



EXISTING 4-H CLUBS AND GROUPS WISCONSIN 4-H CHARTER ANNUAL RENEWAL

UW-MADISON EXTENSION Wisconsin 4-H

June 2020

Financial Report* Due Date: _____ **Complete Packet Due Date:** _____

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, including:

1. Wisconsin 4-H Charter Application or Reapplication Document*
2. Completed 4-H Club or 4-H Group Audit Checklist*
3. Copy of the checkbook and/or savings registry covering July 1 – June 30*
4. June or July ending bank statement*
5. Current 4-H Club or 4-H Group bylaws
6. Annual 4-H Club or 4-H Group calendar covering October 1 – September 30

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: _____

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"/>
9.	Belonging: Youth and adults create a welcoming environment for all members and families.	<input type="checkbox"/>	<input type="checkbox"/>

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 Program Educator and a provisional charter will be issued for this charter renewal year.

_____	_____	_____
<i>Print 4-H Adult Volunteer Leader Name</i>	<i>4-H Adult Volunteer Leader Signature</i>	<i>Date</i>
_____	_____	_____
<i>4-H Youth Leader Name (Club President or Group Youth Leader)</i>	<i>4-H Youth Leader Signature (Club President or Group Youth Leader)</i>	<i>Date</i>

4-H Club or 4-H Group SMART Goals

Please share the SMART goals your club or group set last year and indicate progress your club or group made on these goals:

(last year's goals, cont.)

As part of the chartering process, 4-H Clubs and 4-H Groups are required to adopt one annual S.M.A.R.T goal (Specific, Measurable, Achievable, Results-focused and Time bound) for each of these two focus areas:

Select One	Program Quality SMART Goals
	1. Retain membership by ____% and increase membership in the group by ____% by _____ (date).
	2. ____% of members will complete a demonstration, a project talk, or lead a project meeting at a Club/Project meeting by _____ (date).
	3. Youth officer team will work with an adult to create and prepare an agenda for _____% of the meetings for the year.
	4. _____% of meetings will include all three components of an effective meeting. (Education, Recreation and Business)
	5. Our club will have a project leader provide a minimum of _____ hours of hands on project learning for ____% of projects with more than 5 youth enrolled by the end of the 4-H Year.
	6. _____% of our members will complete at least one project.
	7. Write Your Own:

Select One	Expanding Access SMART Goals
	1. By _____ (date), our members will implement new techniques to meet the needs and interests of a more diverse group of youth by _____ (strategy).
	2. By _____ (date), our members will help make our club more inviting, accessible, and reflective of diverse cultures by _____ (strategy).
	3. By _____ (date), our members will help new members feel welcome and create a feeling of belonging by _____ (strategy).
	4. By _____ (date), our members will gain a better understanding of different cultures in our club and community by _____ (strategy).
	5. By _____ (date), to spark interest in 4-H, our members will develop a _____ (marketing resource) that highlights member learning, service activities, and how to join 4-H. The _____ (marketing resource) will be distributed/ displayed at locations, like _____ (location), that serve community members not generally familiar with 4-H. (including _____ [underserved population]).
	6. By _____ (date), our members will organize/participate in _____ (number) community events to spark interest in 4-H and make the 4-H known to others within our community. The community events will include _____ (specific events).
	7. Write Your Own:

It is important to remember that 4-H Club or Group membership should discuss and vote on a goal for each focus area.

4-H CLUB OR GROUP CALENDAR PLANNER

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

Month	Meeting Logistics	Meeting, Event, Activity
SAMPLE	September 12, 7:00 p.m. Clover Center Town Hall	Business Items: Election of Officers, Community Service idea for fall, form Holiday Party Committee Education/Program: Speaker about Dia de los Muertos (Day of the Dead) Welcoming Activities/Recreation:
OCTOBER		
NOVEMBER		
DECEMBER		
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		
OCTOBER		

4-H CLUB OR GROUP ANNUAL FINANCIAL REPORT

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

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) _____

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.**

Complete the following information based on your checking or savings account register from 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 required that each account have at least two unrelated people authorized on all accounts. One youth and one adult are recommended.

Does the 4-H Club or Group have:

Financial 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 \$1000 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 *4-H Adult Volunteer Leader Signature* *Date*
(if treasurer is under age 18) *(if treasurer is under age 18)*

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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