Simi Valley Schools
SIMI VALLEY UNIFIED SCHOOL DISTRICT

Matt Guzzo
Director of Secondary Education
(805) 306-4500 x4202

Booster Club Application

School:_____

Booster Organization Name:_____

Submission Deadlines

- Fall sports/clubs: July 31
- All other programs: September 15

Booster clubs must be fully approved before any funds are raised or accepted.

Submission Checklist

Do not submit until all items are complete

☐ Booster Application (with required signatures)
☐ Bylaws

Financial Documents (from workbook):
☐ Booster Financial Workbook (completed)
- ☐ Annual Proposed Budget *(must be voted on prior to submission)*
- ☐ Bank Reconciliation Worksheet
- ☐ Annual Financial Statements (previous school year)
  - ☐ Year-End Balance Sheet & Profit/Loss Statement
  - ☐ Bank Statement - From July 1 (previous year) AND June 30 (current year)
  - ☐ List of Authorized Signers *(if not shown on bank statements)*

Insurance Requirements:
☐ Certificate of Liability Insurance AND Endorsements
- Abuse & Molestation Coverage
  - Preferred: $2,000,000 per occurrence / $4,000,000 aggregate
  - Minimum accepted: $1,000,000 per occurrence / $1,000,000 aggregate
    - With the understanding that Booster members will always be accompanied by school staff while with students.

Insurance and bank address may not be a school site or personal home address. A PO Box or UPS Store mailbox is required.

Assistant Principal_____ Date _____

Principal _____ Date _____

Director _____ Date _____

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)
**District employees cannot have any financial oversight, including signing booster club checks or invoices.*

President: _____

Vice President: _____

Treasurer: _____

Secretary: _____

SECTION 4: ORGANIZATION PURPOSE

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

_____

_____

_____

SECTION 5: ANNUAL GOALS

Briefly describe your goals for this school year:

_____

_____

_____

SECTION 6: FINANCIAL INFORMATION

Federal Tax ID (EIN): _____

Tax Status: ☐ 501(c)(3) ☐ Other: _____

Name of Financial Institution: _____

Booster Bank Account Name:_____

SECTION 7: FINANCIAL OVERSIGHT

Describe your annual financial review/audit procedures: *(Must be conducted by someone independent of the treasurer)*

_____

_____

_____

SECTION 8: COMPLIANCE ACKNOWLEDGEMENTS

Please initial each item:

_____ Donations and fundraising are voluntary and do not impact student participation (Ed Code §49010)

_____ Booster funds are separate from ASB/student funds

_____ Booster clubs will not pay coaches directly (including gift cards)

_____ All fundraising activities will be approved by site administration

_____ Organization will follow FCMAT guidance and district policies

SECTION 9: SIGNATURES

Booster President Name:_____

Booster President Signature: _____ Date: _____

Principal Signature: _____ Date: _____

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:
    a. Vendor Personal Vehicle: Limits of $100,000/$300,000 Commercial Vehicle: $1,000,000 combined single limit
    b. 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. 1The 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.