

**JACKSON-MADISON COUNTY SCHOOLS  
SCHOOL SUPPORT ORGANIZATION  
VERIFICATION FORM**

Name of School \_\_\_\_\_

Name of 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 name, purpose, goals and objectives of the school support organization have not changed.

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

\_\_\_\_\_ The school support organization continues to indemnify the Board, the director and all other agents of the school system for the actions of the school support organization. **ATTACH COPY OF UPDATED COPY OF INSURANCE WITH JMCSS LISTED AS AN ADDITIONAL INSURED.**

\_\_\_\_\_ The school support organization continues to maintain non-profit status. **ATTACH COPY OF UPDATED ANNUAL NON-PROFIT STATUS REPORT. (<https://tnbear.tn.gov/AR>)**

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

\_\_\_\_\_ 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 have not changed.

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

\_\_\_\_\_  
Authorized Officer (Print name)

\_\_\_\_\_  
Authorized Officer (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Principal (Print name)

\_\_\_\_\_  
School Principal (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Internal Auditor (Print name)

\_\_\_\_\_  
Internal Auditor (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Approved