

**2014-2015**

**TEXAS 4-H CLUB/GROUP CHARTER FORM**

This form is to be completed by every 4-H club/group in Texas in order to receive official permission to organize and operate under the rules and guidelines of the Texas A&M AgriLife Extension Service’s 4-H Youth Development Program. 4-H youth members and volunteers will not be allowed to enroll under a 4-H club/group until the chartering process has been completed, reviewed, and approved by the Texas 4-H Youth Development Program. Chartering for all existing 4-H clubs/groups will take place between May 15, 2014 and July 31, 2014.

Instructions:

1. Chartering application and all necessary attachments must be completed and uploaded into the 4-H CONNECT system between May 15, 2014 and July 31,2014.
2. Completion of the application and compiling of all attachments can be completed by club managers/project leaders and/or County Extension Agent(s). Uploading of all information into 4-H CONNECT must be completed by the County Extension Office.
3. All information on the chartering form must be complete. INCOMPLETE APPLICATIONS OR LACK OF ATTACHMENTS WILL RESULT IN A DELAY OF CHARTERING.
4. All charter applications and attachments must be uploaded into 4-H CONNECT in a pdf format.
5. Clubs that are not chartered and active by August 15, 2014 when the new enrollment process begins, will not be allowed to enroll youth members or volunteers into the club.

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| **CLUB/GROUP INFORMATION** | | | | | | | | | | | | | | | | |
| Club Name: | |  | | | | | | Type of Club: | | |  | | | | | |
| Club Manager Contact: | |  | | | | | | | | | | | | | | |
| Club Address Line 1: | |  | | | | | | | | | | | | | | |
| Club Address Line 2: | |  | | | | | | | | | | | | | | |
| City: | |  | | | | | State: | |  | | | | Zip: |  | | |
| Contact Phone Number: | |  | | | | | E-mail: | |  | | | | | | | |
| Website/Social Media Site: | |  | | | | | | | | | | | | | | |
| Affiliation:  *(Texas A&M AgriLife or Prairie View CEP)* | |  | | | | | | | | | | | | | | |
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| **CLUB/GROUP MEETING INFORMATION** | | | | | | | | | | | | | | | | |
| Meeting Day:  *(Example: 2nd Tuesday)* | |  | | | | | | | | | | | | | | |
| Regular Meeting Location: | |  | | | | | | | | | | | | | | |
| Regular Meeting Time: | |  | | | | | | | | | | | | | | |
| Is this club in a racially mixed community (i.e. all ethnicities live in the area served by the club)?: | | | | | | | | | | | |  | YES | |  | NO |
| Is this club integrated as to the race and ethnicity of the membership?: | | | | | | | | | | | |  | YES | |  | NO |
|  |  |  |  | |  |  | |  | |  | | |  | | |  |
| **CLUB/GROUP OFFICERS AND MANAGERS** | | | | | | | | | | | | | | | | |
| Does club have a complete slate of officers which match each of those officers listed in the bylaws?: | | | | | | | | | | | |  | YES | |  | NO |
| Does club have adult volunteer(s) serving as club manager(s) who oversee the club operations?: | | | | | | | | | | | |  | YES | |  | NO |
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| If ***NO*** on either above questions explain why: | | | |  | | | | | | | | | | | | |
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| **CLUB/GROUP FINANCIAL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| Club/Group Employee Identification Number (EIN): | | | | | | |  | | | | | | | *(Format: XX-XXXXXXX)* | | | | | |
| If club/group ***does not*** have an EIN, explain why: | | | | | | |  | | | | | | | | | | | | |
| Does this club/group have a bank account(s): | | | | | | |  | YES |  | NO | *(If yes, complete the table below.)* | | | | | | | | |
|  | | |  | | |  | | |  | |  | |  | | | |  | | |
| Name of Financial Institution | | | | City, State | | | | | Phone Number | | | | Acct Type  *(checking/savings)* | | | | Account Number | | |
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| List ALL Names on the Signature Card(s): | | | | |  | | | | | | | | | | | | | | |
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| 1) Please indicate whether your last tax filing was under Texas 4-H, Inc or another entity: | | | | | | | | | | | | | | |  | | 4-H |  | OTHER |
|  | | | | | | | | | | | | | | | *(If OTHER, complete #2 and then skip to #5)* | | | | |
| 2) If other, who was it filed under *(i.e. school name, other foundation name, community organization, etc)?:* | | | | | | | | | | | | | | |  | | | | |
| 3) Each club/group under Texas 4-H, Inc. must go through an annual financial review. Provide the   month/year of last review: | | | | | | | | | | | | | | |  | | | | |
| 4) Last filing date of all required Texas 4-H, Inc. clubs/groups tax returns: | | | | | | | | | | | | | | |  | | | | |
| 5) Does club/group have a current operating budget approved by membership? | | | | | | | | | | | | | | |  | | YES |  | NO |
|  | |  |  |  | |  | | |  | | | | | |  | |  |  |  |
| **CLUB/GROUP GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| Does this club/group have five or more members from at least two different households/families?: | | | | | | | | | | | | | | |  | | YES |  | NO |
| Each club/group member will be enrolled in at least one project: | | | | | | | | | | | | | | |  | | YES |  | NO |
|  | |  |  |  | |  | | |  | | | | | |  | |  |  |  |
| **OTHER ATTACHMENTS WHICH MUST BE UPLOADED AT TIME OF CHARTER APPLICATION** | | | | | | | | | | | | | | | | | | | |
|  | Copy of approved By-Laws that include dissolution clause pertaining to all monies and assets. | | | | | | | | | | | | | | | | | | |
|  | Copy of proposed/approved budget for 4-H club/group. *(If bank account exists.)* | | | | | | | | | | | | | | | | | | |
|  | Most recent bank statement(s) for all club/group account(s). *(If bank account exists.)* | | | | | | | | | | | | | | | | | | |
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| **CERTIFICATION BY CLUB MANAGER OR AUTHORIZED PERSON** | | | | | | | | | | | | | | | | | | | |
| By submitting this application, this club/group and its leadership agrees that it is a subordinate of Texas 4-H, Inc. and will abide by all rules and regulations set forth by this entity or the Texas A&M AgriLife Extension 4-H Youth Development Program. | | | | | | | | | | | | | | |  | | YES |  | NO |
|  |  | |  |  | |  | | |  | | | | | |  | |  |  |  |
| I, the undersigned, agree that all information is true and correct and release the use of all information to Texas 4-H, Inc. to verify information as needed through such processes as the Internal Revenue Service Taxpayer Identification Number System or other system which may be chosen. | | | | | | | | | | | | | | | | | | | |
| Signature *(can be typed)*: | | |  | | | | | | | | | Date: | | | |  | | | |