

**TIPTON COUNTY SCHOOLS
SCHOOL SUPPORT ORGANIZATION
RECOGNITION AND COOPERATIVE AGREEMENT FORM**

School _____ Organization _____

Organization's Purpose _____

The authorized agent of the school support organization shall indicate by initialing that:

_____ The school support organization will abide by any policies and procedures regarding school support organizations;

_____ A copy of the goals and objectives of the group or organization is attached;

_____ The school support organization will indemnify the School Board, the Director and all other agents of the school system for the actions of the school support organization;

_____ The school support organization has acquired status as a nonprofit organization, foundation, or chartered member of a nonprofit organization or foundation; **[ATTACH COPY OF UPDATED ANNUAL NON-PROFIT STATUS REPORT. (<https://tnbear.tn.gov/AR>)]**

_____ A list of the principal contact's telephone and address as well as the telephone number, address, and position of each officer of the group or organization is attached; and

_____ A copy of the bylaws of the group or organization is attached.

The authorized agent of the school support organization shall indicate by initialing that one of the following statements is true:

_____ The school support organization's written policy specifying reasonable procedures for accounting, controlling and safeguarding any money, materials, property, securities, services, or other things of value collected or disbursed by the group or organization is attached; or

_____ The SSO is using the Tennessee Comptroller of the Treasury Model Financial Policy for School Support Organizations Procedures Manual.

Authorized SSO Officer (print)

Signature

Date

Principal

Date

TCS Chief Financial Officer

Date

Date of Approval by Board