

COWETA PUBLIC SCHOOLS
APPLICATION FOR SANCTIONING
2021 - 2022

Applicant/Group Name: _____

Taxpayer I.D./EIN NO: _____

Instructions to Applicant:

1. Complete this application. Please print or type. If necessary, please use additional sheets of paper.
2. Sign and date this application.
3. Deliver this application to the Educational Services Center after organization officer has attended district training meeting for this purpose.
4. Application will be reviewed by the Superintendent who will then forward recommended applications to the Board of Education for final approval.
5. This is a request for sanctioning by the Applicant Group ("organization") to the Board of Education of the Coweta School District pursuant to which the funds collected by the Applicant Group are exempt from the statutory controls over school activity funds.

Name of Officer Completing This Application: _____

Officer Position: _____

Officer for what year? _____ If not for the year of application, the organization agrees to notify district when new officer is elected. New officer must attend a district training meeting.

Address for correspondence (Do not use school address):
(Include city and Zip code)

Date of attendance at District Training Meeting: _____

Officer Attending District Training Meeting: _____

Current Officer from whom additional information may be obtained: _____

Current Officer address: _____

Current Officer phone number: _____

Current Officer e-mail: _____

Describe how the school district and its students will benefit if the organization is sanctioned: _____

Has this group been sanctioned by the Coweta Board of Education before? _____

Is your organization currently sanctioned with conditions? _____

Has this group been denied sanctioning by the Coweta Board of Education before? ____ If yes, what year(s) and for what reason?

FINANCIAL REPORT

(Must cover 12 month period or months in existence if new organization)

****An Excel spreadsheet may be used with this information and attached to the application****

Organization Name: _____

A. BEGINNING BALANCE as of _____ \$ _____

B. REVENUES Fund Raisers:

Total Fund Raisers: \$ _____

Donations:

Total Donations: \$ _____

Others:

Total Others: \$ _____

Total Revenues: \$ _____

C. TOTAL AVAILABLE \$ _____

D. EXPENSES: (list expenditures, attach additional sheet if necessary)

Total Expenses _____: \$ _____

REVENUE OVER/UNDER EXPENDITURE

Ending Balance as of _____ \$ _____

BANK INFORMATION:

Account Number*: _____

Account Name: _____

Check Authorization requires at least two signatures of which officers: _____

List ALL signers authorized to sign on the account and their position. (A District employee may not be a signer for an organization’s bank account for the school they work.)

Signer 1 (Name and Position held): _____

Signer 2 (Name and Position held): _____

Signer 3 (Name and Position held): _____

Signer 4 (Name and Position held): _____

Signer 5 (Name and Position held): _____

*Account should not be interest-bearing unless organization agrees to file applicable tax forms to applicable agency.

Information that must be attached with the Financial Report:

1. Copies of bank statements
2. Copies of check register (must be legible or will be returned)
3. Copies of all Receipts/Invoices for checks made out to individuals, companies, and ALL electronic purchases signed by an officer.
4. Organization of Book submitted for approval:
 - A. Tab by month, ex July, Aug, Sept....June
 - B. Within each tab:
 1. Bank statement with copies of checks.
 2. Copy of monthly check register.
5. Bylaws.

APPLICANT CERTIFICATIONS AND ACKNOWLEDGEMENTS

Applicant certifies that its officers have read and have agreed to comply with the terms set forth in District Policy and Regulations.

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation or organization on the basis of race, gender, age, religion, national origin or disability.

Applicant acknowledges that the Board of Education has the discretion to sanction or decline to sanction the applicant, and the decision of the Board of Education is final and non-appealable. Applicant further acknowledges that (a) the Board of Education may, at any time, request the records maintained by the applicant, which records applicant will promptly make available, and (b) the Board of Education may, at any time it believes it is in the best interest of the School District to do so, withdraw sanctioning, and the decision of the Board of Education is final and non-appealable.

Applicant acknowledges that the District has the authority to accept or not to accept contributions from a sanctioned organization, and that the District may use a portion of any contribution to meet its legal and tax obligations associated with the acceptance of such contributions. Applicant certifies that no contributions will be made to any District employee directly, and that applicant will timely file all necessary tax forms for its own employees.

Applicant also acknowledges that, in order for the District to consider whether to maintain the sanctioning action of applicant, applicant shall provide to the Board of Education, upon request, on an annual basis, by July 1 of each year or at the time an application is received, a financial report or audit for applicant's recently ended fiscal year.

I certify that the information provided on this application is true and correct to the best of my knowledge.

Submitted by:

President's Printed Name and Signature

Date

Treasurer's Printed Name and Signature

Date

OFFICERS

1. Please provide the following information with respect to the organization's last two school years elected officers: School Year 2020 - 2021

Officer's Name/position	Address & Cell phone number	E-Mail Address	Election Date	End of Term

School Year 2019 - 2020

Officer's Name/position	Address & Cell phone number	E-Mail Address	Election Date	End of Term

2. What is the purpose and what are the goals of your organization?

3. What are the membership requirements for your organization? _____

4. Please describe the dues structure for your organization. _____

5. Which officers have attended District's required training for sanctioning groups? On what date did they attend? _____

6. Please attach a copy of the charter, constitution, and/or bylaws for your organization. _____

This page is for school use only

Superintendent	Board of Education
Date application received:	Date of meeting:
Recommended for sanctioning? ___ If not, provide rationale:	Sanctioned: ___ Decline to sanction: ___
Date reviewed and submitted to Board of Education:	
Signature:	