

**Williamston Community Schools
Group Data Collection Form
Required per Board Policy 9730**

Please return this form to:

**Williamston Community Schools Superintendent's Office
418 Highland Street, Williamston, MI 48895
517-655-4361 ext. 3 or e-mail to: board@wmston.k12.mi.us**

Name of "Group" (e.g. Booster, PTA, PTSA, etc.):

Does your group have a website, if yes, please provide:

Does your group have an e-mail address, if yes, please provide:

Please provide your Tax ID#:

Is your group a 501(c)3?

Yes No

If yes, have all Federal and State forms been filed?

Yes No

Does your group have an IRS approval letter?

Yes No

If yes, what date was it filed? Who filed it?

Please attach a copy of your IRS approval letter.

What is your fiscal year? (e.g. 7/1 to 6/30?)

President/Chair's Name:

Address (street/city):

Phone:

Term of office:

Treasurer's Name:

Address (street/city):

Phone:

Term of office:

Name a third officer:

Address (street/city):

Phone:

Term of office:

Name a fourth officer:

Address (street/city):

Phone:

Term of office:

Please list all WCS staff affiliates (e.g. coach, teacher, or staff member):

What is your major fund raiser:

When is your major fund raiser held:

Was the fund raiser approved by a WCS administrator: Yes No

As of May, 2007, groups must be approved by the Williamston Board of Education:

On what date was your group approved:

Please provide the date your group originally established:

What is the main goal of your group:

Does your group have Articles of Incorporation? Yes No

 If yes, please include a copy along with this completed form.

Does your group have By-Laws? Yes No

 If yes, please include a copy along with this completed form.

Financial Reporting requirements:

For first time applicants, please provide a copy of financial statements (including all information listed below) for the past two years.

For already approved groups, please provide a copy of your financial statement (including all information listed below) since your last application.

Assets:

Bank Balances:

Name of Bank	Account #	Current Balance: \$
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Name of Bank	Account #	Current Balance: \$
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Other:

Total Assets: \$

Liabilities:

\$

\$

\$

Total Liabilities \$

Fund Balance (Assets less Liabilities) \$

Revenues (Please list major revenues):

\$

\$

\$

Total Revenues \$

Expenditures (Please list major expenditures):

\$

\$

\$

Total Expenditures \$

Net Gain/(Loss): (Revenue less Expenses) \$

Meeting Minutes:

For first time applicants, please provide a copy of all meeting minutes over the last two years.

For already approved groups, please provide a copy of all meeting minutes since your last application.

Please list each person in your group that has keys to WCS, and name facility associated with each key:

Name of person completing this form: _____ Date: _____

Name of a contact person for your organization: _____

Please be sure to attach the following:

- IRS Approval Letter (if applicable)
- Articles of Incorporation (if applicable)
- By-Laws (if applicable)
- Financial statements (as indicated)
- Meeting minutes (as indicated)

Williamston Board of Education

Adopted: May 7, 2007