

Traditional Charter Checklist

October 1, 2020

Date: _____ District: _____ Unit: _____
 _____ Recharter _____ S/R Unit _____ New Unit _____ Exp. Date of Unit: _____

	<u>Quantity</u>		<u>Fee</u>	<u>Total</u>	<i>For Office Use only</i>		All Adults must have a signed Background Check Authorization form on file before they can be reregistered with a unit. Youth Protection Training required for all registered adults. If YPT has not been completed prior to the recharter being submitted the recharter will be held until documentation is provided or adult is removed from the unit roster. MTC Officer verified by: _____ Recharter entered into Scoutnet by: _____
		@		\$	<i>Adjusted Quantity</i>	<i>Adjusted Total</i>	
Paid Youth	_____	@	66.00	\$ _____	_____	\$ _____	
New Youth	_____	@	25.00	\$ _____	_____	\$ _____	
Transfer Youth	_____	@	xxxx	xxxxx	_____	xxxxx	
Multiple Youth	_____	@	xxxx	xxxxx	_____	xxxxx	
Youth Scout's Life	_____	@	12.00	\$ _____	_____	\$ _____	
Paid Adults	_____	@	42.00	\$ _____	_____	\$ _____	
Transfer Adults	_____	@	xxxx	xxxxx	_____	xxxxx	
Multiple Adults	_____	@	xxxx	xxxxx	_____	xxxxx	
Adult Scout's Life	_____	@	12.00	\$ _____	_____	\$ _____	
Unit Charter Fee				75.00		75.00	
Subtotal before Insurance			Pd Y + Y S.L. + Pd A +A S.L. + \$75 =	\$ _____		\$ _____	
Council Insurance <small>(for each Paid Youth & Adult)</small>	_____	@	2.00	\$ _____		\$ _____	
Total Fees			Subtotal before Insur + Total Insur =	\$ _____		\$ _____	
Amount on File <small>(Located on Membership Money Log)</small>				\$ _____		\$ _____	
Amount Enclosed <small>(Must have receipt attached)</small>			(Include Spec Asst here if requested)	\$ _____		\$ _____	
Amount Due			Total Fees - Amount on File =	\$ _____		\$ _____	

Specific Assistance Requested: Amount Requested: _____ Approved form Attached: Yes ___ No ___

Cash Amt: \$ _____ Check Amt: \$ _____ Credit Card Amt: \$ _____

PLEASE INITIAL THAT THE FOLLOWING HAS BEEN COMPLETED:	MTC Field Staff Initials
1. Use the chart above to determine fees owed	
2. Charter Agreement form signed and attached. MUST BE INCLUDED WITH ALL RECHARTERS & NEW UNITS	
3. YPT has been completed on ALL Registered Adults that are being rechartered	
4. Signature of Intuitional Head approving recharter	
5. Signature of Unit Leader approving recharter	
6. Applications attached for any new youth or adults	
7. Check that Units Numbers & birthdates are on Youth and Adult Applications	
8. All Adults apps signed by CR/CC, Have Position listed, and Soc. Sec. Number Required	
9. All registered adults have a signed criminal background disclosure statement either turned in or on file	
10. For Cub Scouts: CM ___ CR ___ CC ___ MC ___ MC ___ (DL ___ WL ___ TL ___) EO ___	
For Scouts, BSA: SM ___ CR ___ CC ___ MC ___ MC ___ EO ___	
For Crews: NL ___ CR ___ CC ___ MC ___ MC ___ EO ___	
11. For NEW UNITS: A New Unit Application completed with preapproved unit number on the application	
12. If unit is changing charter partners, New Unit Application AND Release MUST be attached for new charter	

District Executive: By signing I verify all steps have been completed to the best of my knowledge: _____ Date: _____
 Manager: By signing I verify all steps have been completed to the best of my knowledge: _____ Date: _____