



This program was initiated to help Branches offset the cost of their activities or events by subsidizing the Branch up to \$10.00 per each attending member in good standing.

RULES AND GUIDELINES:

- Branch may participate 4 times in a calendar year.
- Branch activities/events announced as “**free to members**” will be subsidized up to 50% of the cost to the branch (not to exceed \$10.00) per member in good standing who signs the attendance sheet.
 Branch pays \$9.00 Member pays \$0 Home Office reimburses Branch \$4.50
 Branch pays \$12.00 Member pays \$0 Home Office reimburses Branch \$6.00
 Branch pays \$20.00..... Member pays \$0 Home Office reimburses Branch \$10.00
- Branch activities/events with a cost to the branch and to the member will be subsidized up to 50% of the cost to the branch (not to exceed \$10.00).
 Event Cost is \$24.00 Branch pays \$19.00 Member pays \$5.00Home Office reimburses Branch \$9.00
 Event Cost is \$39.00 Branch pays \$27.00 Member pays \$12.00Home Office reimburses Branch \$10.00

Cost to Members MUST be LESS than the final cost to the Branch.
Cost to Branch MUST be MORE than the Home Office reimbursement.

FCSU National Events and Picnics, Branch and District Meetings do not qualify for the Branch Reimbursement Program.

MAKE A PLAN:

- Plan an activity/event for all of your Branch members to participate in.
- Complete the **Branch Reimbursement Program Eligibility Form** describing what the activity/event is and the cost of the activity/event to the Branch and to the member.
- Submit the form to the Home Office for consideration by email or U.S. mail.
 - An approval/denial email will be sent by the Home Office after review.

ONCE APPROVED:

- An announcement must be received at least 30 days prior to the activity/event to be included in the Jednota newspaper or posted on our website/social media.
- At the activity/event pictures must be taken.
- An Attendance Sheet must be signed by each individual attending member (parents may sign for their children).

ONCE COMPLETED:

- Complete the **Branch Reimbursement Payment Form**.
- Submit the Branch Reimbursement Payment Form along with an article and photographs from the event for publication to branch@fcsu.com.
- The Home Office will review the submission within 30 days of the event.
- The reimbursement amount is based on the number of members in good standing who attended the event and signed the Attendance Sheet. All signatures must be by the individual except for children under age 6.
- The Home Office will issue a check to the Branch and mail it to the Branch Treasurer.



Branch #: _____ Event: _____

Event Date: _____ Event Location: _____

Event Cost Per Person: _____ Cost to Branch Per Person: _____ Cost to Member: _____

Additional Details:

Branch Officer Name (print): _____

Email: _____ Phone: _____

Signature: _____ Date: _____

- This form must be received by the Home Office for approval at least **30 days** before the event
- After the event, you must submit:
 - ❖ The Branch Reimbursement Program Payment Form
 - ❖ Attendance Sheet(s)
 - ❖ Pictures with members at the event
 - ❖ An article about the event for the Jednota newspaper, website and social media

SEND TO:

FCSU Financial®, 6611 Rockside Rd, Suite 300, Independence, OH 44131 or email to branch@fcsu.com

QUESTIONS?

Call us at 800.533.6682 ext. 119

Limited to 4 events per branch per calendar year

HOME OFFICE USE ONLY

Verified by: _____ Date: _____

Approved by: _____ Date: _____



Branch #: _____ Event: _____

Event Date: _____ Event Location: _____

Event Cost Per Person: _____ Cost to Branch Per Person: _____ Cost to Member: _____

Branch Treasurer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

SUBMIT:

Please submit the following information after the event:

- The Branch Reimbursement Program Payment Form
- Attendance Sheet(s)
- Pictures with members at the event
- An article about the event for the Jednota newspaper, website and social media

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QUESTIONS?

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HOME OFFICE USE ONLY

Verified by: _____ Date: _____

Approved by: _____ Approved Amt: _____ Date: _____