



## 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