (CGMA Form 52) when a new Assistant Representative has been assigned. It will also assist an individual in successfully assuming the duties and responsibilities of a CGMA Representative or Assistant Representative. This form should be completed and signed by both the incoming and outgoing Representatives or Assistant Representatives, if both are available.

Circle “**Yes**” or “**No**” for each question. A comment is required for each “**No**” circled.

- | | | |
|---|------------|-----------|
| 1. Has the new CGMA Representative been appointed in writing by the Regional Director in accordance with Section 3-B of the CGMA Manual?
(Only when a new Representative is relieved or assigned.) | Yes | No |
| 2. Has the new Assistant Representative been appointed in writing by the Representative in accordance with Section 3-B of the CGMA Manual?
(Only when a new Assistant Representative is relieved or assigned.) | Yes | No |
| 3. Have all actions necessary upon assignment as a Representative or Assistant Representative been completed in accordance with Section 3-E of the CGMA Manual? | Yes | No |
| 4. Are all CGMA files and records maintained and disposed of in accordance with Section 4-A of the CGMA Manual? | Yes | No |
| 5. Are all CGMA checks accounted for in accordance with Section 2-B of the CGMA Manual?
(Sealed packages do not have to be opened for this purpose.) | Yes | No |

Comments:

Signature of **Incoming** CGMA Representative
or Assistant Representative

Date

Signature of **Outgoing** CGMA Representative

Date

or Assistant Representative
(If departed enter “Not Available to Sign.”)