



APPENDIX E: Annual Charter Renewal form: Page 1 of 2

Introduction: Submission of this renewal form is required for all South Dakota 4-H Clubs or Affiliates who wish to renew their charter (i.e., exist) for the incoming 4-H year. The South Dakota 4-H year begins on October 1 and ends on September 30. This form must be submitted to your local 4-H professional by December 31, signifying your organization's intent to renew. [This 3-month time period is provided as a convenience to allow for your 'just ending' 4-H year's fiscal/inventory audit(s) to be completed and ratified by the organization. Earlier is better.]

Legal Identification

Legal Name of Club/Affiliate: _____

Lead Volunteer's Name and Contact Phone: _____

Organizational Standards (check one for each item)

Yes No

- 1.) For the 4-H year just ending, our organization completed regular meetings/activities as outlined in our constitution/bylaws. If no, describe why not and action plan to improve: _____
- 2.) For the 4-H year just ending, our organization met the minimums for volunteer and member participation as outlined in our constitution/bylaws. If no, describe why not and action plan to improve: _____
- 3.) For the 4-H year just ending, our organization either a.) did not have a treasury/equipment or b.) had a clean fiscal/inventory audit. If no, describe audit findings and action plan to improve: _____
- 4.) For the 4-H year just ending, our organization either a.) did not have a treasury/equipment, or b.) had a treasury but ended the year with less than \$5,000 in our accounts, or c.) had inventory but ended the year with less than \$500 in equipment. If \$5,000+ funds, **attach** a budget which demonstrates plan for excess carryover funds (i.e., worthy future expenditures). If \$500+ equipment, **attach** an up-to-date inventory audit.

Approval Signatures

Having reviewed this form, I hereby declare the organization listed above 'acceptable' to remain a chartered 4-H club/affiliate with appropriate rights/responsibilities subject to annual renewal.

Local 4-H Professional signature and date: _____

* State 4-H Program Director signature and date: _____

* Only required if "no" was checked in question 3 or 4. If all "yes," local 4-H professional will consider, sign, and upload to 4HOnline.



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Civil Rights Assurance Statement (fill-in all blanks)

It is the policy of the University and SDSU Extension not to discriminate on the basis of sex, race, color, creed, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age, disability, genetic information, veteran status, or any other status that may become protected under the law against discrimination.

This document must be signed by any entity that partners with SDSU Extension to provide services and/or benefits, including, but not limited to, trainings, workshops, seminars and grant projects. By signing this agreement, the entity agrees that it and its staff/volunteers will abide by all federal laws prohibiting discrimination on the bases of race, color, national origin, age, disability, and sex, as provided for by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. By signing this document, the undersigned understand and agree to comply with all policies of SDSU Extension and the United States Department of Agriculture regarding the aforementioned laws and their implementing regulations.

SDSU Extension cannot provide any service to any club, organization, business or entity that knowingly practices discrimination.

This Assurance Statement declares that:

(Name of Renewing Entity)

(Volunteer Leader Mailing Address)

(Signature of Entity President) _____
(Date)

does not discriminate in membership, participation or services; and, that the organization is open to all persons, regardless of any protected class described above.