



# School-Connected Organization Authorization Request Form

*Deadline for Annual submission July 30th  
(For organizations to complete and submit for approval)*

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## North Monterey County Unified School District

### School-Connected Organization Request for Authorization to Operate

Application Date: \_\_\_\_\_

#### 1. Organization Information

Organization Name: \_\_\_\_\_

Purpose / Mission of Organization:

\_\_\_\_\_  
\_\_\_\_\_

Supporting School Site: \_\_\_\_\_

#### 2. Governing Documents

Attach the following:

- Bylaws
- Rules and Procedures
- Financial Procedures
- Membership Qualifications (if applicable)
- Non-Discrimination Agreement Statement

**The organization agrees it will not engage in unlawful discrimination.**

Initials: \_\_\_\_\_

#### 3. Officers of the Organization

Provide names, addresses, and phone numbers of all officers:

Officer Role	Name	Email Address	Phone Number
President			
Vice President			



North Monterey County Unified School District  
13994 Castroville Blvd., Castroville, CA 95012

Treasurer

Secretary

Other

#### 4. Specific Objectives

List the organization's objectives for the year:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### 5. Audit Agreement

The organization agrees to grant the District the right to audit financial records on an annual basis and as requested.

Yes, we agree.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 6. Banking Information

Bank Name: \_\_\_\_\_

Account Authorized Signers:

Name	Role	Authorized to Withdraw Funds (Y/N)
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#### 7. End-of-Year Funds Plan

If the organization is discontinued or not reauthorized, remaining funds will be used as follows:

\_\_\_\_\_  
\_\_\_\_\_

#### 8. Insurance Agreement

The organization agrees to provide evidence of liability and/or directors and officers insurance when required by law.

Yes, we agree.

Initials: \_\_\_\_\_

#### 9. Principal Authorization

I support this organization's request to operate at this school site.

Principal Name: \_\_\_\_\_



Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit Completed Application and Attachments to:  
Superintendent or Designee, NMCUSD

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## 2. Submission Checklist for School-Connected Organizations

*(Guidance document for applicants)*

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### Annual Authorization Submission Checklist

School-Connected Organizations (BP/AR 1230)

Each organization must submit the following items for initial or annual authorization:

#### Required Documentation

- Completed Authorization Request Form
- Organization Name and Purpose Statement
- Application Date
- Governing Documents (Bylaws, Rules, Procedures) including:
  - Financial management procedures
  - Membership qualifications (if any)
  - Agreement not to engage in unlawful discrimination
- List of Officers with full contact information
- List of Specific Objectives for the year
- Signed Agreement granting District audit rights
- Banking Information including:
  - Bank name
  - Names of authorized account signers
- Principal Signature of supporting school



- Planned use of remaining funds if organization discontinues
  - Proof of required insurance (liability and/or D&O), if applicable
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### Annual Reauthorization Requirements

For subsequent authorization requests, organizations must also submit:

- Annual Financial Statement showing:
    - Total income
    - Total expenditures
    - Fundraising activity results
  - Completed Fiscal Year Reconciliation Report (template provided)
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### Important Reminders

- Organizations may not act as agents of the District
  - District tax-exempt status may not be used
  - Funds may not be co-mingled with District or ASB funds
  - Organizations may not directly hire/pay District employees
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## 3. Fiscal Year Financial Reconciliation Report Template

*(Optional template organizations can use)*

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### NMCUSD School-Connected Organization

#### Annual Financial Reconciliation Report

Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_

Organization Name: \_\_\_\_\_

School Site: \_\_\_\_\_



North Monterey County Unified School District  
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Treasurer Name: \_\_\_\_\_

Report Submission Date: \_\_\_\_\_

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## 1. Beginning Balance

Cash Balance as of July 1: \$ \_\_\_\_\_

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## 2. Income Summary

Income Source	Amount
Fundraisers	\$ _____
Donations	\$ _____
Membership Fees	\$ _____
Grants/Sponsorships	\$ _____
Other (describe)	\$ _____
<b>Total Income</b>	<b>\$ _____</b>

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## 3. Expenditures Summary

Expense Category	Amount
Student Programs/Events	\$ _____
Supplies	\$ _____
Equipment	\$ _____
Staff Support (through District only)	\$ _____
Insurance/Fees	\$ _____
Other (describe)	\$ _____
<b>Total Expenditures</b>	<b>\$ _____</b>

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## 4. Ending Balance Calculation



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Beginning Balance: \$ \_\_\_\_\_

- Total Income: \$ \_\_\_\_\_
- Total Expenditures: \$ \_\_\_\_\_

**Ending Cash Balance (June 30):** \$ \_\_\_\_\_

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## 5. Bank Verification (Submit the latest bank statement to reconcile)

Bank Name: \_\_\_\_\_ Ending Bank Statement Balance (June 30): \$ \_\_\_\_\_

Difference (if any): \$ \_\_\_\_\_

Explanation of Difference:

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## 6. Certification

I certify that this report accurately reflects the organization's financial activity for the fiscal year.

Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Additional Information may be requested