COMPLETING THE BOOSTER PACKET

Packets are due by July 31st for Fall sports/clubs and by September 15th for all other sports/clubs.

CHECKLIST

- ❑ Parent Support/Booster Application with required signatures
- ❑ By-laws
- ❑ BOOSTER - FINANCIAL WORKBOOK
  - ❑ Annual Proposed Budget - Should be voted on before submitting packet
  - ❑ Bank Reconciliation Worksheet
  - ❑ Annual Financial Statements for the previous school year
    - ❑ Year End Balance Sheet & Profit/Loss Statement
    - ❑ Beginning (July 1 of previous year) and final (June 30, of current year) bank statements
    - ❑ List of authorized signers (if not included on bank statements)
- ❑ Certificate of Liability Insurance and Additional Endorsements
  - ❑ Preferred limit is $2,000,000 per occurrence and $4,000,000 aggregate.
  - ❑ Will accept $1,000,000 per occurrence and $2,000,000 aggregate.
- ❑ Note: Address for Insurance and Bank cannot be the schools address or personal home address.
  - ❑ Must have PO Box or UPS Store PO Box.

Booster Application

Parent Support / Booster Application

School Year: 20 ____ – 20____

SECTION 1: ORGANIZATION INFORMATION

Name of Organization: _____

School / Program Supported:_____

Date of Application: _____

Primary Contact Name: _____

Primary Contact Email: _____

SECTION 2: MEMBERSHIP & STRUCTURE

Qualifications for Membership:

_____

_____

_____

Does your organization have current bylaws?
☐ Yes ☐ No *(Must be submitted with application)*

SECTION 3: OFFICERS / LEADERSHIP

List all officers (First and Last Name)

President: _____

Vice President: _____

Treasurer: _____

Secretary: _____

SECTION 4: ORGANIZATION PURPOSE

Purpose of the Organization (Attach a copy of your constitution/articles of incorporation and bylaws):

_____

_____

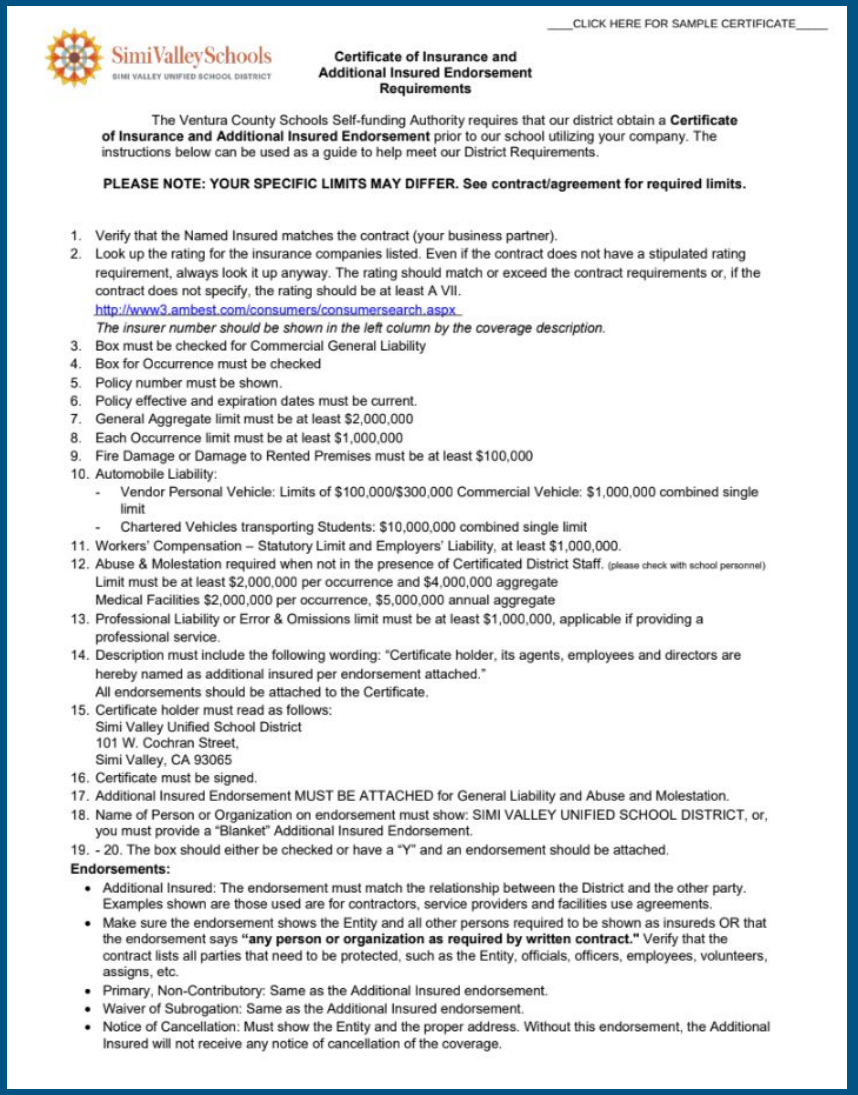
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Booster Financial Workbook

1. **MAKE A COPY OR DOWNLOAD, THEN COMPLETE THE FOLLOWING TEMPLATES**
    - Annual Proposed Budget, July 1 of previous year to June 30 of current year
    - Year End Balance Sheet & Profit/Loss Statement, July 1 of previous year to June 30 of current year
    - Bank Reconciliation Worksheet, July 1 of previous year to June 30 of current year
        - Strongly recommended that bank reconciliation is reviewed by independent auditor.
    - **These templates are meant as examples only. It is up to the discretion of the Booster clubs to determine the most effective way to report their financial records.*
2. Beginning July 1 of previous year to June 30 of current year bank statements

Certificate of Liability Insurance and Additional Endorsements

1. The Ventura County Schools Self-Funding Authority (VCSSFA) requires that our district obtain a Certificate of Insurance and Additional Endorsements prior to our school utilizing your organization.
   a. Waiver of subrogation and primary non-contributory endorsements are requirement as of July 2025.
2. Abuse & Molestation required when not in the presence of Certificated District Staff.



___CLICK HERE FOR SAMPLE CERTIFICATE___

Simi Valley Schools
SIMI VALLEY UNIFIED SCHOOL DISTRICT

Certificate of Insurance and Additional Insured Endorsement Requirements

The Ventura County Schools Self-funding Authority requires that our district obtain a **Certificate of Insurance and Additional Insured Endorsement** prior to our school utilizing your company. The instructions below can be used as a guide to help meet our District Requirements.

PLEASE NOTE: YOUR SPECIFIC LIMITS MAY DIFFER. See contract/agreement for required limits.

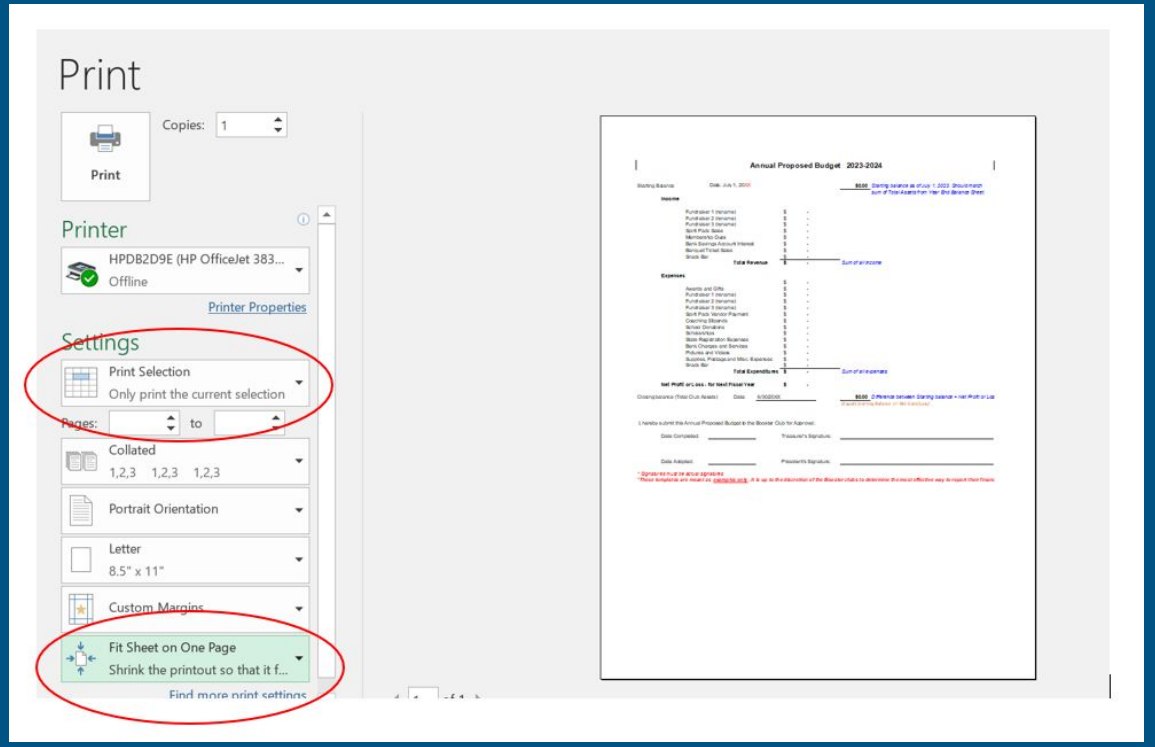
1. Verify that the Named Insured matches the contract (your business partner).
2. Look up the rating for the insurance companies listed. Even if the contract does not have a stipulated rating requirement, always look it up anyway. The rating should match or exceed the contract requirements or, if the contract does not specify, the rating should be at least A VII.
   http://www3.ambest.com/consumers/consumersearch.aspx
   The insurer number should be shown in the left column by the coverage description.
3. Box must be checked for Commercial General Liability
4. Box for Occurrence must be checked
5. Policy number must be shown.
6. Policy effective and expiration dates must be current.
7. General Aggregate limit must be at least $2,000,000
8. Each Occurrence limit must be at least $1,000,000
9. Fire Damage or Damage to Rented Premises must be at least $100,000
10. Automobile Liability:
    - Vendor Personal Vehicle: Limits of $100,000/$300,000 Commercial Vehicle: $1,000,000 combined single limit
    - Chartered Vehicles transporting Students: $10,000,000 combined single limit
11. Workers' Compensation – Statutory Limit and Employers' Liability, at least $1,000,000.
12. Abuse & Molestation required when not in the presence of Certificated District Staff. (please check with school personnel)
    Limit must be at least $2,000,000 per occurrence and $4,000,000 aggregate
    Medical Facilities $2,000,000 per occurrence, $5,000,000 annual aggregate
13. Professional Liability or Error & Omissions limit must be at least $1,000,000, applicable if providing a professional service.
14. Description must include the following wording: "Certificate holder, its agents, employees and directors are hereby named as additional insured per endorsement attached."
    All endorsements should be attached to the Certificate.
15. Certificate holder must read as follows:
    Simi Valley Unified School District
    101 W. Cochran Street,
    Simi Valley, CA 93065
16. Certificate must be signed.
17. Additional Insured Endorsement MUST BE ATTACHED for General Liability and Abuse and Molestation.
18. Name of Person or Organization on endorsement must show: SIMI VALLEY UNIFIED SCHOOL DISTRICT, or, you must provide a "Blanket" Additional Insured Endorsement.
19. - 20. The box should either be checked or have a "Y" and an endorsement should be attached.

Endorsements:

- Additional Insured: The endorsement must match the relationship between the District and the other party. Examples shown are those used are for contractors, service providers and facilities use agreements.
- Make sure the endorsement shows the Entity and all other persons required to be shown as insureds OR that the endorsement says **"any person or organization as required by written contract."** Verify that the contract lists all parties that need to be protected, such as the Entity, officials, officers, employees, volunteers, assigns, etc.
- Primary, Non-Contributory: Same as the Additional Insured endorsement.
- Waiver of Subrogation: Same as the Additional Insured endorsement.
- Notice of Cancellation: Must show the Entity and the proper address. Without this endorsement, the Additional Insured will not receive any notice of cancellation of the coverage.

SUBMITTING THE PACKET

1. WHEN PRINTING, THE SHEET FORMATS BETTER WHEN DOWNLOADED TO EXCEL.
   a. Highlight selected area
   b. Click print option
   c. Choose “Print Selection”
   d. Scale to “Fit Sheet on One Page”
   e. Click print
2. SIGN AND SUBMIT COMPLETED TEMPLATES WITH PACKET



BOARD MEETINGS

*In order for a packet to get on the Board meeting agenda, they need to be accurately submitted by the dates listed below.

- August Board Meeting (Due July 31)
  - Note: For the July 31 deadline, please contact the ASB office prior to end of school year to make arrangements. Will likely need to drop off in main office.
- October Board Meeting (Due by Sept 15)

Packets submitted after the due dates may not be approved.

Contact your site’s ASB office with any questions.