

# Central Unified School District

Application for School Connected/Booster Club



New Application



Renewal Application

(required each school year)

## GENERAL INFORMATION

Name of Organization	Glacier Point Middle School PTA	School Site	Glacier Point
Mailing Address	4460 W Shaw Ave #371 Fresno, CA 93722	School Year	2017-2018
		Date Requested	10/06/17

## EXECUTIVE BOARD OFFICERS

	Name	Address	Phone	Email
President	Michelle Iwanski	5906 W Acacia Ave	559-270-1200	JJandAJsmom@yahoo.com
Vice President	NA			
Secretary	Nettie Nishikawa	2236 N Antioch Fresno, CA 93722	559-269-1480	anishikawa@co.fresno.ca.us
Treasurer	Robyn Gracey	5123 W Austin Way Fresno, CA 93722	559-360-4573	bearspixy@yahoo.com
Historian	Lillian Turner	6530 W. Morris Fresno, CA 93723	559-917-1911	lillianturner1927@gmail.com

## PURPOSE (Describe the purpose of the organization)

We would help with teachers request. Scholarships for kids graduating from High School that came from Glacier Point. Help with encouraging students to come to after school events.

## ANNUAL OBJECTIVES (List specific goals for the school year)

- 1) Scholarships
- 2) Incentives for Kids
- 3) Help teachers with items for classrooms
- 4) Get families from kids to participate

**FINANCIAL INFORMATION**

Name of Bank	EECU	Account Number	12174263
Address of Bank	3488 W Shaw Ave Fresno, CA 93711	Authorized Signers	Michelle Iwanski
			Lillian Turner
Tax ID #(EIN)	90-1141391		Robyn Gracey

**REQUIRED DOCUMENTS (Attach Copies - New {N} & Renewal {R}) - Excluding PTA's**

<input type="checkbox"/> Constitution {N}	<input type="checkbox"/> 501©3 Determination Letter {N}	<input type="checkbox"/> Certificate of Insurance - {N, R}
<input type="checkbox"/> Bylaws {N}	<input type="checkbox"/> Proof of State Tax Exempt Status {N}	<input type="checkbox"/> Insurance Endorsement Page {N, R}
<input type="checkbox"/> Proof of Tax ID # {N}	<input type="checkbox"/> Seller's Permit - {N,R}	<input type="checkbox"/> Insurance Declaration Page - {N, R}
<input type="checkbox"/> Acknowledgement Form signed by each Officer - {N,R}	<input type="checkbox"/> Hold Harmless Agreement - {N,R}	<input type="checkbox"/> Proof of Crime/Fidelity Bond Insurance {N, R}
<input type="checkbox"/> Annual Budget {N, R}	<input type="checkbox"/> Prior Year Profit and Loss Statement {R}	

**REQUIRED DOCUMENTS -PTA's (Attach copies)**

<input checked="" type="checkbox"/> Annual Budget	<input checked="" type="checkbox"/> Certificate of Insurance	<input type="checkbox"/> Insurance Endorsement Page
<input type="checkbox"/> Insurance Declaration Page	<input checked="" type="checkbox"/> Hold Harmless Agreement	<input checked="" type="checkbox"/> Acknowledgement Form signed by each Officer
<input type="checkbox"/> Prior Year Profit and Loss Statement		

**FINAL APPROVAL**

This certifies you have satisfied all sections of the Central Unified School District Application for School Connected/Booster organization.

Authorization are granted per school year. You must resubmit your application annually by March 15 to continue to to continue to operate as a School Connected/Booster organization.

Signature of School Site Administrator:

*Heather Kuyper McArthur*

Date:

10/17/17

Signature of Chief Business Officer:

\_\_\_\_\_

Board Approval:

\_\_\_\_\_

Authorized Date:

From

\_\_\_\_\_ To \_\_\_\_\_

\* You are not authorized to operate as a school connected/booster until Board Approval and signature for final approval is received from the school site administrator.

**GLACIER POINT MIDDLE SCHOOL PTA  
BUDGET 2017-2018**

**BEGINNING BALANCE:** 0.00

**Receipts:**

Membership (25 @ \$5.25 -our portion)	\$131.25
Interest income	.50
Contributions - Family dinner nights	
Oct.	\$ 75.00
Nov.	\$ 75.00
Dec	\$ 75.00
Jan	\$ 75.00
Feb	\$ 75.00
March	\$ 75.00
Spring fundraiser	\$ 600.00
<b>TOTAL</b>	<b>\$1081.75</b>

Receipts Not belonging to unit	
District/State/National - 25@ \$4.75	\$ 118.75

**TOTAL RECEIPTS** \$1300.50

**ESTIMATED DISBURSEMENTS:**

Operating expenses	
Membership envelopes	0.00
Insurance premium	\$ 228.00
Newsletter and publicity	\$ 20.00
PTA workshops/training	\$ 80.00
Officers' & chairmen reimbursement	\$ 50.00
Program	
Programs and assemblies	\$250.00
Family Engagement	\$ 50.00
Hospitality	\$ 50.00
Scholarship	\$250.00
Spring Fundrasier	\$ 50.00
Carryover to next year	\$ 103.75
Unallocated reserves	\$ 50.00

Disbursements Not belonging to unit	\$118.75
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**This sheet should be completed at the organization meeting  
by the district organizer and left with the unit.**

## **INSURANCE INFORMATION for NEW PTAs**

**All PTAs in California participate in and are covered by an Insurance policy that is negotiated each year by the California State PTA.**

- A finance mailing is sent to PTA presidents – usually in November – that includes an Insurance and Loss Prevention Guide.
- The insurance coverage includes Comprehensive General Liability coverage with a \$1,000,000 limit that covers all units, council and district PTAs when involved in allowable PTA activities.
- The Insurance and Loss Prevention Guide details activities that are not covered and includes information on the policy.
- The finance mailing publicizes the premium amount for the following year but your district PTA should let you know the amount before that.
- The policy period covers January 5<sup>th</sup> through January 4<sup>th</sup> of the following year.
- The insurance premium is payable/remitted through PTA channels, that is, unit to council to district and must be received by December 20<sup>th</sup> by the California State PTA office. A late fee of \$25.00 is assessed if the payment does not reach the state office by December 20<sup>th</sup>.

### **Information specific to a new PTA:**

New PTAs are covered from the time of their organization meeting until the next premium period.

PTAs organized in December receive coverage for the following calendar year without having to pay the premium.

Your PTA's name is: Glacier Point Middle School PTA

Your PTA's organization date is: 2/1/17

Your PTA will need to pay its first annual premium by: Sept 15, 2017

*est ≈ \$200.00*



# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/05/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Knight Insurance Services 535 N. Brand Blvd., Suite 1000 Glendale, CA 91203		<b>CONTACT</b> NAME: PTA Insurance Broker PHONE: 800 733-3036 FAX: (A/C, No): E-MAIL: PTACA@Knightsins.net PRODUCER CUSTOMER ID #:													
<b>INSURED</b> California State PTA/PTSA All Units Councils & Districts of the California State PTA & all Officers, Directors Members of the Board of Managers, Employees & Volunteers when enjoined in the Suit with the CA State PTA.		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr> <td>INSURER A: Nonprofits' Insurance Alliance of CA</td> <td>NAIC # 11384</td> </tr> <tr> <td>INSURER B: Cypress Insurance Company</td> <td>10855</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER A: Nonprofits' Insurance Alliance of CA	NAIC # 11384	INSURER B: Cypress Insurance Company	10855	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LINE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	201703293NPO	01/05/2017	01/05/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMPROP AGG \$3,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	CAWC708672	01/05/2017	01/05/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	<b>Directors &amp; Officers</b>	201703293DONPO	01/05/2017	01/05/2018	\$1,000,000 Occurrence \$2,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Nonprofit Organization/Statewide Operation

## CERTIFICATE HOLDER

This Certificate is hereby issued to any entity requiring Evidence of Insurance  
 This Certificate does not change or extend the policy.

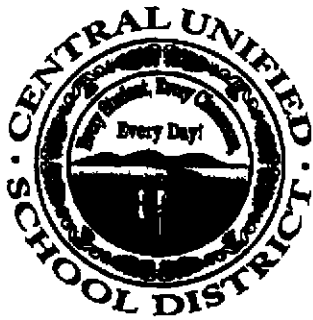
## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Monica M. M. M.*

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**CENTRAL UNIFIED SCHOOL DISTRICT**  
Glacier Point Middle School  
4055 N. Bryan Ave., Fresno, Ca 93723  
Phone: (559) 276-3105 • Fax: (559) 276-3152



Site Administration  
Heather Kuyper-McKeithen,  
Principal  
Adam Hogan, Vice Principal  
Christianna Percell, CIA

At the meeting of the Board of Directors of Glacier Point Middle School PTA duly called and held on April 25, 2017 at which a quorum was present and acting throughout, the following resolution was adopted:

**"RESOLVED THAT,** the Glacier Point Middle School PTA establish a back account with Educational Employees Credit Union in Fresno, California."

**"Further Resolved That,** these following named officers and staff of this Glacier Point Middle School PTA whose actual signatures are shown below."

Printed Name	Printed Title	Signature
Michelle Rozanski	President	
Robyn Coracy	Treasurer	
William Turner	Huskyman	

Be authorized to individually execute transactions to include account signatory of withdrawals, deposits, and transfers between Glacier Point Middle School PTA accounts on behalf of Glacier Point Middle School PTA.

We, the undersigned here by CERTIFIED AND ATTEST that the foregoing is true and correct resolutions adopted by the Glacier Point Middle School PTA on April 25, 2017.

Michelle Rozanski 10/3/17  
Board Member Name and Title Date

Robyn Coracy Treasurer 10/3/17  
Board Member Name and Title Date

District Administration  
Mark G. Sutton, Superintendent  
Keri Davis, Assistant Superintendent, Educational Services • Jack Kelejian, Assistant Superintendent, Human Resources  
Kelly Porterfield, Assistant Superintendent, Chief Business Officer • Paul Birrell, Director, 7-12 and Adult Education  
Tami Boatright Ed.D, Director, K-6 Education • Andrea Valades, Administrator, Special Education & Support Services  
4005 N Polk Avenue • Fresno, California 93722

# CENTRAL UNIFIED SCHOOL DISTRICT

School Year 2017/2018

## *School Connected/Booster Club Hold Harmless Agreement*

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School Connected/Booster clubs and its officers or operators will agree to indemnify, defend, and hold harmless the Central Unified School District, its Board Members, officers, agents, teachers, staff or any other employees from any damage injury or harm involving any student, parent or third party arising from or which occurs in any way as a result of or related to School Connected/Booster Club activity regardless of location, including every claim or demand made, every liability, loss, damage, or expense, of any nature whatsoever by any student, parent or third party which may be incurred by reason of:

Death or bodily injury to persons, loss of or injury to property, or any loss, damage or expense which may have been sustained by the School Connected/Booster Club or its representatives or participants, including any corporations, district employees, firm or corporation employed by the School Connected/Booster Club which arises from negligence or misconduct on the part of the School Connected/Booster Club, its representatives, students or participants, or which in any way is related to School Connected/Booster Club activity, regardless of date, time or location.

Any injury to or death of persons or damage to property, any loss or theft sustained by persons, firms or corporations, including the applicant participating in School Connected/Booster Club activity or conduct related to School Connected/Booster Club activity, or otherwise arising from any act of neglect, default, omission, negligence or willful misconduct of the Applicant, its members, or any person, firm or corporation employed by the Applicant, either directly or by independent contract, and attributable in connection with the activity covered by this agreement, on or off District property and during or outside of school hours.

School Connected/Booster clubs, at their own expense, cost and risk, shall defend any and all actions, suits or other proceedings that may be brought or instituted against the District, its Board, officers, agents, or employees and shall pay or satisfy any such claim, demand, liability or judgment rendered against the District, its Board, officers, agents, or employees in any action, suit or other proceedings arising out of the School Connected/Booster activities.

### **ACKNOWLEDGED BY SCHOOL CONNECTED/BOOSTER CLUB PRESIDENT:**

Signature: \_\_\_\_\_

Printed Name: Michelle Rucinski

Date: 10/3/17



# CENTRAL UNIFIED SCHOOL DISTRICT

School Year 17-18

## *School Connected/Booster Club Manual Acknowledgement Form*

As an elected officer to a School Connected/Booster club operating within the Central Unified School District, I certify that I have read the Central Unified School District School Connected/Booster Club Manual. I understand the procedures outlined in this manual and will adhere to its instruction. At any time should I have questions regarding policies or procedures, or the information outlined in this manual, I will contact the school site administration for clarification or further instruction. I further understand that the information provided in this manual is not intended to be specific or all-inclusive. It is the responsibility of the School Connected/Booster club to fully understand all laws that govern the operation of School Connected/Booster clubs.

Where necessary, the School Connected/Booster club will seek competent professional financial and tax advice for accounting and filing requirements. The District assumes no accountability or liability for the operation and management of School Connected/Booster clubs. I understand that as an officer of the School Connected/Booster club, and member of the executive board, I am required to ensure the School Connected/Booster club procedures and operating practices are financially and legally sound, and in conformance with all rules, regulations, laws, ordinances and statutes applicable to the organization. I further understand and accept that I am legally obligated to be prudent and reasonable in conducting myself to help preserve and protect the organization.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

School Connected/Booster Club Name: \_\_\_\_\_

Office Held: \_\_\_\_\_

*Maintain a copy of this manual for your reference.*

*Please return this signed receipt form to the school site administrator.*



# CENTRAL UNIFIED SCHOOL DISTRICT

School Year 2017-2018

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Signature: Michelle Zwanski Date: 10/2/17

Printed Name: Michelle Zwanski

School Connected/Booster Club Name: Glacier Point Middle School  
PTA

Office Held: President

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*Please return this signed receipt form to the school site administrator.*

# CENTRAL UNIFIED SCHOOL DISTRICT

School Year 2017/2018

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Signature: \_\_\_\_\_

Date: 9/29/17

Printed Name: Lillian Turner

School Connected/Booster Club Name: Glacier Point Middle School PTA

Office Held: Historian

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*Please return this signed receipt form to the school site administrator.*

# CENTRAL UNIFIED SCHOOL DISTRICT

School Year 17-18

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Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

School Connected/Booster Club Name: \_\_\_\_\_

Office Held: \_\_\_\_\_

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