

**TIPTON COUNTY SCHOOLS  
SCHOOL SUPPORT ORGANIZATION  
ANNUAL VERIFICATION FORM  
(Due August 1<sup>st</sup>)**

School \_\_\_\_\_ Organization \_\_\_\_\_

EIN Number \_\_\_\_\_

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

*\*If not true, the authorized agent will attach corrected information to this form.*

\_\_\_\_\_ The school support organization continues to abide by any policies and procedures regarding school support organizations;

\_\_\_\_\_ The name, purpose, goals, and objectives of the school support organization have not changed;

\_\_\_\_\_ The school support organization continues to 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 continues to maintain 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

\_\_\_\_\_ The bylaws of the group or organization have not changed.

**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 has not changed; 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