

City of Los Angeles

NOTICE OF INTENTION TO SOLICIT CHARITABLE CONTRIBUTIONS

For office use only: Received _____
Assigned to _____
Org. # _____

IMPORTANT: THIS FORM MUST BE **COMPLETED IN DETAIL** AND FILED WITH CHARITABLE SERVICES SECTION AT LEAST **FIFTEEN (15)** BUSINESS DAYS PRIOR TO SOLICITATION WHICH IS NOT TO BE STARTED UNTIL AN INFORMATION CARD IS ISSUED. Read the **IMPORTANT INFORMATION ON PAGE 2 CAREFULLY**. Non-compliance with or violation of Article 4, Chapter IV, Los Angeles Municipal Code is a misdemeanor.

1 a. ORGANIZATION (Show complete name as registered with IRS)			b. California Charitable Trust Number	
2. ADDRESS (Street)	(City)	(State)	(Zip Code)	Phone
3 a. State kind of Appeal, Entertainment, Activity or Sale		b. Indicate kind of donation that will be solicited		
c. Location of activity (venue name or address)		d. Inclusive dates of solicitation		
e. Dates to be held		f. Indicate Goal Set		
4. State specific purpose and use to which proceeds will be applied.				

5. Name and address of organization benefiting from solicitation.

6. Solicitation by: (Check applicable categories)

Box Office Sales
 Radio/TV
 Paid Solicitors
 Mail
 Volunteer Solicitors
 Newspaper
 Telemarketing
 Storefronts/Door-to-Door
 Other (Specify)

7. Will percentages, commissions, salaries, or other compensations be payable to commercial/professional fundraisers? Yes No
 To solicitors? Yes No

If yes, what is the name of the Commercial Fundraiser? _____

8. Itemize anticipated expenditures connected with this solicitation or activity:

Printing	\$ _____	Prizes	\$ _____
Postage	_____	Costumes, Uniforms	_____
Stationery	_____	Advertising or Publicity Costs	_____
Telephone	_____	Permits or License Fees	_____
Rental – Storeroom, Hall, etc.	_____	Transportation	_____
Rental or Purchase of Equipment	_____	Music (Orchestra, etc.)	_____
Reservation Charges (\$ _____ per person)	_____	Entertainers	_____
Food (Luncheon, Dinner, etc.)	_____	Salaries	_____
Items for Resale	_____	Information Card Processing Fee	42.00
Food	_____	Additional Expenditures	_____
Merchandise	_____	_____	_____
Decorations, Favors	_____	_____	_____
		TOTAL	\$ _____

IMPORTANT INFORMATION – READ CAREFULLY

1. Attach the following with the completed form:
 - (a) Copy of articles of incorporation, constitution or other rules of operation (including amendments).
 - (b) Copy of bylaws.
 - (c) Copy of Internal Revenue exemption letter.
 - (d) Copy of State Franchise Tax exemption letter.
 - (e) California Charitable Trust Number.
 - (f) If solicitation is on behalf of any other organization, a written statement (letter of authority) from said organization signed by two of its officers, granting permission to use its name.
 - (g) Information Card Processing Fee of \$42.00 made payable to: "City of Los Angeles" (*check/money order*)

If information is not attached, indicate after each item "NONE" or "ALREADY ON FILE". FAILURE to provide the requested information will delay the processing of the Notice of Intention.

2. The following additional information may be required upon request.
 - (a) Statement of accomplishments for last calendar year.
 - (b) Proposed budget (in detail).
 - (c) Name and location of bank account. Names and titles of persons authorized to sign checks.
 - (d) **Name(s) of persons or any current agent or employee engaging in solicitation of funds.**

We the undersigned have read and understand Article 4, Chapter IV, Los Angeles Municipal Code and before authorizing persons to solicit for the purposes named above we will require them to be familiar with said article prior to making any such solicitation.

We the undersigned have **not** read Article 4, Chapter IV, Los Angeles Municipal Code. Please provide a copy of said Article.

We the undersigned agree to **submit within 30 days** after the completion of the solicitation a completed **Report of Results of Activity** form itemizing all receipts and expenditures.

SIGNATURES OF TWO BOARD MEMBERS OF THE ORGANIZATION ARE REQUIRED.

a. Type or Print Name, Title and Address of Board Member	Signature	Phone No. (Business)
		(Home)
b. Type or Print Name, Title and Address of Board Member	Signature	Phone No. (Business)
		(Home)
c. Type or Print Name, Title and Address of Person in Charge of Appeal / Event (Name will appear on Information Card)	Signature	Phone No. (Business)
		Phone No. (Home)
		E-Mail (Optional)

INFORMATION CARD WILL BE MAILED TO PERSON IN CHARGE OF APPEAL UNLESS OTHERWISE NOTIFIED.