## **State Financial Operational Agreement**

Name of School:			-
Name of Organization:			-
Employer Identification No:			
Student Group to be supported:			
Anticipated sources of income for this org	anization are:		
Purpose of organization and anticipated u	ses of funds:		
The above-named organization agrees to a Alabama Department of Education's Guide including the following specific requireme	elines for Financial Op		
a) The organization will comply wi maintaining an Employer Identific		ervice requirements neces	ssary for
b) The organization will provide that at least an annual basis.	ne audit reports/finand	ial review of its financial	operations on
c) The organization will make its for school employees upon request.	inancial records availd	ble to the school's audito	rs or authorized
d) The organization will provide fi	nancial reports as requ	uested by school officials.	
e) The organization will provide pr	oof of a current fideli	ry bond for the treasurer.	
f) The organization will not allow of activity or maintain accounting re			d a fund-raising
g) The organization will not provide member of the above-named school			ficer or family
Signature of Organization's Officer	Position	Date	
Signature of School Administrator	Position	Date	
Signature of Faculty Sponsor	Position	 Date	