

Annual Review of Support Group Fund

A. Account Name: _____

Is this the proper account name? _____ YES _____ NO

If no, how should the account name be changed?

B. Employer ID Number (EIN) _____

Is this a legitimate ID Number? _____ YES _____ NO

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

C. Whose Signatures are on this account: _____

Are these acceptable signatures? _____ YES _____ NO

If no, what should be changed?

D. Is there an annual budget for this account number? _____ YES _____ NO

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

E. Is there a current bank statement for this account? _____ YES _____ NO

F. Is there a list of tangible property owned by this support group? _____ YES _____ NO

G. Are there standing rules and investment policies for this support group? _____ YES _____ NO

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

CERTIFICATION BY REVIEW COMMITTEE

We, the undersigned, certify that we have reviewed all financial aspects of this club/group and approve the financial accountability and well-being.

Signature of Reviewer 1

Signature of Reviewer 2

Signature of Reviewer 3