

## **RIGHT FOOT AWARD APPLICATION**

Application must be received via email or postmarked by **November 1, 2022** 

Local Unit Name:	President Name:	
Email:	Phone:	
School Enrollment as of the beginning of the 2022 school y	year:	
PTA Membership Total To Date:	Total on June 30 of last school year:	
DID OUR PTA/PTSA		YES, WE DID!
FINAN		
Submit the signed End of the Year Outside Organization Financia	al Review (Audit) to the bookkeeper, FPTA & DCCPTA	
Complete Tax filing (990N postcard or 990EZ) with a copy of accept	tance sent to DCCPTA Treasurer and Florida PTA	
Approve the Budget at a General Meeting) Attach a copy of Budget	t & Minutes to award form	
Utilize a Bank Account in a bank or savings and loan outside of the sc Please list name of bank or S/L:	chool.	
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 *		
Submit Outside Organization Treasurers Reports to bookkeeper mont	thly – July, August and September.	
Submit Outside Organization Fund-Raising Request forms to bookkeeper. List # submitted:		
Submit DCCPTA dues prior to November 1		
LEADERSHIP AND B	BOARD OPERATIONS	
Submit Elected Officers contact information to Florida PTA		
Include Principal or Designee as a Board Member. <b>Attach a copy of</b> chairs) with contact information.	f your Board roster (elected officers and committee	
Meet in <i>regular</i> monthly board meetings		
Notify membership and conduct at least 3 General Meetings. List date	es of proposed General Meetings:	
Attend <b>required</b> DCCPTA President and Treasurer training annually. President: Treasurer:		
Attend at least 2 of the following County Council General Meetings: A	August, September, October (Circle ones attended)	
Attend DCCPTA Fall Leadership Workshops		
Operate with current Bylaws - approved for 3 years following the da	ate stamp on page 1	
Elect Nominating Committee and Officers at General Meetings.  List proposed dates:		
	ERSHIP	
Distribute PTA membership cards by end of 1st Quarter. List date(s) of	cards were distributed:	
Paid state and national portion of all dues collected to date to Flo	-	
Provide Programs and services in line with the PTA mission and purpo	oose. List titles and proposed dates of 3 programs:	
Items in bold red are required to remain <u>In Good Standing</u> with DCCPTA		
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 at which budget was approved

Send via email to  ${\bf Awards@DCCPTA.org}\ {\bf or}$ 

via mail Attn: DCCPTA Awards Chair, P.O. Box 5397, Jacksonville, FL 32247