

**RIGHT FOOT AWARD APPLICATION**  
 Application due November 1 (must be postmarked by)

<b>Local Unit Name:</b>		<b>President Name:</b>	
<b>Email:</b>		<b>Phone:</b>	
<b>School Enrollment as of 20-day count:</b>			
<b>PTA Membership</b>	<b>Total to date:</b>	<b>Total on March 31 of last school year:</b>	

DID OUR PTA/PTSA...	YES, WE DID!
<b>FINANCIAL</b>	
<b>Submit the signed End of the Year Outside Organization financial review (Audit) to the bookkeeper</b>	
<b>Complete Tax filing</b> (990N postcard or 990EZ) with a copy sent to DCCPTA Treasurer and Florida PTA	
Approve the Budget at a General Meeting) <b>Attach a copy of Budget &amp; Minutes</b> to award form	
Utilize a Bank Account in a bank or savings and loan outside of the school. Please list name of bank or S/L: _____	
Follow guidelines in <i>Money Matters</i> * for financial practices. Please list the names of all check signers: _____ Number of signatures required per check: ____; Number of counters required to prepare each cash deposit ____; Number of people required to complete each cash deposit at bank ____ . * <a href="#">Money Matters Link</a>	
Submit Outside Organization Treasurers Reports to bookkeeper monthly – July, August and September.	
Submit Outside Organization Fund-Raising Request forms to bookkeeper. List # submitted: ____.	
<b>Submit DCCPTA dues prior to November 1</b> <a href="#">Dues Form</a>	
<b>LEADERSHIP AND BOARD OPERATIONS</b>	
<b>Submit Elected Officers contact information to Florida PTA</b> and <a href="#">DCCPTA</a> .	
Include Principal or Designee as a Board Member. <b>Attach a copy of your Board roster</b> (elected officers and committee chairs) with contact information.	
Meet in <b>regular monthly</b> board meetings	
Notify membership and conduct at least 3 General Meetings. List dates of proposed General Meetings:	
Attend <b>required</b> DCCPTA President and Treasurer training annually. List date(s): President: _____ Treasurer: _____	
Attend at least 2 of the following County Council General Meetings: August, September, October (Circle ones attended)	
Attend DCCPTA Fall Leadership Workshops	
<b>Operate with current Bylaws</b> - approved for 3 years following the date stamp on page 1	
Elect Nominating Committee and Officers at General Meetings. List proposed dates: _____	
<b>MEMBERSHIP</b>	
Distribute PTA membership cards by end of 1 <sup>st</sup> Quarter. List date(s) cards were distributed: _____	
<b>Paid state and national portion of all dues collected to date to Florida PTA.</b> Dues are due monthly.	
<b>PROGRAMS</b>	
Provide Programs and services in line with the PTA mission and purpose. List titles and proposed dates of 3 programs: _____	
<b>Items in bold red are required to remain <i>In Good Standing</i> with DCCPTA</b>	

\_\_\_\_\_  
 PTA President Name (Print)

\_\_\_\_\_  
 PTA President Signature

\_\_\_\_\_  
 Principal's Name (Print)

\_\_\_\_\_  
 Principal's Signature

Attach the following items to this completed form:

- Financial Review (Audit),
- Board Roster with contact information,
- Budget and Minutes from General Meeting when budget was approved

and send to: Attn: DCCPTA Awards Chair, P.O. Box 5397, Jacksonville, FL 32247

E-Mail Questions to: [Awards@DCCPTA.org](mailto:Awards@DCCPTA.org)

DCCPTA: rev. Aug 2017