

# MASTER GARDENER FOUNDATION OF WASHINGTON STATE

## Application for Dependent County Status

The county listed below is applying for dependent county status under the Master Gardener Foundation of Washington State (MGFWS). If approved, this county may solicit funds using the nonprofit determination of MGFWS granted by the Internal Revenue Service and the MGFWS charitable organization number assigned by the Washington Secretary of State.

By signing this application, the county indicates they understand there is an accompanying commitment to participate in the business or affairs of MGFWS. There is an expectation that the county will elect or appoint a representative who will attend at least one MGFWS meeting each year, work on the State Foundation newsletter, or help with statewide or regional advanced-education projects.

The county further agrees to forward required fiscal documents to the MGFWS treasurer in a timely manner for tax filing to retain their dependent county status.

If approved, this agreement will remain in effect for a period of three years before it must be renewed.

### County Information

Date of Application: \_\_\_\_\_

County Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of MG Program Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of MG Foundation President: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of MG Foundation Treasurer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of MG State Foundation Board Member: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Financial Information from Previous Tax Year

Fiscal Year (From Month/Year to Month/Year: \_\_\_\_\_)

Beginning Bank Balance: \_\_\_\_\_ Ending Bank Balance: \_\_\_\_\_

Interest Income: \_\_\_\_\_ Grants Received: \_\_\_\_\_ Grants Given: \_\_\_\_\_

Revenue Received & Source (from fundraising, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contributions to Foundation & Source: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expenses (from fundraising, office supplies, insurance, etc.): \_\_\_\_\_

Training Income: \_\_\_\_\_ Training Expenses: \_\_\_\_\_

Signatures

Foundation President: \_\_\_\_\_ Date: \_\_\_\_\_

Foundation Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

MG Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

MGFWS Board Member: \_\_\_\_\_ Date: \_\_\_\_\_

Return Completed Form to:

Kathleen LaFrancis Eaton, MGFWS President

600 – 128<sup>th</sup> St. SE Everett, WA 98208

[presidentmgfws@gmail.com](mailto:presidentmgfws@gmail.com)

MGFWS Approval

MGFWS President: \_\_\_\_\_ Date: \_\_\_\_\_

MGFWS Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_