

ELIDA LOCAL SCHOOLS 9211F1
SCHOOL-RELATED ORGANIZATION AUTHORIZATION FORM

- I. ORGANIZATIONAL NAME: Elida Track DATE: 2-24-25
- II. PRESIDENT: Brandy Kellermeyer TERM OF OFFICE: 2024-2025
VICE-PRESIDENT: Lindsey Dunahay
TREASURER: Michelle Monfort
SECRETARY: Alisa Jostpille
- CONTACT PERSON: Michelle Monfort PHONE: 419-296-4819
ADDRESS: 1000 Lorretta Pl. Lima, OH 45805 CITY, STATE, ZIP : _____
EMAIL ADDRESS: michellemonfort@hotmail.com
- III. STATED PURPOSE OF ORGANIZATION:
To support Elida Track athletes
- IV. FUNDRAISERS, ACTIVITIES &/OR PROJECTS PLANNED FOR UPCOMING SCHOOL YEAR (use additional paper if necessary): Snap, Restaurant
- V. FINANCIAL ACCOUNTABILITY ASSURANCES OF THE ORGANIZATION:
1. Will file a year-end report or copy of 990 with school treasurer each year (form attached)
 2. The coach or advisor cannot have signing rights on any bank accounts.
 3. Utilizes proper bookkeeping procedures and avoids cash transactions.
 4. Has identified persons who have financial responsibilities.
 5. Will not commingle funds with student activity account.
 6. Will use funds within the framework of the purpose of the organization and funds will not be considered public moneys.
 7. Will guarantee that funds derived from activities will be spent on student activities.
- VI. USE OF FACILITY ASSURANCES OF THE ORGANIZATION:
1. Will get permission to use school property
 2. Will have a faculty member or principal on its advisory board
 3. Will only use teacher volunteers, students, or other members to conduct its activities if they are approved by the superintendent or his or her designee
 4. Will be willing to pay for many or all additional expenses incurred by the activity
 5. That any sponsored activity will be in the best interest of the students of the school district
 6. Will not copy, or accept copies, of any keys to school property except those distributed by the school district.
- VII. DOES THE GROUP HAVE ITS OWN GENERAL LIABILITY INSURANCE COVERAGE?
____ YES, policy attached ☒ NO, we need to be part of the school's policy and may be billed for such
- VIII. ASSURANCE THAT ALL FUNDS GENERATED BY THE ABOVE WILL BE KEPT SEPARATE FROM OTHER ACTIVITY FUNDS OR OTHER TRANSACTIONS OF THE SCHOOL BOARD.
- IX. DATE THIS FORM APPROVED BY ORGANIZATION MEMBERSHIP: 2-24-25
- X. WHAT IS THE NAME ON ANY SOCIAL MEDIA PAGES YOUR GROUP USES, WHAT TYPE OF PAGE IS IT?
Name/Type Facebook Elida High School Track & Field
Name/Type _____
- XI. WHO RUNS THE SOCIAL MEDIA PAGE FOR THE GROUP? N/A unused since 2020
- XII. AUTHORIZATION SIGNATURES:

[Signature]
(Organization's President)

3/4/25
(Date)

(President-Board of Education)

(Date)

[Signature]
(Organization's Vice-President)

03/04/25
(Date)

(Superintendent of School)

(Date)

RECEIVED

MAR 12 2025

SUPERINTENDENT

School Related Organization Report

Year End Report

12 months ended December 30, 2024 (unless different year end)

Name: Elida Trilk

Revenue

Contributions _____

Grants _____

Member Dues _____

Interest _____

Other _____

Snap funding set -
\$4,882.20
X 600 -

\$ 4,942.20

Total Revenue

Expenses

Grants _____

Awards _____

Supplies _____

Rent _____

Utilities _____

Other _____

Barbecues 753.70
Tee in meals 736.84
Banners 358 -
Senior pics 40 -
Senior night 200 -
Stereo system

Total Expenses

\$ 2,576.54
\$ 4,942.20 - 2,576.54 = 2,365.66

Net Income/(Loss)

Plus Beginning

Cash Balance

\$ 1,700.56

Ending Cash Balance

\$ 4,066.22

President

T. D. Terry (S. M. S.) 9/20/24
C. M. S.

Date

Treasurer

AS 9/21/24
C. M. S.

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SEP 24 2024

SUPERINTENDENT

RECEIVED

MAR 12 2025

SUPERINTENDENT