**2023-2024 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:   
“23-24 Club and Group Chartering”. This worksheet WILL NOT be accepted as an upload as your application!**

**ALL INFORMATION IN BOLD IS REQUIRED.**

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| **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Organized 4-H Military 9) Administrative/Organization Unit (Example: Council, Adult Leaders, Youth Boards – Club/Group not to be published for enrollment but needs to be chartered.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:** | | |  |  |  |  |  | | | |
|  | | |  |  |  |  |  | | | |
| **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?** | | | | | |  |  |   | YES NO | |
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| **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 previous 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 | | | |  | | | | | | |
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| **CLUB OR GROUP FINANCIAL INFORMATION** | | | | | | | | | | |
| **Club or Group Employee Identification Number (EIN):** | | | | |  |  |  |  | |  |
| **Each club or group under Colorado 4-H must go through an annual financial review. Provide the month and year of last review. (Ex: June 20xx):** | | | | | |  |  | | | |
| What was the “Gross” income for the 4-H Club or Group for the 22-23 Fiscal Year? (Total Income) | | | | | | | | | |  |
| *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* | | | | | | | | | | |
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| **List ALL Names on the Signature Card(s):** | | | | | |  |  |  | |  |
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| **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 #: | | | |  |  | | | |