

Los Angeles Unified School District  
 Student Body Finance Section  
**Request for Authorization – Fundraising**

Attachment B  
 RFA-Fundraising

The Student Body of:	PTA/PTO Legal (Registered) Name:
Date:	PTA/PTO IRS FEIN Number:
PTA/PTO Telephone:	
<b>Request to hold a fundraising activity:</b>	
<b>Sponsor:</b>	ASB (Student Body)*    Club**    PTA***    PTO***    Cooperative (ASB & PTA)**** Cooperative (ASB & PTO)****
<p>*100% of proceeds must go to ASB              ** Public appeal (activity not restricted to club members &amp; their immediate families) must be split 50/50 with ASB              ***100% of proceeds can go to PTA/PTO              **** Proceeds must be split between ASB and PTA/PTO (% determined by the ASB prior to event)</p>	
<b>Distribution of Proceeds:</b>	ASB Share: _____ %    Club Share: _____ % PTA/PTO Share: _____ %
<b>Purpose of Fundraiser:</b>	
<b>Description of Fundraiser:</b>	
<b>Details of Fundraising Activity:</b>	
Begin Date: _____    End Date: _____ (Fundraising activities should not exceed 3 consecutive weeks)  Time of Day: _____ (Fundraising activities cannot occur during instructional time)	On Campus:    Yes                  No Specific Location: _____  _____
If “On-Campus”, is any third party vendor/business involved?    Yes                  No If yes, please provide name of vendor/business and description of services provided: _____ _____	
Approved in Student Body Council Meeting of: Date: _____    Minutes are attached to this Request.	
Signature of Principal (Required) _____    Date _____	
Signature of ASB Treasurer (Required for Secondary) _____    Date _____	
Signature of Financial Manager (Required for Secondary) _____    Date _____	
Signature of President, Local PTA/PTO (if involved): _____    Date _____	
10 <sup>th</sup> /31 <sup>st</sup> District PTA Signature (Required if involved) _____    Date _____	
After completion, please submit to fundraising website (fundraising@lausd.net) 3 weeks prior to the event.	
<b>SBFS Approval - ASB Event/Activity:</b> Approved                  Not Approved                  Comments: _____	
<b>PTO/PTA Registration Status Current/Registered with State DOJ?</b> Yes:    No    Date Checked: _____	
<b>SBFS – PTA/PTO Event/Activity:</b> Approved as to process    Not Approved    Comments: _____	
Coordinating Financial Manager Signature: _____    Date: _____	
Other Approvals (if applicable): M&O: _____    Date: _____	
OEHS: _____    Date: _____	
If “On-Campus” and shared with PTA/PTO, required Leasing and Space Utilization for license agreement. Application is route to facility for approval. If PTA involved, school or local PTA forwards to 10th or 31 <sup>st</sup> PTA who will sign and then return back school or Local PTA. For ASB or cooperative, if “On-Campus” and Third Party Vendor/Business is involved, application is route to Risk Mgt for approval.	