



GALLIA COUNTY 4-H CLUB

ANNUAL REPORT PLEASE COMPLETE FOR 2020

Club Name: _____ Date: _____

Advisor(s): Name: _____ Phone: _____

Name: _____ Phone: _____

Club Officers:

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

Newsreporter: _____ Recreation: _____

Health/Safety: _____ Other: _____

1. Where does your club usually meet? _____

2. Is the meeting site handicap accessible? Yes No

3. What is your regular meeting day and time? (Example - 2nd Tuesday at 7:00 p.m.)

4. Does your club have bylaws, approved by this year's members?

Yes No

Please attach the most current club constitution and by-laws to this form.

5. Does your club have a written program plan/calendar for the year? Yes No

6. Our club maintains the following: Checking account
 Yearly club Audit
 Secretary book and minutes

Attach a copy of your club's annual Yearly Summary (Audit) Report. This is a written report, documenting that the bank statements and club written financial records have been reviewed and verified. The audit should be conducted annually and at anytime during the year when the treasury changes hands. The audit should be conducted by a club Financial Review (audit) Committee, which is appointed by the president and is composed of two or more adults and youth, none of whom have signing privileges on the accounts. A copy of the report will be kept on file in the OSU Extension Gallia County Office with official club records.

Please list the two or more adults on your club's checking account: _____

Please verify you do NOT have a club debit card _____

Charter Checklist:

	We meet requirements	We need to work on
1) All of our club's adult advisors were approved through the Ohio State volunteer screening process.	_____	_____
2) Our 4-H club has at least five members from three different families.	_____	_____
3) The name of our club was approved by OSU Extension.	_____	_____
4) Our club plans to conduct a <u>minimum</u> of six regular club meetings per year.	_____	_____
5) Our club agrees to provide a welcoming and safe environment for all club members.	_____	_____
6) Our club plans a series of experiential learning Experiences for club members.	_____	_____
7) Our club agrees to follow Ohio and Adams County 4-H policies and procedures.	_____	_____
8) Our club agrees to follow the national and state guidelines for use of the 4-H name and emblem.	_____	_____

My signature certifies that I understand the following: Upon dissolution, 4-H clubs with assets must turn over those funds to a recognized non-profit, charitable organization, such as another 4-H club, the Gallia County 4-H Advisory Committee, or the Gallia County 4-H Endowment at OSU. Proof that club funds have been appropriately distributed and that bank accounts in the name of the 4-H club have been closed must be provided to OSU Extension Gallia County within 30 days of the dissolution of the club.

Organizational Advisor's Signature _____
Date

Club President _____
Date

Return to OSU Extension Gallia County, 111 Jackson Pike, Suite 1572 Gallipolis, Ohio 45631. Attach:

- ___ Copy of current club by-laws.
- ___ Copy of most recent annual 4-H club yearly summary (audit); usually for prior fiscal year.