

**JACKSON-MADISON COUNTY SCHOOLS
SCHOOL SUPPORT ORGANIZATION
RECOGNITION AND COOPERATIVE AGREEMENT FORM**

Name of School _____

Name of Organization _____

Purpose of Organization _____

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; and,

_____ The school support organization will indemnify for harm or loss, protect, and secure the School Board, the director and all other agents of the school system for the actions of the school support organization. The SSO must provide, within 60 days of recognition, a certificate of liability insurance which shows a minimum coverage in the amount of \$1,000,000 per occurrence / \$2,000,000 aggregate and which list Jackson-Madison County School System as an additional insured.

The authorized agent of the school support organization shall indicate by initialing that each of the following items is included with this form:

_____ Documentation confirming the school supports organization's status as a nonprofit organization foundation, or chartered member of a nonprofit organization or foundation;

_____ A written statement of the goals and objectives of the group or organization;

_____ A list indicating each officer of the SSO's name, address, and phone number is attached.

_____ A copy of the school support organization's written policy, if not using the Tennessee Comptroller Of The Treasury Model Financial Policy For School Support Organizations Procedures Manual, for accounting, controlling and safeguarding any money, materials, property, securities, services, or other things of value collected or disbursed by the group or organization; and

_____ A copy of the bylaws and/or constitution of the group or organization.

Authorized Officer (Print name)

Authorized Officer (Signature)

Date

School Principal (Print name)

School Principal (Signature)

Date

Internal School Auditor (Print name)

Internal School Auditor (Signature)

Date

Date of Recognition by Board