

**CHECKLIST- NOTICE OF INTENTION TO SOLICIT CHARITABLE CONTRIBUTIONS****Instructions to Applicants:**

The Notice of Intention (NOI) must be filed with the Charitable Services Section (CSS) at least 15 days before starting any solicitation activity.

Step 1: Determine Filing Type: If both apply, each must be filed separately.

- Annual: Required to maintain organizational registration and compliance for the year, valid for 12 months.
- Special Solicitation: Required to obtain approval for a specific, time-limited fundraising campaign.

Step 2: Please use only the current version of the NOI form (Rev 10/25). Prior or altered versions can not be accepted and will make the application incomplete.

Step 3: Be sure to include signatures of **two current officers or board members**.

Step 4: Please attach all required supporting documents. (See Filing Requirements for details.)

Step 5: Submit the \$52 Information Card fee. (Effective October 20, 2025 per Ordinance No.188726.)

	COMPLETE (✓)	FILING REQUIREMENTS	ON FILE AT CSS (✓)
1		Completed NOI Application. Do not leave blanks, write "None" where not applicable.	
2		Verify that all forms are signed. Electronic signatures must meet legal requirements.	
3		Submit Articles of Incorporation, Constitution or other governing instrument for unincorporated associations), together with all amendments in effect.	
4		Submit current bylaws to verify governance compliance.	
5		Attach copy of your Internal Revenue Service Exemption Letter to verify charitable status.	
6		Attach copy of your California State Franchise Tax Exemption Letter (ftb.ca.gov)	
7		Maintain current registration with the California Attorney General Registry of Charitable Trust. For more information, visit oag.ca.gov/charities	
8		If soliciting for another organization, include a written statement or letter of authority signed by two officers granting permission to use the organization's name.	
9		Arrangements have been made to ensure the \$52 Information Card processing fee is covered.	
10		Include a detailed proposed budget for your event, making sure all figures are entered.	
11		Name(s) of person(s) or any current agent(s) or employee(s) engaging in solicitation of funds	
Upon request of the Charitable Services Section: a Statement of Accomplishment for the prior calendar year, Names of all authorized signers, and Name and address of the bank where the organization's account(s) is/are held.			

SUBMISSION INSTRUCTIONS:

Submit completed NOI Application and required documents to:

- **Email:** pccharity@lapd.online (Preferred)
- **Mail:** LAPD- Charitable Services Section, 100 W. 1st Street, Room 147, Los Angeles, CA 90012.
- Please contact us to schedule an appointment before bringing your documents. This helps us ensure someone is available to assist you right away.

PAYMENT GUIDANCE:

Effective October 20, 2025 Information Card processing fee is \$52.

Applicants are strongly encouraged to submit payment by credit or debit card over the phone by calling (213) 996-1260. Checks or money orders payable to "City of Los Angeles" will be accepted, but are discouraged due to mailing delays that may cause processing and approval delays.



CITY OF LOS ANGELES
NOTICE OF INTENTION
TO SOLICIT CHARITABLE CONTRIBUTIONS

Please type or print and completely answer all questions on this form, leaving no fields blank. Answer "No" or "None" in fields where appropriate. Additional information may be provided on separate sheet(s) if needed. Los Angeles Municipal Code (LAMC), Chapter IV, Article 4, Sections 44.04 and 44.09 require that this Notice of Intention form be filed **at least 15 days prior to the beginning** of your organization's solicitation activities, and no entity or person shall solicit any charitable contribution unless an Information Card has been issued by the Los Angeles Police Commission. Non-compliance violation of these LAMC sections is a misdemeanor.

A FEE OF \$52.00 IS REQUIRED TO COMPLETE THE FILING OF THE APPLICATION AND TO ALLOCATE IT FOR PROCESSING

ABOUT ORGANIZATION

Name of Organization (as registered with the IRS): _____

Business Address: _____ State: _____ Zip: _____

Contact Person: _____ Employer Identification Number (EIN): _____

Contact Number: _____ CA Charities and Fundraisers Registration No.: _____

Email: _____ Org. Website: _____

ABOUT ACTIVITY

Describe type of appeal (solicitation) event/campaign and title of activity if available: _____

Event Venue Name (if applicable): _____ Solicitation Dates, From: _____ To: _____

Event Venue Address (if applicable): _____ Event Date (if applicable): _____

City: _____ State: _____ Zip: _____ Estimated Goal Amount: _____

SOLICITATION DETAILS

Type of solicitations/donations to be solicited (check all that apply): ☐ Monetary ☐ In-kind goods ☐ In-kind services ☐ Other

Specify Purpose and Use To Which The Proceeds Will Apply: _____

Is a different organization benefiting from this solicitation? ☐ *Yes ☐ No

If this solicitation is conducted on behalf of another organization, attach details (name, address, phone number, and enclose a copy of the authorization letter from said organization(s)).

METHOD OF SOLICITATION (Check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Box Office/Ticket Sales | <input type="checkbox"/> Door-to-Door/Personal Approach | <input type="checkbox"/> Fundraising Platform | <input type="checkbox"/> Online/Email/Social |
| <input type="checkbox"/> Phone/Telemarketing | <input type="checkbox"/> Postal Mail | <input type="checkbox"/> Radio/TV | <input type="checkbox"/> Storefronts/Poster/Flyers |
| <input type="checkbox"/> Newspaper/Bulletins | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Paid Solicitors/Commercial Fundraisers (requires permit)* | |

*If the paid solicitors/commercial fundraisers box is checked, attach details with the name, address, and phone number of the paid solicitors/commercial fundraisers and enclose a copy of their valid registration permit or license (LAMC Sec 44.14.h)

Itemize all anticipated expenditures related to this solicitation or activity:

Advertising/Publicity Costs	\$ _____	Postage	\$ _____
Decorations/Favors	\$ _____	Printing	\$ _____
Entertainment (DJ/Band/Orchestra)	\$ _____	Prizes	\$ _____
Equipment Purchase/Rental	\$ _____	Reservation/Venue Fee (\$ _____ per person)	\$ _____
Food/Meals	\$ _____	Transportation	\$ _____
Information Card Processing Fee	\$ _____	Paid Solicitors/Promoters	\$ _____
Other Permits/License Fees	\$ _____	Other: _____	\$ _____
Merchandise/Goods (to sell)	\$ _____	Estimated Total Expenditures \$ _____	

For Charitable Services Section Use Only

Agency Verification Status Verified By: _____

Date received: _____

Org #: _____

AG/DOJ ☐

Check #: _____

Assigned To: _____

Boardmembers ☐

Check Amt: \$ _____

SOS ☐

FTB ☐



CITY OF LOS ANGELES
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ADDITIONAL INFORMATION

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REQUIRED DOCUMENTS

Include the following documents with the completed page 1 of this form.

Organization's founding documents are required from organizations filing for the first time.

- a. Processing Fee of **\$52.00**.
- b. A current List of Partners/Officers/Directors/Trustees/or Association Members, whichever is applicable.
- c. A copy of registration filed with CA Secretary of State's Office, including Articles of Incorporation and bylaws including all amendments since last filing, if entity is incorporated.*
- d. A copy of registration filed with CA Attorney General's Office, showing current registration status.*
- e. A copy of tax exemption determination letter from CA Franchise Tax Board and US Internal Revenue Service. *

Check Items Below:

Attached	Previously Submitted
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

(*Documents in c, d, and e above are required only for first-time filer or if a change in the entity's prior year organizational structure or status occurred.)

MAY BE REQUIRED UPON REQUEST

- a. Statement of accomplishments for the last calendar year.
- b. Detailed proposed budget of the event.
- c. The name and location of the organization's bank account.
- d. The name(s) and title(s) of all person(s) authorized to sign checks for the organization.
- e. The name(s) of person(s) or any current agent(s) or employee(s) engaging in the solicitation of funds for the organization.

ACKNOWLEDGEMENTS AND SIGNATURES: OFFICERS/DIRECTORS/TRUSTEES OF THE ORGANIZATION - MUST SIGN THIS FORM

Has any of the entity's current officers, directors, trustees, partners, agents or employees been convicted of a felony or a misdemeanor involving moral turpitude within the past seven (7) years? ☐ *Yes ☐ No

If yes, attach a list identifying all individual(s) by name, title, the nature of the offense, the State where the conviction occurred, and the year of the conviction.

We, the undersigned, declare under penalty of perjury that (1) the information provided in this Notice of Intention form is true, correct, and complete, including accompanying documents; that (2) We have reviewed the provisions of the Los Angeles Municipal Code (LAMC), Chapter IV, Article 4 (Philanthropy) and will ensure all persons soliciting on behalf of this organization are familiar with this provisions, and (3) We will submit a Report of Results (ROR) within 30 days after the completion of this solicitation/fundraising activity. Non-compliance may constitute a misdemeanor. LAMC Chapter IV, Article 4 is available at https://codelibrary.amlegal.com/codes/los_angeles/latest.amc.0-0-130962.

The signature of two current board member(s) of the organization is required to execute this form.

Print Board Member Name and Title

Signature

Today's Date

Contact Number

Email Address

Print Board Member Name and Title

Signature

Today's Date

Contact Number

Email Address

IDENTIFY THE PERSON WHO OVERSEES THIS SOLICITATION/FUNDRAISING CAMPAIGN (WHOSE NAME WILL BE LISTED ON THE INFORMATION CARD)

***** THE INFORMATION CARD WILL BE E-MAILED TO THE PERSON IN CHARGE OF THE APPEAL UNLESS OTHERWISE NOTIFIED. *****

Include Mailing Address if necessary: _____

Person In Charge,
Print Name and Title

Signature

Today's Date

Contact Number

Email Address

Los Angeles Police Commission, Commission Investigation Division, Charitable Services Section
lapdonline.org/police-commission/cid/charitable-services-section | pccharity@lapd.online