

## Annual Review of Support Group Fund

(Information to be provided by support group)

a. Account Name: \_\_\_\_\_

Is this a proper account name?  Yes  No

If no, how should the account name be changed?

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b. Employer Tax ID Number: \_\_\_\_\_ Is this a legitimate ID Number?  Yes  No

If no, what should be done to acquire an Employer Tax ID Number?

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c. Whose signatures are on this account? Are these acceptable signatures?  Yes  No

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In no, what should be changed?

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d. Is there an annual budget for this account number?  Yes  No

If no, what should be done to prepare a budget?

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e. Is there a current bank statement for this account?  Yes  No

f. Is tangible property owned by this support group?  Yes  No

If yes, provide (attach) a list of property. (Example: computer, printer, spray tank, trailer, etc.)

g. Are there standing rules for this support group?  Yes  No

If no, what should be done to prepare standing rules?

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h. Are there investment policies for this support group?  Yes  No

If no, what should be done to prepare investment policies?

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Submitted by (Volunteer)

Date

Submitted by (Agent)

Date

Submitted by (DEA/CED)

Date