CITY OF LOS ANGELES
Los Angeles Police Commission - Charitable Services Section
100 West First Street, Room 147, Los Angeles, CA 90012
(213) 996-1260

APPLICATION FOR PARTICIPATION IN THE CITY'S PAYROLL DEDUCTION PROGRAM

Pursuant to the provisions of Section 4.203 of the Los Angeles Administrative Code,

_____

Name of Agency | **CT NUMBER**

_____

Address

Hereby applies for participation in the City's **VOLUNTARY PAYROLL DEDUCTION PROGRAM**

The governing body of this agency hereby requests participation in the City's Payroll Deduction Program and voluntarily submits to investigation by the Charitable Services Section to establish that this agency meets the requirements specified in Section 4.203 through 4.206 of the Los Angeles Administrative Code.

The governing body of this agency further CERTIFIES that the agency fulfills the following:

1. Is exempt from taxation under Internal Revenue Code, Section 501(c)(3).
2. Has provided a copy of the charity's certified audit or the financial review by an accountant.
3. Has provided a copy of the most recent filed Internal Tax Form 990, unless exempt.
4. Serves local charities or organizations that provide human, health, or educational services within the Greater Los Angeles area.
5. Has been in operation for at least three years prior to submitting a request for participation in the City's Payroll Deduction Program.
6. Is an 'umbrella organization' defined as having working agreements with at least 15 non-profit charitable organizations
7. That no monies of the agency are on loan directly or indirectly to any officer, director, trustee or employee.
8. That the agency's fund-raising expenses do not exceed 20 percent for appeals.
9. That the agency has not violated any applicable law.

This application for participation in the City's Payroll Deduction Program is a voluntary act of the governing body of the agency, and the statements made here and in other materials submitted with this application are true and correct to the best of the signatories' knowledge.

Authorizing Signatures:

President _____ _____ _____
Print Signature Date

Board Member_____ _____ _____
Print Signature Date