CONSENT TO BE INCLUDED IN

GROUP EXEMPTION LETTER OF DELAWARE PTA

The undersigned local or council PTA does hereby authorize Delaware PTA to include the local or council PTA in the group exemption letter issued to Delaware PTA by the Internal Revenue Service. If the undersigned previously obtained separate tax-exempt status from the Internal Revenue Service, it agrees it will relinquish it in favor of the group exemption issued to Delaware PTA upon inclusion in the Delaware PTA group exemption. The undersigned organization further represents and warrants that it will take any and all steps necessary and provide Delaware PTA with information necessary to maintain the group exemption and to follow the direction of Delaware PTA as necessary to protect its tax exemption.

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| ☐ | As the president of the local or council PTA identified below, I certify that this PTA has  filed its annual reports to maintain its 501(c)(3) nonprofit status with the Internal Revenue Service. |

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| --- | --- | --- |
| Date: | Click or tap here to enter text. | |
| Local or Council PTA Name: | Click or tap here to enter text. | |
| Local or Council PTA’s Federal Identification Number: | | Click or tap here to enter text. |
| Local or Council PTA President’s Name: | Click or tap here to enter text. | |
| Local or Council PTA President’s Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Local or Council PTA President’s Email Address: | Click or tap here to enter text. | |
| Local or Council PTA President’s Telephone Number: | | Click or tap here to enter text. |
| Local or Council PTA Mailing Address: | Click or tap here to enter text. | |
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Please complete and submit this form to [info@fspta.org](mailto:info@fspta.org). December 2023