# Existing 4-H Clubs and Groups

# Wisconsin 4-H cHARTER ANNUAL rENEWAL

4-H Youth Development May 2016

To be authorized to use the 4‑H Name and Emblem**,** all 4‑H Clubs and Groups must complete and return this packet to the County UW-Extension Office.

**County Due Date: October 20, 2016 (Financial paperwork due in August)**

County: **Columbia County** Today’s date (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of 4-H Club or Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4-H Club  4-H Group

Name of Primary 4‑H Club/Group Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4‑H Club or Group MEETING Information For Renewal Year

Regular 4-H Club or Group **meeting time**: Day of month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location** where 4-H Club or Group meeting normally will be held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the meeting site **handicap accessible**?  Yes  No

Does the 4-H Club or Group have a **website, *Facebook or other social media site***?

Yes  No  If yes, address of site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wisconsin 4-H Policies state that every 4-H Club or Group must have written operating guidelines or bylaws. **Attach *one copy* of the 4-H Club’s or Group’s written operating guidelines or bylaws** to this form, *if they have changed since your last submission.*

*Date of last update: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Chartered Club or Group Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| Wisconsin 4-H chartered Clubs and Groups must meet the following requirements. Please check *Yes* if your club or group meets the requirement, check *No* if they do not. | | **Yes** | **No** |
| 1. | Five or more youth from at least three families |  |  |
| 2. | Approved adult leadership who has completed the UW-Extension Volunteer in Preparation (VIP)Youth Protection process |  |  |
| 3. | One or more leader(s) attended the Annual Volunteer Leader Team Training. (This training is required for charter renewal and is not the VIP orientation.) |  |  |
| 4. | Educational plan involving business, community service, education and recreation/socialization, which meets the purposes of the 4‑H program |  |  |
| 5. | Youth involvement in leadership and decision-making |  |  |
| 6. | Meet on a continuing basis |  |  |
| 7. | Have written operating guidelines, bylaws or constitution approved by members to govern the club or group |  |  |
| 8. | Open to any youth eligible for 4‑H membership, regardless of race, color, creed, religion, sex, national origin, disability, ancestry, sexual orientation, pregnancy, and marital or parental status |  |  |
| 9. | Youth and adults create a welcoming environment for new members |  |  |

By signing below, your club or group indicates it is in compliance with all of the 4-H charter requirements checked above, (1-9).

If your club or group is not in compliance with any of the requirements on page one (1), a plan for being in compliance will need to be submitted to your 4-H Youth Development Educator and a provisional charter will be issued for this charter renewal year.

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

*Print 4-H Adult Volunteer Leader Name 4-H Adult Volunteer Leader Signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_*

*4‑H Youth Leader Name 4‑H Youth Leader Signature Date*

*(Club President or Group Youth Leader) (Club President or Group Youth Leader)*

**Club or Group Smart Goals**

**Our goals are S.M.A.R.T.** goals that stand for Specific, Measurable, Achievable, Results-focused, and Time bound. For example: *We will offer educational programs at five of our club meetings this year. We will determine if there are any community needs we can meet with an additional community service project by our April meeting. We will recruit three new families as members of our club by March 1 of this year.*

* **Please share the educational goals your club or group set last year and indicate progress your club or group made on these goals:**
* **Share a minimum of three (3) SMART goals your club or group has set for this club year:**

|  |  |  |
| --- | --- | --- |
| 4‑H CLUB or Group CALENDAR PLANNER **Please provide** meeting dates, planned business topics and educational programming for each meeting. The three parts of *effective* 4‑H meetings are business, education and recreation.  **Attach** 4-H Club or Group Annual Calendar. Calendars should include the month, meeting logistics (date, time, location for each month’s meeting), meeting, event, activity. A suggested format follows: | | |
| Month | Meeting Logistics | **Meeting, Event, Activity** |
| SAMPLE | September 12, 7:00 p.m.  Clover Center Town Hall | Business Items: Election of Officers, Community Service idea for fall, form Holiday Party Committee  Education/Program: Guest speaker, Clover Center Police Officer  Recreation/Refreshments: Smith Family |

# 4-H Club or Group ANNUAL FINANCIAL REPORT

**Name of 4‑H Club or Group:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Today’s Date (mm/dd/yy**): \_\_\_\_\_\_\_\_\_\_\_\_

Federal regulations governing 4-H clubs and 4-H groups authorized to use the 4‑H Name and Emblem require funds raised in the name of 4‑H must be publicly accountable and must be used for 4‑H educational purposes. In addition, all 4‑H Clubs and Groups that handle money must have an Employer Identification Number (EIN) number and annually submit a report which includes a record of their finances and verification of a financial review. **Failure to annually submit the financial report could result in loss** **of approval to use the 4‑H Name and Emblem and the 4-H Charter.**

**EIN** (Employer Identification Number, also known as the Federal Tax ID Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Wisconsin or Tribal Sales Tax Exempt Number** (if the 4-H Club or Group has one) \_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete the following information based on the previous 4-H fiscal year, July 1 through June 30.**

*For your report to be complete and accepted the ending balance (D) must be equal to the total funds listed under (A) Beginning Balance* ***plus*** *(B) Total Funds Received* ***minus (C) Total Funds Disbursed*** *A+B-C=D*

**DO NOT LEAVE ANY BOXES BLANK – Enter zero or the dollar amount**

**Annual Accounting Form**

|  |  |  |
| --- | --- | --- |
|  | **Beginning Balance (July 1)** | **Ending Balance (June 30)** |
| Checking Account | $ | $ |
| Savings Account (combine all savings, money market, CD’s, etc.) | $ | $ |
| **Total Funds** | **(A) $** | **(D) $** |

*4-H Clubs and Groups must use the categories as listed below as identified. Suggested additional categories for* ***Funds Disbursed*** *include: Dues Paid to County, Educational Supplies, Community Service Expenses, Recreation, etc.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Funds Received** |  | **Funds Disbursed** |  |
| Fund Raising (do not subtract expenses) | $ | Fund Raising Expenses | $ |
| Member Dues | $ | (*list category*) | $ |
| Donations1 | $ | (*list category*) | $ |
| Investment Income2 | $ | (*list category*) | $ |
| Income from Youth Development Services3 | $ | (*list category*) | $ |
| Other/ Pass Through Funds4 | $ | Other/ Pass Through Funds | $ |
| **Total Funds Received** | **(B) $** | **Total Funds Disbursed** | **(C) $** |

1 Occasionally, the 4‑H Youth Development Educator may need to access a record of individual donations during the last fiscal year. In that instance, the 4‑H Youth Development Educator will contact you.

2 Investment income includes interest earned in a bank account or trust fund, or income from land or other property.

3 Income from providing youth development services only includes fees charged directly to participants for the ability to participate in programs, such as 4‑H camps. However, it does not include membership dues.

4 Other/Pass Through Funds includes fees collected for educational programs carried out by other groups. This money is collected from the member/family and then paid directly to the other group/organization.

**Accounts Information**

***Attach*** *a copy of the bank statement ending June 30 or July 1 for each account held by the 4-H Club or Group that reflects the account balances for the end of the fiscal year.*

**Checking Account Information**

Account Name (exactly as it appears on the bank statement)

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

Bank Name and Address

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

Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Account Information, i.e. savings (if applicable)** (add pages to this document if needed)

Account Name (as it appears on the bank statement)

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

Bank Name and Address

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

Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Account Authorization:** Please print the names of people authorized on any club/group accounts. It is strongly recommended that each account have two or three unrelated people authorized on all accounts. One youth and one adult are recommended.

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

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

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

**Does the 4-H Club or Group have:**

Assets in excess of projected expenditures for two years or $1,000, whichever is greater?

Yes  No

Own land or buildings?  Yes  No

Own other property or project equipment with value over $500 🞎 Yes 🞎 No

Please attach an inventory of any land, buildings, property or project equipment with a value of over $500; indicating value and where stored.

**Financial Report Completed By:**

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

*Print 4-H Club or Group Treasurer Name* *4-H Club or Group Treasurer Signature Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

*Print 4-H Adult Volunteer Leader Name 4-H Adult Volunteer Leader Signature Date*

(*if treasurer is under age 18*) (*if treasurer is under age 18*)

Upon dissolution, 4-H Clubs and Groups with assets must turn over all 4-H funds to a recognized 4-H Club or Group with approval of a County UW-Extension staff member responsible for oversight of the 4-H Youth Development program.

**Financial Review:**  All 4-H chartered Clubs and Groups must have an annual financial review to review and verify all the financial accounts and activities and this Annual Financial Report. The financial review must be completed by an adult unrelated to the person who completed the report and who is not directly involved with the club or group finances. It is suggested that two people review the financial accounts, of which one can be a youth. At least, one adult financial reviewer signature is required. [Audit resources and tools](http://www.uwex.edu/ces/4h/clubs/money.cfm) are available to assist volunteers.

*“By signing below, I attest that I have reviewed the pertinent records relating to the above financial accounts, verified the information and believe that the balances shown are correct and I attest that am not related to the individual on the account(s) I have reviewed.”*

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

*Print Reviewer Name Signature of Reviewer Date*

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

*Print Reviewer Name Signature of Reviewer Date*

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