**2021-2022 COLORADO 4-H YOUTH DEVELOPMENT**

**CHARTERING CLUB/GROUP WORKSHEET**

**NOTE: This worksheet may be used for collecting data which will then be submitted online through 4HOnline as an event called:
“20-21 Club and Group Chartering”. This worksheet WILL NOT be accepted as an upload as your application!**

**ALL INFORMATION IN BOLD IS REQUIRED.**

|  |
| --- |
| **4-H CLUB OR GROUP INFORMATION** |
| **Charter Application Type** |  |  |  |  |  | **Existing** Club or Group |
|  |  |  |  |  |  |  | **NEW** Club or Group**Dissolved or Dissolving** Club or Group |
|  |  |  |  |  |  |  |
| **Type of Club or Group** |  |  |  |  |  | 1a) Organized 4-H Community Club |
|  |  |  |  |  |  |  | 1b) Organized 4-H In-School Club |
|  |  |  |  |  |   |  | 1c) Organized 4-H After-School Club |
|  |  |  |  |  |  |  | 1d) Organized 4-H Military9) Administrative/Organization Unit (Example: Council, Adult Leaders, Youth Boards – Club/Group not to be published for enrollment but needs to be chartered. |
| **Club or Group Name *(Exactly as it appears on EIN verification letter)*** |  |  |
| **Primary Club or Group Leader Name:** |  |  |  |  |  |
| **Club or Group Address Line 1:** |  |  |  |  |  |
| Club or Group Address Line 2: |  |  |  |  |  |
| **City:** |  |  |  |  |  |
| **State:** |  |  |  |  |  |
| **Zip:** |  |  |  |  |  |
| **Contact Phone Number:** |  |  |  |  |  |
| **E-mail:** |  |  |  |  |  |
| Website/Social Media Site: |  |  |  |  |  |
| **What year was this club/group established according to your IRS Documentation?** |  |  |
|  |  |  |  |  |  |  |  |
| **CLUB OR GROUP MEETING INFORMATION** |
| You are required to provide the physical address of the club/group meeting each month. The address should be the complete physical address, and not simply "Fairgrounds" or "Courthouse." Incomplete or incorrect addresses will delay chartering approval. |
|  |  |  |  |  |  |  |  |
| **Meeting Location (Official Name, ie Weld County Extension Office):** |  |  |
| **Physically Address 1:** |  |  |
| Physically Address 2: |  |  |
| **Location City:** |  |  |
| **Location Zip:** |  |  |
| **Regular Meeting Day (Example 2nd Tuesday of Month):** |  |  |
| **Regular Meeting Time:** |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **DEFINITIONS:***Racially Ethnically Mixed Communities:* An area or community in which more than one of the racial-ethnic groups make up the population of potential program participants.*Racially Ethnically Integrated Group:* A group composed of members of more than one of the racial-ethnic groups above. |
|  |  |  |  |  |  |  |  |  |  |
| **Based on definition above, is this club or group in a racially mixed community?** |  |  |  | YESNO |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Based on definition above, is this club or group integrated as to the race and ethnicity of the membership?** |  |  |  | YES |
|  |  |  | NO |
|  |  |  |  |  |  |  |  |  |  |
| **ESTABLISHED** CLUB OR GROUP: How many active members did this club/group have in the 20-21 year? |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **NEW** CLUB OR GROUP: How many youth do you have committed to enroll in this club or group? |  |  |  |  |
| **CLUB OR GROUP OFFICERS LEADERS** |
| Requirement for chartering includes each club or group must have a set of officers which match those defined in the club/group bylaws.  If any changes are made in the slate of officers, the bylaws must be amended to reflect these changes. *Please complete the following questions as if you have elected your officers for the new year.* |
|  |  |  |  |  |  |  |  |  |  |
| **Does club or group have a slate of officers which match each of those officers listed in the bylaws?** |  |  | YES |
|  |  | NO |
|  |  |  |  |  |  |  |  |  |  |
| **Does club or group have adult volunteer(s) serving as club or group leader(s) who oversee the club or group operations?** |  |  |  | YES |
|  |  |  | NO |
|  |  |  |  |  |  |  |  |  |  |
| If NO on either above questions explain why |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **CLUB OR GROUP FINANCIAL INFORMATION** |
| **Club or Group Employee Identification Number (EIN):** |  |  |  |  |  |
| **What was the “GROSS” income for the 4-H Club or Group for the 2020-2021 4-H Fiscal Year? (Total income):** |  |  |  |  |  |
| **Each club or group under Colorado 4-H must go through an annual financial review. Provide the month and year of last review. (Ex: July 2021):** |  |  |
|  |  |  |  |  |  |  |  |  |  |
| *Bank Account Information* |  |  |  |  |  |  |  |  |
| **Does this club or group have a bank account(s):** |  |  |  | YES |
|  |  |  |  |  |  |  |  |  | NO |
| *If you have a bank account, you will be required to submit either an approved, or proposed budget with your chartering uploads* |
|  |  |  |  |  |  |  |  |  |  |
| **List ALL Names on the Signature Card(s):** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Bank Account #1** | Savings or Checking: |  |  |
|  |  | Financial Institution Name: |  |  |
|  |  | City/State: |  |  |
|  |  | Phone Number: |  |  |
|  |  | Account #: |  |  |
|  |  |  |  |  |
| **Bank Account #2** | Savings or Checking: |  |  |
|  |  | Financial Institution Name: |  |  |
|  |  | City/State: |  |  |
|  |  | Phone Number: |  |  |
|  |  | Account #: |  |  |