



CITY OF LOS ANGELES CITY PAYROLL DEDUCTION PROGRAM APPLICATION

Agency/Organization Name: _____ Charitable Trust No: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

The abovementioned organization is voluntarily opting to participate in the ***Payroll Deduction Program***.

The governing body of this agency hereby requests to participated in the City of Los Angeles' Payroll Deduction Program and voluntarily submits to any all investigations by the Charitable Services Section pursuant to 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 and/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 Programs.
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% for appeals.
9. That the agency has not violated any applicable laws.

This application is to participate in the City's Payroll Deduction Program and is a voluntary act of the governing body of the agency, and the statements made here and in supplementary documents submitted are true and correct to the best of the signatories' knowledge.

Authorizing Signatures:

Organization Officer - Signature	Print or Type Name	Title	Date
----------------------------------	--------------------	-------	------

Organization Officer - Signature	Print or Type Name	Title	Date
----------------------------------	--------------------	-------	------