

Finance & Fundraising

Outline

Figure 1: Unit budget work sheet

Figure 2: Unit Fund Raising guide lines

Figure 3: Example for budget expenses for re-charters

Figure 4: Insurance Coverage guide lines

Figure 5: SS-4 IRS Application for Identification

BUDGET WORK SHEET

To develop your unit budget, complete the work sheet below with the unit leader then have it adopted by the unit committee. On the case of Boy scout troops, the patrol leaders' council reviews the budget and puts it in final form prior to study and

adoption by the troop committee.) Be sure to keep parents informed. Mark the proper box on your charter application to indicate you are on the budget plan.

Expected Income for Year 50

meetings	\$ _____
Amount of dues each meeting	\$ _____
Annual dues per member (dues x number of meetings)	\$ _____
Average membership in a year	\$ _____
Total dues per year (annual dues x average membership)	\$ _____
Other income	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total other income	\$ _____
Total Budgeted Income (total Dues + total other income)	\$ _____

Budgeted Expenses for Year

Registration (2)	\$ 10.00
Boys' Life (3)	12.00
Accident insurance (4)	1.00
Reserve fund (5)	1.00
Other basic expenses (6) (badges, literature, goodwill)	6.00
a. Total per boy	\$ 30.00
b. Average yearly membership _____	\$ _____
Total basic expenses (item a X item b)	
Unit charter fee (1)	\$ 20.00 \$ 20.00
Program materials (7)	\$ _____
Activities (8) Total budgeted	
expenses (total basic expenses +	
unit charter fee + program	
materials + activities)	\$ _____

NOTE: The boldface numbers above match that item to the related section on this form. If you have Questions on any item, refer to the explanatory material.

F4

Figure 1

Guide Lines for Conducting Fund Raising Activities

Unit Fund-raisers

Include these safety considerations when planning a unit fund-raiser:

1. Money-earning projects should be suited to the ages and abilities of youth participants.
2. Proper adult supervision should be provided.
3. Youth should engage in money-earning projects only in neighborhoods that are safe and familiar and should use the buddy system.
4. Leaders must train youth members to never enter the home of a stranger and to know whom to contact in case of an emergency.
5. Youth participants should be familiar with safe pedestrian practices and participate during daylight hours only.
6. Compliance requirements:
 - a. Check local statutes regarding solicitation rules and permits.
 - b. A Unit Fund-raising Permit must be obtained from the local council service center.

Figure 2

Example of Budget Expenses paid for re-charters

Registration:	Qty:	Fee:
Paid Youth	11	\$ 121.00
Multiple Youth	0	\$0
Paid Youth BL	0	\$0
Paid Adults	7	\$ 77.00
Multiple Adults	0	\$0
No Fee Adults	1	\$0
Paid Adult BL	0	\$0
Charter Fee	1	\$ 20.00
<hr/>		\$ -
Total Fee Submitted		<u>\$ 218.00</u>

Figure 3

Insurance Coverage

SANTA CLARA COUNTY COUNCIL

BOY SCOUTS OF AMERICA

INSURANCE COVERAGE FOR VOLUNTEERS

Revised June 2, 2005

Listed below is a brief outline of the insurance coverage's provided by the Santa Clara County Council through your support of the Friends of Scouting campaign and activity fees.

COUNCIL ACCIDENT AND SICKNESS INSURANCE PLAN

This Accident and Sickness insurance is provided for youth members and adult volunteer leaders registered in the council. (LDS units carry their own accident insurance coverage.) This plan provides coverage for accidents and sickness (as well as accidental death and dismemberment) while participating in any official Scouting activity, including going to and from meetings. New members are automatically covered under the plan. Non-Scouts attending scheduled activities (including group travel to and from such activities) for the purpose of being encouraged to participate in Scouting are also automatically covered. However, the plan does not cover parents, siblings, or other guests. Units pay \$1 per registered member for inclusion in the policy when the member registers or recharterers.

Coverage is coordinated with any applicable personal insurance carried on behalf of the individual. Claim forms and additional information on coverage, limits, etc. or may be obtained by contacting the Council Service Center.

COMPREHENSIVE GENERAL LIABILITY INSURANCE

This coverage provides protection for the council, volunteer Scouters, Scouting units, chartered organizations, and Scouting professionals and employees, with respect to claims arising in the performance of their duties in Scouting. Coverage is for more than \$15 million for bodily injury and property damage.

The insurance provided Scouting volunteers through the BSA General Liability Insurance program is excess over any other insurance the volunteer might have to his or her benefit, usually a homeowners, personal liability, or auto liability policy. There is no coverage for those who commit intentional or criminal acts. Coverage for chartered organizations is primary.

By providing insurance coverage to volunteers on an excess basis, the BSA is able to purchase higher limits. Because of the high limits, volunteers should not be placed in a position where their assets are jeopardized because of a negligence liability claim or lawsuit.

AUTOMOBILE LIABILITY INSURANCE

All vehicles MUST be covered by a liability insurance policy. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed. It is recommended that coverage limits are at least \$50,000/ \$100,000/\$50,000. Any vehicle carrying 10 or more passengers is REQUIRED to have limits of \$100,000/\$500,000/\$100,000 or \$500,000 single limit. In case of rented vehicles the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle. All vehicles used in travel outside the United States must carry a liability insurance policy that complies with or exceeds the requirements of that country.

The council's automobile liability insurance is excess of the insurance the owner of the auto carries, providing insurance protection above the limits carried on the auto up to the council's \$15,000,000 limit of coverage.

A Tour Permit is required when units travel overnight or outside their district. National Tour Permits are required of all trips more than 500 miles. These permits list the drivers' names and limits of automobile liability insurance carried.

Please report all serious incidents, accidents or sickness to the Council Service Center immediately.

For information, claim forms, or if legal papers are served in a Scouting-related incident, please contact the Assistant Scout Executive at the Council Service Center, 408-280-5088 x25 or 1-800-479-9088 x25.

\\sccc-server\SCCC-Data\DATA\RESOURCES\MASTERS\INSURANC.DOC

Figure 4

Form **SS-4**

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN
OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested		
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)	
	4b City, state, and ZIP code	5b City, state, and ZIP code	
	6 County and state where principal business is located		
	7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, or EIN	
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country	
9 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year)	11 Closing month of accounting year		
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ▶			
Agricultural Household Other 14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name	Designee's telephone number (include area code) ()	
	Address and ZIP code	Designee's fax number (include area code) ()	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) ()
Name and title (type or print clearly) ▶			Applicant's fax number (include area code) ()
Signature ▶			Date ▶

Figure 5 (Use Current form when filing)