

DATE:

December 10, 2024

AGENDA ITEM (ACTION ITEM):

Consider/Approve External Support/Booster Organizations Approval for 2024-25 school year for the following group: JROTC Boosters

APPLICABLE BOARD POLICY:

04.312 School Activity Funds

HISTORY/BACKGROUND:

Each year the Superintendent shall report to the Board when booster organizations have been informed of the requirements from the Accounting Procedures for Kentucky School Activity Funds. External Support/Booster Organizations are adult/parent organizations established to support and promote school programs or compliment student groups or activities, (i.e. PTA, PTO, Booster Organizations, etc). External Support/Booster Organization's work very closely with the District but they are a separate entity and are responsible for adherence to IRS guidelines and Title IX regulations. All organizations listed have completed the required paperwork and have been reviewed by district designee.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

Approval to External Support/Booster Organizations for 2024-25 school year for the following group: JROTC Boosters

CONTACT PERSON:

Matt Wilhoite


Principal/Administrator


District Administrator


Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

Booster/External Support Group ApplicationSCHOOL YEAR: 2024-2025SCHOOL: Scott High SchoolNAME OF BOOSTER/EXTERNAL SUPPORT GROUP: JROTCAPPLIED FOR BY: Sgt. Rinks & Sgt. Barton

The following documents are required and must be attached prior to the Board reviewing application:

☒ Written By-Laws☐ N/A Copy of Treasurers Bond (required if annual budget exceeds \$19,999)☒ Annual Budget☒ List of Officers☒ Signed Agreement☒ Affidavit signed by all Officers (See Below)☒ Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence; \$5,000 med expense coverage per person, KCBE as additional insured)NAME OF BANK U.S. Bank AND ACCOUNT #: determined after approvalFEDERAL EMPLOYER IDENTIFICATION (FEIN #): 85-0863621

STATE SALES TAX EXEMPT # _____ (MUST BE DIFFERENT FOR SCHOOL/DISTRICT #)

CHARITABLE GAMING LICENSE: Y/N (Y)

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook".

President [Signature] Vice-President [Signature]

Bookkeeper _____

Secretary [Signature]Treasurer [Signature]

(KCSO employees ineligible to serve)

Principal [Signature]Superintendent/Designee [Signature]Board Meeting Date 1/6/25