

2021 Unit Recharter Report Checklist

District: _____

Unit: _____

To expedite the charter renewal process, please fill out this form for every charter. Prior to submittal, you must contact your Commissioner and agree to a COVID-19 safe method for turn in. This completed form and your recharter paperwork, is required for turn in. Only Commissioners are authorized to review and accept it. Also, note that all new adult applications must have proof of the appropriate Youth Protection Training course or the application will not be accepted.

NO recharter paperwork may be turned at the Council Office, by units, due to COVID-19.

- ___ 1. PAGE 1 of “UNIT CHARTER RENEWAL REPORT PACKAGE”
- ___ 2. All applications for adult leaders and youth members as called for on Page 1
- ___ 3. ALL leaders on Charter must have active, unexpired Youth Protection training
- ___ 4. Appropriate Signatures on page 2, “CHARTER RENEWAL APPLICATION”
- ___ 5. 2020 Journey to Excellence score sheet
- ___ 6. Disclosure & Background Check (CBC) Authorization form – if required
- ___ 7. Appropriate fees and insurance (see below)

| | | | | |
|--------------------------------|-----------|----------|------------|--------------|
| Total Youth Members | _____ X | \$ 66.00 | = \$ _____ | |
| | | | | (total fees) |
| Total New Joining Fee Youth | _____ X | \$ 25.00 | = \$ _____ | |
| | | | | (total fees) |
| Youth Boys’ Life Subscriptions | _____ X | \$ 12.00 | = \$ _____ | |
| | | | | (total fees) |
| Council Fee (Youth only) | _____ X | \$ 66.00 | = \$ _____ | |
| | | | | (total fees) |
| Total Adult Members | _____ X | \$ 42.00 | = \$ _____ | |
| | | | | (total fees) |
| Total Adult Insurance | _____ X | \$ 12.00 | = \$ _____ | |
| | | | | (total fees) |
| Adult Boys’ Life Subscriptions | _____ X | \$ 12.00 | = \$ _____ | |
| | | | | (total fees) |
| Annual Charter Fee | _____ 1 X | \$ 75.00 | = \$ 75.00 | |
| Total Fees Collected | | | | \$ _____ |

We certify that this charter renewal is complete and includes all the above items:

Unit Representative Processor: _____
Signature

Date: _____

Received by Commissioner: _____
Signature

Date: _____