



EXISTING 4-H CLUBS AND GROUPS
WISCONSIN 4-H CHARTER ANNUAL RENEWAL
4-H Youth Development February 2017

To be authorized to use the 4-H Name and Emblem, all 4-H Clubs and Groups must complete and return this packet to the County UW-Extension Office.

County Due Date: _____

County: _____ Today's date (mm/dd/yy): _____

Name of 4-H Club or Group: _____

4-H Club 4-H Group

Name of Primary 4-H Club/Group Contact: _____

E-mail: _____

Primary Phone: _____

4-H CLUB OR GROUP MEETING INFORMATION FOR RENEWAL YEAR

Regular 4-H Club or Group **meeting time**: Day of month: _____

Time: _____

Location where 4-H Club or Group meeting normally will be held:

Is the meeting site **handicap accessible**? Yes No

Does the 4-H Club or Group have a **Facebook or other social media site**?

Yes No If yes, address of site: _____

Wisconsin 4-H Policies state that every 4-H Club or Group must have written operating guidelines or bylaws approved by the members to govern the club or group. **Attach one copy of the 4-H Club's or Group's written operating guidelines or bylaws** to this form, *if they have changed since your last submission.*

Date of last update: _____

Chartered Club or Group Requirements

Wisconsin 4-H chartered Clubs and Groups must meet the following requirements. Please check <i>Yes</i> if your club or group meets the requirement, check <i>No</i> if they do not.		Yes	No
1.	Five or more youth from at least three families.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Approved adult leadership who has completed the UW-Extension Volunteer in Preparation (VIP) Youth Protection process.	<input type="checkbox"/>	<input type="checkbox"/>
3.	One or more leader(s) attended the Annual Volunteer Leader Team Training. (This training is required for charter renewal and is not the VIP orientation.)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Meet on a continuing basis.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Open to any youth eligible for 4-H membership, regardless of race, color, creed, religion, sex, national origin, disability, ancestry, sexual orientation, pregnancy, and marital or parental status.	<input type="checkbox"/>	<input type="checkbox"/>
Including the Essential Elements of Positive Youth Development (Mastery, Generosity, Independence, and Belonging) into your club or group creates an environment where youth experience positive growth and development.			
6.	Mastery: Educational plan involving business, community service, education, and recreation/socialization, which meets the purposes of the 4-H program	<input type="checkbox"/>	<input type="checkbox"/>
7.	Generosity: Youth have opportunities to contribute through community service.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Independence: Youth involvement in leadership and decision-making.	<input type="checkbox"/>	<input type="checkbox"/>
Example of opportunities you have created:			
9.	Belonging: Youth and adults create a welcoming environment for all members and families.	<input type="checkbox"/>	<input type="checkbox"/>
Example of strategies you are using:			

By signing below, your club or group indicates it is in compliance with all of the 4-H charter requirements checked above, (1-9).

If your club or group is not in compliance with any of the requirements on page one (1), a plan for being in compliance will need to be submitted to your 4-H Youth Development Educator and a provisional charter will be issued for this charter renewal year.

Print 4-H Adult Volunteer Leader Name

4-H Adult Volunteer Leader Signature

Date

4-H Youth Leader Name
(Club President or Group Youth Leader)

4-H Youth Leader Signature
(Club President or Group Youth Leader)

Date

Club or Group Smart Goals

Our goals are S.M.A.R.T. goals that stand for Specific, Measurable, Achievable, Results-focused, and Time bound. For example: *We will offer educational programs at five of our club meetings this year. We will determine if there are any community needs we can meet with an additional community service project by our April meeting. We will recruit three new families as members of our club by March 1 of this year.*

- ✓ **Please share the educational goals your club or group set last year and indicate progress your club or group made on these goals:**

- ✓ **Share a minimum of three (3) SMART goals your club or group has set for this club year:**

4-H CLUB OR GROUP CALENDAR PLANNER

Please provide meeting dates, planned business topics and educational programming for each meeting. The three parts of *effective* 4-H meetings are business, education and recreation.

Attach 4-H Club or Group Annual Calendar. Calendars should include the month, meeting logistics (date, time, location for each month's meeting), meeting, event, activity. A suggested format follows:

Month	Meeting Logistics	Meeting, Event, Activity
SAMPLE	September 12, 7:00 p.m. Clover Center Town Hall	<u>Business Items:</u> Election of Officers, Community Service idea for fall, form Holiday Party Committee <u>Education/Program:</u> Guest speaker, Clover Center Police Officer <u>Recreation/Refreshments:</u> Smith Family

4-H CLUB OR GROUP ANNUAL FINANCIAL REPORT

Name of 4-H Club or Group: _____ Today's Date (mm/dd/yy): _____

Federal regulations governing 4-H clubs and 4-H groups authorized to use the 4-H Name and Emblem require funds raised in the name of 4-H must be publicly accountable and must be used for 4-H educational purposes. In addition, all 4-H Clubs and Groups that handle money must have an Employer Identification Number (EIN) number and annually submit a report which includes a record of their finances and verification of a financial review. **Failure to annually submit the financial report could result in loss of approval to use the 4-H Name and Emblem and the 4-H Charter.**

EIN (Employer Identification Number, also known as the Federal Tax ID Number) _____

Wisconsin or Tribal Sales Tax Exempt Number (if the 4-H Club or Group has one) _____

Complete the following information based on the previous 4-H fiscal year, July 1 through June 30.

For your report to be complete and accepted the ending balance (D) must be equal to the total funds listed under (A) Beginning Balance plus (B) Total Funds Received minus (C) Total Funds Disbursed $A+B-C=D$

DO NOT LEAVE ANY BOXES BLANK – Enter zero or the dollar amount

Annual Accounting Form

	Beginning Balance (July 1)	Ending Balance (June 30)
Checking Account	\$	\$
Savings Account (combine all savings, money market, CD's, etc.)	\$	\$
Total Funds	(A) \$	(D) \$

4-H Clubs and Groups must use the categories as listed below as identified. Suggested additional categories for Funds Disbursed include: Dues Paid to County, Educational Supplies, Community Service Expenses, Recreation, etc.

Funds Received		Funds Disbursed	
Fund Raising (do not subtract expenses)	\$	Fund Raising Expenses	\$
Member Dues	\$	(list category)	\$
Donations ¹	\$	(list category)	\$
Investment Income ²	\$	(list category)	\$
Income from Youth Development Services ³	\$	(list category)	\$
Other/ Pass Through Funds ⁴	\$	Other/ Pass Through Funds	\$
Total Funds Received	(B) \$	Total Funds Disbursed	(C) \$

¹ Occasionally, the 4-H Youth Development Educator may need to access a record of individual donations during the last fiscal year. In that instance, the 4-H Youth Development Educator will contact you.

² Investment income includes interest earned in a bank account or trust fund, or income from land or other property.

³ Income from providing youth development services only includes fees charged directly to participants for the ability to participate in programs, such as 4-H camps. However, it does not include membership dues.

⁴ Other/Pass Through Funds includes fees collected for educational programs carried out by other groups. This money is collected from the member/family and then paid directly to the other group/organization.

Accounts Information

Attach a copy of the bank statement ending June 30 or July 1 for each account held by the 4-H Club or Group that reflects the account balances for the end of the fiscal year.

Checking Account Information

Account Name (exactly as it appears on the bank statement) _____

Bank Name and Address _____ Account Number _____

Other Account Information, i.e. savings (if applicable) (add pages to this document if needed)

Account Name (as it appears on the bank statement) _____

Bank Name and Address _____ Account Number _____

Account Authorization: Please print the names of people authorized on any club/group accounts. It is strongly recommended that each account have two or three unrelated people authorized on all accounts. One youth and one adult are recommended.

Does the 4-H Club or Group have:

Assets in excess of projected expenditures for two years or \$1,000, whichever is greater? Yes No

Own land or buildings? Yes No

Own other property or project equipment with value over \$500 Yes No

Please attach an inventory of any land, buildings, property or project equipment with a value of over \$500; indicating value and where stored.

Financial Report Completed By:

Print 4-H Club or Group Treasurer Name

4-H Club or Group Treasurer Signature

Date

*Print 4-H Adult Volunteer Leader Name
(if treasurer is under age 18)*

*4-H Adult Volunteer Leader Signature
(if treasurer is under age 18)*

Date

Upon dissolution, 4-H Clubs and Groups with assets must turn over all 4-H funds to a recognized 4-H Club or Group with approval of a County UW-Extension staff member responsible for oversight of the 4-H Youth Development program.

Financial Review: All 4-H Chartered Clubs and Groups must have an annual financial review to review and verify all the financial accounts and activities and this Annual Financial Report. The financial review must be completed by an adult unrelated to the person who completed the report and who is not directly involved with the club or group finances. It is suggested that two people review the financial accounts, of which one can be a youth. At least, one adult financial reviewer signature is required. [Audit resources and tools](#) are available to assist volunteers.

"By signing below, I attest that I have reviewed the pertinent records relating to the above financial accounts, verified the information and believe that the balances shown are correct and I attest that am not related to the individual on the account(s) I have reviewed."

Print Reviewer Name

Signature of Reviewer

Date

Print Reviewer Name

Signature of Reviewer

Date

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