KANSAS STATE UNIVERSITY | Extension
Harvey County

July 6, 2026

TO: Club Leaders

SUBJECT: 4-H Club Annual Responsibilities

Thank you for your leadership in extending Kansas 4-H's mission in Harvey County. I know many 4-H community clubs and other 4-H affiliate groups are busy transitioning between 4-H years. The 2026-2027 4-H year begins October 1, 2026.

Chartered clubs must meet the following criteria to remain in good standing with K-State Extension – Harvey County. Please pay close attention to the criteria and complete the responsibilities in a timely manner. Failure to fulfill your responsibilities will result in negative consequences that will impact your membership's ability to engage in Kansas 4-H programs at all levels.

____ The current constitution and bylaws of the official club are to be on file with Harvey County by October 9th.

____ The club has two or more fully screened volunteer leaders, which includes approval by the Harvey County Executive Board. Volunteer screenings must be completed through the Kansas 4-H Online process by December 31st and will be approved by the Extension Council Board in January.

____ Five or more members, from three or more families, are enrolled in the club. Each member must be enrolled in at least one 4-H project experience. Enrollment begins October 1 through Kansas 4-H Online.

____ The club has established a place of operation and regularly scheduled meeting dates. The Harvey County office must be notified of any changes to meeting locations, dates, or times by October 9th.

____ Democratically elected officers are to serve the club. The 2026-2027 elected officers and any appointed individuals serving on the county-level committees must be reported to the Harvey County office as soon as they are elected.

____ K-State Extension is an equal opportunity provider and employer. The Harvey County office is committed to providing equal opportunity for participation in all programs, services, and activities. Accommodations for persons with disabilities may be requested by contacting the office two weeks prior to the start of the event. Requests received after this date will be honored when feasible.

____ Club leadership is to review the enclosed *Notice of Civil Rights* letter and complete the Civil Rights Certification Statement. Return it to the Harvey County office by October 9th.

____ A committee appointed by the club must conduct a review of the corresponding financial accounts. The enclosed *Annual Financial Report* document is to be completed as part of the review. The completed documents, along with the bank statement for September 2025 through October 2026 (or the account register), are to be submitted to the Harvey County office by September 19th. After submission, the Harvey County Executive Board will review each affiliated club's fiscal responsibility.

____ Club seal form has been completed and returned to the Harvey County Extension office by October 9th.

____ Each Club Leader will submit a "Volunteer Self-Assessment" form by October 9th. This self-assessment is intended for the Club Leader to reflect on how they have shown up as a Club Leader and how their planning for the 4-H year could be improved through learning opportunities to help youth thrive. Because in the end, we all want our 4-Hers to thrive when they age out of the program.

If you have any questions or concerns, do not hesitate to contact the Harvey County office. Have a great 4-H year!

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To whom it may concern,

The Civil Rights Act of 1964 states in part: “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

The Educational Amendments of 1972 state in part: “No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

The Age Discrimination Act of 1975 states in part: “No person in the United States shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

The Americans with Disabilities Act of 1990 gives civil rights protection to individuals with disabilities. ADA generates equal opportunity to individuals with disabilities in employment, public accommodations, transportation, state and local government services, and telecommunications.

K-State Extension is funded from federal, state, and county funds and, therefore, is subject to the provisions, rules, and regulations of this legislation.

The Affirmative Action Plan of the Cooperative Extension Service states that the Extension Service cannot provide significant assistance to any organization that excludes any person from membership or participation because of race, color, religion, national origin, sex, age, or disability. It further states that the Extension staff must have a letter on file from groups or organizations to which they provide significant assistance certifying that discriminatory practices are not followed.

For our records, would you sign the certification statement at the bottom of this letter and return this letter to us. We have enjoyed our continued working relationship with your group and look forward to working with you in the future.

This is to certify that this organization does not exclude any person from membership or participation because of race, color, religion, national origin, sex, age, or disability.

Organization's Name: _____

Organization's Address: _____

Leader's Printed Name: _____

Leader's Signature: _____

Date: _____

4-H CLUB/EXTENSION AFFILIATED GROUP ANNUAL FINANCIAL REPORT

to be completed by the Financial Review Committee

Name of club or affiliated group (include county/district name) _____

Financial Review Date_____

Each year a financial committee of at least two adult leaders and two 4-H members will need to prepare a Financial Review of the financial records of your club or affiliated group. **Committee members should not be signatories on your group or club's financial accounts or have familial or financial relationships to the treasurer.**

Check or Savings Account Number	Bank Name and type of account Savings, checking, CD...	Beginning Balance October 1	Ending Balance September 30
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the organization's employer identification number or **IRS Tax ID# or FEIN** _____

The bank records are in the possession of: _____

Persons authorized to sign on the club or affiliated group financial account(s) _____

_____

List at least the five major financial events or activities of your club or group from the past year. Please include the income and expense from each of these events. ***NOTE:*** There may only be INCOME or EXPENSE, simply list a zero as it applies.

	EVENT or ACTIVITY	**INCOME**	**EXPENSE**
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

List any expenses or income that looks unusual:

1. _____

2. _____

This certifies that the financial review committee has reviewed the record keeping and financial balances and finds that they are *(Please check one as it applies):*

_____Are in Order (Complete back side of form and return to your local Extension Office)

_____Will Be in Order upon implementation of the recommendations listed below. (List below, complete back side of the form and return the form to your local Extension Office for further instructions or comments by the date due.)

_____ Require further review and action (Further review and actions should be done within 30 days of the original financial review if possible. Recommendations should be included on this form-use additional paper if needed. A written follow up must be submitted to your local Extension Office of any actions taken. Submit this form by the date due without signatures.)

(Please Complete Other Side)

The Club or Other Affiliated Financial Review Committee found the following conditions or concerns in the financial records:

_____

_____

_____

The Club or Other Affiliated Financial Review Committee makes the following recommendations:

_____

_____

_____

We have examined the treasury records of the club or affiliated group and believe all expenses and incomes to be accurate.

*Name (Please Print)	Signature	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**By signing I verify that I am not a family member of the treasurer of this account, am not personally a signatory on the account and have adhered to all the guidelines established for a Financial Review Committee member.*

PLEASE KEEP A COPY OF THIS REPORT FOR YOUR CLUB'S FINANCIAL RECORDS

EXTENSION OFFICE USE BELOW

Date First Received In Office _____ Reviewed/Received By_____

_____ 1. All submitted information appears to be in order. No follow up information or actions are needed.

_____ 2. Corrections or additional information is needed as indicated: _____

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This document was adapted from a form developed by the Meadowlark Extension District.