# Forms

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HONORARY SERVICE AWARD (HSA) ORDER FORM

All monies raised with the sales of HSAs fund the California State PTA Scholarship and Grant Program

Presented By ____________________________  PTA/PTSA Unit # ____________

Please Print Clearly

PTA Council ____________________________  District PTA # ____________

Ship To - Contact Person ____________________________

Street Address ________________________________________________________________

City __________________________________ Zip ____________

Email __________________________________ Telephone (______) __________________

<table>
<thead>
<tr>
<th>AWARDS - See Toolkit for Descriptions</th>
<th>PRICES</th>
<th>HSA ORDER TIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cert. Only</td>
<td>Cert. + Pin</td>
</tr>
<tr>
<td>VSP Very Special Person Award</td>
<td>$15</td>
<td>$20</td>
</tr>
<tr>
<td>HSA Honorary Service Award</td>
<td>$30</td>
<td>$35</td>
</tr>
<tr>
<td>CSA Continuing Service Award</td>
<td>$30</td>
<td>$35</td>
</tr>
<tr>
<td>GOSA Golden Oak Service Award</td>
<td>$60</td>
<td>$80</td>
</tr>
<tr>
<td>OTA Outstanding Teacher Award</td>
<td>$30</td>
<td>$35</td>
</tr>
<tr>
<td>OAA Outstanding Administrator Award</td>
<td>$30</td>
<td>$35</td>
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</tbody>
</table>

AWARD RECIPIENT’S NAME - To appear on certificate

<table>
<thead>
<tr>
<th>AWARD RECIPIENT’S NAME - To appear on certificate</th>
<th>AWARD TYPE</th>
<th>ADD PIN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Print Clearly</td>
<td>VSP</td>
<td>HSA</td>
<td>CSA</td>
</tr>
<tr>
<td>1. First Name Last Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL (7.75% of Subtotal) |

SALES TAX (1 - 5 Awards $5.00/ 5 - 9 Awards $7.50/ 10+ Awards $10.00) |

SHIPPING & HANDLING ($2.50 x Total Number of Awards Ordered) |

PAPER ORDER FORM PROCESSING |

TOTAL $ ______________________

To order HSAs, send completed form with payment by mail or FAX:

• Mail Orders:
  California State PTA
c/o Kustom Imprints
1661 N. Glassell Street
Orange, CA 92867

• For Information, Call:
  800.683.5854 ext. 107
- No Phone Orders Accepted

METHOD OF PAYMENT (Check appropriate box)

CHECK or MONEY ORDER - Payable to Kustom Imprints

• A fee of $10 is charged for any check returned due to insufficient funds.
• Two signatures are required on all PTA/PTSA checks.

MasterCard Visa Zip Code ____________

/ / / / / / / / / / / / / / / / / / / / / / / / / / / / / / 
Credit Card Number Exp. Date

Print Name ____________________________
Signature ______________________________

FOR OFFICE USE ONLY:

Invoice # Ck# AMT. Y PTA Y PER

Order Online at www.ShopPTA.com! You can also place an order and pay by check.
HONORARY SERVICE AWARD*
NOMINATION FORM FOR UNIT, COUNCIL AND DISTRICT PTAs

The Honorary Service Award Selection Committee requests that members of PTA/PTSA assist in the selection of deserving recipients for recognition at PTA/PTSA event or at a PTA meeting. Nominated individuals or organization who have made significant contributions to the well being of children, youth or families in this school and/or community can be considered for this award. Current members, officers and teachers may also be considered for this award.

*Honorary Service Award Program includes the Very Special Person Award (VSP), Honorary Service Award (HSA), Continuing Service Award (CSA), Golden Oak Service Award (GOSA – California’s highest honor), Outstanding Teacher Award (OTA), Outstanding Administrator Award (OAA) and Donations in name of an individual or organization. (See Toolkit, Programs chapter Honorary Service Award (HSA) Program)

Please Print
Specify award category:
- [ ] Very Special Person Award (VSP)
- [ ] Golden Oak Service Award
- [ ] Donations
- [ ] Honorary Service Award (HSA)
- [ ] Outstanding Teacher Award (OTA)
- [ ] Continuing Service Award (CSA)
- [ ] Outstanding Administrator Award (OAA)
- [ ] Donations

Name of individual nominated: ____________________________________________
Title or position: _______________________________________________________

Name of organization nominated: _________________________________________
Contact Person: _________________________________________________________
Address: ______________________________________________________________
Phone: (____)_________________ Email: ________________________________ Date: __________________

Reason for nomination:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Name of person submitting the nomination: ______________________________
Phone: (____)_________________ Email: ________________________________ Date: ________________

All nominations will be considered. The HSA Selection Committee will select the recipient.

Nomination DUE DATE for presentation: ____________________________, 20__
PLEASE RETURN FORM TO: ____________________________________________PTA/PTSA

Sept. 2005
In Memoriam or Tribute Donation

Print Donor Name _______________________________________________________
Address________________________________________________________________
City_________________________ Zip________________________
Email__________________________________________________________________
Telephone (_____ ) ____________________________________________________

I wish to pay by PayPal (Click here to donate electronically.) – for website use
☐ Check (Make check or money order payable to California State PTA.)
☐ VISA    ☐ MasterCard
Credit Card Number______________________________________________ Exp. Date __________
Name of Card Holder_____________________________________________ CIN # __________
Signature__________________________________________________________ Zip Code __________

Please accept this contribution in  ☐ Memoriam  ☐ Tribute
In the amount of $______________
In the name of ______________________________________________________
To be used for California State PTA
☐ graduating high school senior scholarships
☐ PTA volunteer scholarships
☐ grant program
☐ leadership outreach
☐ other _____________________________________________________________

Print name and address of the individual to receive notice of the donation.
Name____________________________________________________________________
Address_________________________________________________________________
City_________________________ State_________ Zip__________________________

Thank you
☐ Please send me information on how I can become a PTA member.

Mail or fax to: California State PTA, 2327 L Street, Sacramento, CA 95816
FAX (916) 440-1986 | Phone (916) 440-1985 | info@capta.org | capta.org
PTA UNIT/COUNCIL SPOTLIGHT AWARD – FORM
Applications Due – February 1

Please Print
Name of PTA/PTSA _____________________________

Check one: □ Elementary □ Jr. High/Middle/Intermediate □ High

CA State PTA Unit # ___________________________

Council (if in council) ___________________________ District PTA ___________________________

PTA President _________________________________

Phone/Cell # ( ) ______________________________ Email _______________________________

Address ________________________________ City __________________ Zip __________________

PTA SPOTLIGHT UNIT AND COUNCIL AWARDS – Check ONE category per application form:

PTA UNIT AWARDS
□ Advocacy □ Membership & Outreach
□ Collaboration □ Programs for Student Achievement
□ Environmental □ Student Involvement
□ Family Engagement

PTA COUNCIL AWARDS
□ Advocacy □ Collaboration
□ Communication □ Leadership Development

HOW TO APPLY – Tell us about your program.

Complete this form and answer the questions below:

1. What program did you organize? ............ 20 points
2. Why was this program developed? ............ 15 points
3. How was your program implemented? ........ 25 points
4. How will you continue to promote and sustain your program’s objectives during the year? .... 20 points
5. What was the impact of your program on your school community? ....................... 20 points

Submitted by ________________________________ (Please Print)

PTA Position ________________________________

Do you give California State PTA permission to post program information on its website and to share ideas with members as requested? □ Yes □ No

**Council PTA President Signature ____________________ **District PTA President Signature ____________________

**Please Note: Your signature affirms that this PTA is in good standing, qualifies for a Ready, Set…Remit! Award and has current bylaws. All materials become the property of California State PTA and will not be returned. Winners will be notified in March.

Mail Application Packet to:
California State PTA, Awards Coordinator, 2327 L Street, Sacramento, CA 95816-5014
Questions? – Contact: Awards Coordinator, California State PTA – awards@capta.org

Application Packet includes: □ Form □ Responses to questions □ Materials from program

07/2016

California State PTA Toolkit – June 2020
PTA Unit/Council Spotlight Award – Overview

PTA Unit/Council Spotlight Awards recognize successful programs that are planned, organized and implemented by PTAs. They also provide the opportunity to share your model program with other PTA leaders at a California State PTA Convention workshop.

RECOGNITIONS/PRIZES FOR AWARD-Winning PTAs:

- Two (2) paid registrations for California State PTA Convention
- $100 gift certificate for the PTA Store at convention
- Special recognition at the California State PTA Convention
- Opportunity to showcase program at a convention workshop

CATEGORIES – APPLY IN ANY CATEGORY BELOW:

- **Advocacy | Unit or Council** – Advocating on behalf of all children at school, community or state and national level
  - **Examples:** Training parents and students to be better advocates, enhancing their roles in decision-making in educational issues, legislative activities supportive of the education, health and welfare of students

- **Collaboration | Unit or Council** – Developing strong partnerships to connect individuals, enhance student learning, assist schools & families, involve community stakeholders
  - **Examples:** Programs involving community agencies, organizations, education foundations, local businesses that connect education programs with workplace, senior citizens groups and community service learning

- **Communication | Council Only** – Maintaining effective and open communication with members
  - **Examples:** Utilizing websites, newsletters, e-news or social media to inform and support leaders and members

- **Environmental | Unit Only** – Promoting conservation, environmental awareness on campus
  - **Examples:** Programs involving waste reduction/recycling, air quality and conservation of non-renewable resources

- **Family Engagement | Unit Only** – Promoting student success with family engagement in students’ education
  - **Examples:** Activities enhancing family engagement, parent education or family support/resource development

- **Leadership Development | Council Only** – Boosting leadership capacity and development to ensure long-term growth and enhance a PTA’s effectiveness
  - **Examples:** Team building, mentoring, developing emerging leaders, involvement in training by PTA or outside agencies

- **Membership and Outreach | Unit Only** – Increasing membership while raising awareness of PTA’s mission and the value of membership that involves all stakeholders
  - **Examples:** Creative campaigns focusing on PTA’s value, importance of parent involvement in student success, membership growth through effective outreach to under-represented populations, non-traditional families and diverse community groups resulting in a PTA board reflective of its community

- **Student Achievement | Unit Only** – Implementing programs to support student achievement
  - **Examples:** Creative programs and events focusing on Education, Arts, Health or Safety to support student success

- **Student Involvement | Unit Only** – Increasing student involvement and participation in all aspects of PTA
  - **Examples:** Soliciting students’ input on priorities and interests, planning and implementing programs with students, collaboration of students and adults (PTA leaders, principals, administrators), students serving on PTA boards, programs run by students that promote PTA’s mission.

07/2016
## ANNUAL FINANCIAL REPORT (SAMPLE)

**FISCAL YEAR ________**

<table>
<thead>
<tr>
<th>Name of Unit</th>
<th>IRS EI #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council</td>
<td>District PTA</td>
</tr>
</tbody>
</table>

### BALANCE ON HAND from previous year

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings account interest</td>
<td>$__________</td>
</tr>
<tr>
<td>Checking account interest</td>
<td>$__________</td>
</tr>
<tr>
<td>Membership dues (unit portion only)</td>
<td>$__________</td>
</tr>
<tr>
<td>Fundraising (list total gross income individually)</td>
<td>$__________</td>
</tr>
<tr>
<td>Donations</td>
<td>$__________</td>
</tr>
</tbody>
</table>

**TOTAL** $__________

### RECEIPTS NOT BELONGING TO UNIT

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council, district, state, and National PTA membership per capita</td>
<td>$__________</td>
</tr>
<tr>
<td>Founders Day freewill offering</td>
<td>$__________</td>
</tr>
</tbody>
</table>

**TOTAL** $__________

### DISBURSEMENTS (List Budget Categories)

#### Operating expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Membership envelopes</td>
<td>$__________</td>
</tr>
<tr>
<td>Insurance premium</td>
<td>$__________</td>
</tr>
<tr>
<td>Newsletter and publicity</td>
<td>$__________</td>
</tr>
<tr>
<td>Council/district leadership workshops</td>
<td>$__________</td>
</tr>
<tr>
<td>Convention (State/National PTA)</td>
<td>$__________</td>
</tr>
<tr>
<td>Officers’ and chairmen’s reimbursement</td>
<td>$__________</td>
</tr>
<tr>
<td>Past president's pin</td>
<td>$__________</td>
</tr>
<tr>
<td>Honorary Service Award</td>
<td>$__________</td>
</tr>
</tbody>
</table>

**TOTAL** $__________

#### Program expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Programs and assemblies</td>
<td>$__________</td>
</tr>
<tr>
<td>Reflections Art Program</td>
<td>$__________</td>
</tr>
<tr>
<td>Family Engagement</td>
<td>$__________</td>
</tr>
<tr>
<td>Emergency preparedness</td>
<td>$__________</td>
</tr>
<tr>
<td>Hospitality</td>
<td>$__________</td>
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</tbody>
</table>

**TOTAL** $__________

#### Fundraising

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carnival</td>
<td>$__________</td>
</tr>
<tr>
<td>Book fair</td>
<td>$__________</td>
</tr>
<tr>
<td>Gift wrap</td>
<td>$__________</td>
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</tbody>
</table>

**TOTAL** $__________

### DISBURSEMENTS NOT BELONGING TO UNIT

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council, district, state, and National PTA membership per capita</td>
<td>$__________</td>
</tr>
<tr>
<td>Founders Day freewill offering</td>
<td>$__________</td>
</tr>
</tbody>
</table>

**TOTAL** $__________

### BALANCE ON HAND

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

**TOTAL** $__________
**AUDIT CHECKLIST**

**Unit Name**

**Date**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Financial Records Provided: List missing records/forms not completed on recommendation report.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>□ Bylaws &amp; Standing Rules □ Budget(s) □ Last Audit Report □ Ledger □ Checkbook register</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>□ Canceled checks (including voids) □ Authorizations for Payment □ Cash Verification Forms</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>□ Bank statements □ Bank books and deposit slips □ Bank Reconciliations □ Receipts/bills □ Cash receipts</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>□ Executive board minutes □ Association minutes □ Committee reports □ Treasurer Reports (Board &amp; Association)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>□ IRS Forms 990/990EZ/990N □ State Form 199 □ State Form RRF-1 □ State Form TR-1 (if required)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>As required for PTAs with employees or independent contractors:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>□ IRS Form 941 □ IRS Form 1099 □ State Form DE-6 □ State Form DE-542 □ Other:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Beginning Balance Records**

1. Check to see if amount shown on first bank statement (adjusted for outstanding checks and deposits) corresponds to the starting balance recorded in checkbook register, ledger, treasurer’s report and ending balance of last audit.

2. All bank statements opened, reviewed, signed & dated monthly by non-check signer.

3. All bank statements reconciled by treasurer and reviewed, signed & dated monthly by non-check signer.

4. Deposits and Checks Written: (signed by two authorized check signers per bylaws)
   a) Recorded in checkbook register
   b) Recorded in ledger in proper line items/categories/columns
   c) Agree with treasurer reports

5. Electronic payments and deposits recorded in checkbook register, ledger and treasurer reports

6. Bank charges and interest recorded in checkbook register, ledger and treasurer reports

**Bank Reconciliation**

1. All bank statements reconciled by treasurer and reviewed, signed & dated monthly by non-check signer.

2. All bank statements reconciled with ledger & register.

3. Ending balances (checkbook register, ledger, treasurer) agree with last bank statement (adjusted for outstanding checks and deposits not posted to bank statement).

**Membership**

1. Amount recorded and deposited equals total number of memberships received
   
   # (members) @ $__________ (membership dues listed in bylaws) = $__________

2. Amount forwarded to next level PTA equals total number of memberships received
   
   # (members) @ $__________ (per capita amount listed in bylaws) = $__________

**Insurance – premium(s) forwarded to next level PTA by due date**

**Minutes**

1. Original budget and updates/changes approved by association and recorded in minutes.

2. Funds released by association and recorded in minutes as released.

3. All expenditures approved and recorded in executive board minutes (List those expenditures not approved on recommendation report).

4. All expenditures approved/ratified in association minutes (List those expenditures not approved on recommendation report).

5. Committee minutes record plans, proposed expenditures, and total of monies earned

**Authorizations for Payment (signed by secretary and president)**

1. All authorizations written for approved amounts (List missing authorizations on recommendation report).

2. All authorizations have receipt/bill attached (List missing receipts/bills on recommendation report).

3. Authorizations match checks written

**Income**

1. Deposits properly supported

2. Cash Verification Forms used with two people counting money and signing.

3. Income received matches deposits recorded in checkbook register, ledger and treasurer reports.

4. Designated income spent as specified

**Financial Secretary Reports**

1. Filed for every association and board meeting.

2. Receipts/Deposit agree with ledger & register.

**Treasurer Reports**

1. Filed for every association and board meeting.

2. Agree with ledger and checkbook register.

3. Annual Financial Report

**Committee Reports**

1. Committee reports for all fundraisers submitted or report in minutes.

**Reporting Forms and Tax Returns**

1. Verify that all forms have been filed annually (if required)

**Audit Reports**

1. Audit done semiannually

2. Audit reviewed by review committee or conducted by qualified accountant

3. Present written report with recommendations to executive board

4. Present audit report to association for adoption

5. Forward report to the next level PTA

**Audit Recommendations**

All “No” answers should be included in the report as recommendations to change financial procedures.

At the completion of the audit, meet with president and financial officers to discuss recommendations and any corrections as needed. When errors have been corrected by a financial officer and accounts are accurate, draw a double line in red ink where the audit concludes on all records. Sign & date the audited materials.

**Mismanagement — Is mismanagement suspected? (Contact district PTA president immediately for assistance if yes.)**

---

**California State PTA Toolkit – June 2020**

**Forms FO9**
# AUDIT REPORT

<table>
<thead>
<tr>
<th>Date</th>
<th>Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Name of Unit</th>
<th>IRS EIN Number</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Council</th>
<th>District PTA</th>
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<table>
<thead>
<tr>
<th>Bank Name</th>
<th>Account #</th>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Bank Address</th>
<th>City/Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Dates covered by this audit

### Check numbers reviewed in this audit

<table>
<thead>
<tr>
<th>BALANCE ON HAND at time of last audit (date)</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECEIPTS since last audit</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
</tr>
<tr>
<td>DISBURSEMENTS since last audit (date)</td>
<td>$</td>
</tr>
<tr>
<td>BALANCE ON HAND</td>
<td>$</td>
</tr>
</tbody>
</table>

### BANK RECONCILIATION

<table>
<thead>
<tr>
<th>Last BANK STATEMENT balance (date)</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPOSITS not yet credited (add to balance)</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### CHECKS OUTSTANDING

<table>
<thead>
<tr>
<th>#</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| TOTAL outstanding checks (subtract from balance) | $ |

| BALANCE in checking account (date) | $ |

*These lines must balance

☐ I have verified that all tax forms, PTA- and government-required forms have been filed, if required.

The following is all that needs to be read when the auditor’s report is given:

I have examined the financial records of the treasurer of __________________________ of PTA/PTSA and find them

☐ correct
☐ substantially correct with the following recommendations
☐ partially correct more adequate accounting procedures need to be followed so that a more thorough audit report can be given
☐ incorrect

Audit completed __________________________
Executive Board Adopted __________________________
Association Adopted __________________________
Auditor’s Signature __________________________
Auditor’s Printed Name __________________________

(Copies: unit president, secretary, and treasurer; council treasurer or auditor and district PTA treasurer or auditor as directed by the district PTA. Attach copy of tax form(s) to next level PTA, if required to file.)

Submit separate report of explanation and recommendations to executive board.
A separate audit form must be completed for each bank account.

05/2016
AUTHORIZATION TO PURCHASE ON THE INTERNET

Date: ______________________________

Internet Vendor: ____________________________________________

Reason for Purchase: ____________________________________________

Budget Account: _______________________________________________

Date Motion Approved: __________________________________________

Amount Approved: ______________________________________________

Requested by Committee Chair: _________________________________

Authorized by: ________________________________________________

This form must be signed by two authorized check signers before any internet transaction may be made. Signatures by facsimile copy will be accepted.

DATE OF RECEIPT OF GOODS ______________________ Date of Reimbursement ______________________

SIGNATURE ____________________________________________

06/2008
AUTHORIZATION TO TRANSFER FUNDS BETWEEN ACCOUNTS

Date: ______________________

Reason for transfer: ____________________________________________

Transfer from account: ___________________________________________

Transfer to account: _____________________________________________

Amount to transfer: _____________________________________________

Requested by: __________________________________________________

Authorized by: _________________________________________________

(Authorized Check Signer)

(Authorized Check Signer)

This form must be signed by two authorized check signers before any transfer may be made. Signatures by facsimile copy will be accepted.

Date of Transfer _______________ Bank Transaction Number _______________

10/2010
AUTHORIZATION FOR ELECTRONIC TRANSFER FOR ATTORNEY GENERAL (RRF-1) ONLY

Date: _______________________

Reason for transfer: ____________________________________________________________

Transfer from account: __________________________________________________________

Transfer to account: _____________________________________________________________

Amount to transfer: _____________________________________________________________

Requested by: _________________________________________________________________

Authorized by: ________________________________________________________________

(Authorized Check Signer)

(Authorized Check Signer)

This form must be signed by two authorized check signers before any transfer may be made. Signatures by facsimile copy will be accepted.

Date of Transfer ______________________ Bank Transaction Number ______________________

05/2016
Date__________________________________________
Vendor Name _______________________________________
Address_____________________________________________
City/State/Zip________________________________________
Telephone (_____) __________________________ Email ________________________________
Budget Account_______________________________________
Reason for Payment____________________________________
Payment Account_______________________________________
Payment Amount________________________________________
Requested By____________________________________________

Authorized By ___________________________ Date ___________________________
(Authorized Check Signer)

Authorized By ___________________________ Date ___________________________
(Authorized Check Signer)

This form must be signed by two authorized check signers before any transfer/transaction may be initiated. Signatures by facsimile copy will be accepted.

FOR PTA TREASURER USE:
☐ Membership-approved activity ☐ Funds released by membership
☐ Executive Board-approved expenditure

Transaction Date ___________________________ Transaction Number ___________________________

Date approved in minutes: ___________________________ Secretary’s signature: ___________________________

08/2017
<table>
<thead>
<tr>
<th>Headline</th>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Unit</td>
<td>IRS EIN #</td>
<td></td>
</tr>
<tr>
<td>Council</td>
<td>District PTA</td>
<td></td>
</tr>
<tr>
<td>Bank Name</td>
<td>Account #</td>
<td></td>
</tr>
<tr>
<td>Bank Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BALANCE ON HAND from previous year</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>ESTIMATED RECEIPTS</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Interest income</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Membership dues (unit portion only)</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Fundraising (list individually)</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>RECEIPTS NOT BELONGING TO UNIT</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Council, district, State and National PTA membership per capita</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Founders Day freewill offering</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>TOTAL RECEIPTS</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>ESTIMATED DISBURSEMENTS</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Operating expenses</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Membership envelopes</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Insurance premium</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Newsletter and publicity</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Council/district PTA leadership workshops</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Convention (State/National PTA)</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Officers’ and chairmen’s reimbursement</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Past president’s pin</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Honorary Service Award</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Program expenses</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Programs and assemblies</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Reflections Program</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Family Engagement</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Emergency preparedness</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Hospitality</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Fundraising</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Carnival</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Book fair</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Gift wrap</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Carry-over to next year</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Unallocated reserves</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>DISBURSEMENTS NOT BELONGING TO UNIT</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Council, district, State and National PTA membership per capita</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Founders Day freewill offering</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>TOTAL DISBURSEMENTS</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>BALANCE ON HAND</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Treasurer’s Signature

Date
# CASH VERIFICATION FORM
(Membership, Fundraisers, Donations)

<table>
<thead>
<tr>
<th>UNIT NAME</th>
<th>ACTIVITY</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## COINS

<table>
<thead>
<tr>
<th>Denomination</th>
<th>Quantity</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1¢</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5¢</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10¢</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25¢</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50¢</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL $____________**

## CURRENCY

<table>
<thead>
<tr>
<th>Denomination</th>
<th>Quantity</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL $____________**

**Checks** Attach adding machine tape of itemized checks.

<table>
<thead>
<tr>
<th>Check Description</th>
<th>Quantity</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cash Total:____________**

**Check Total:____________**

**Membership Dues**

# _____ members @ $ _____ (dues) = $_____ + donations = $_______  **Grand Total $____________**

## FOR OFFICIAL USE ONLY

<table>
<thead>
<tr>
<th>Signature</th>
<th>Amount Received: $</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Signature</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>
### CHECK AND CHECKBOOK REGISTER (SAMPLE)

<table>
<thead>
<tr>
<th>Number</th>
<th>Date</th>
<th>Description of Transaction</th>
<th>Payments (-)</th>
<th>Fee (-)</th>
<th>Deposit/Credit (+)</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/03</td>
<td>Balance forward</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>150000</td>
</tr>
<tr>
<td>1096</td>
<td>9/1/03</td>
<td>Bay Council (membership envelopes)</td>
<td>300 00</td>
<td></td>
<td></td>
<td>147000</td>
</tr>
<tr>
<td></td>
<td>9/21/03</td>
<td>Membership (30 @ $10)</td>
<td></td>
<td>300 00</td>
<td></td>
<td>177000</td>
</tr>
<tr>
<td>1097</td>
<td>9/24/03</td>
<td>Bay Council (30 members)</td>
<td>120 00</td>
<td></td>
<td></td>
<td>165000</td>
</tr>
<tr>
<td>1098</td>
<td>10/02/03</td>
<td>VOID</td>
<td>0 00</td>
<td></td>
<td></td>
<td>165000</td>
</tr>
<tr>
<td></td>
<td>10/02/03</td>
<td>Membership (100 @ $10)</td>
<td></td>
<td>1000 00</td>
<td></td>
<td>265000</td>
</tr>
<tr>
<td>1099</td>
<td>10/05/03</td>
<td>Bay Council (100 members)</td>
<td>400 00</td>
<td></td>
<td></td>
<td>225000</td>
</tr>
<tr>
<td></td>
<td>10/28/03</td>
<td>Fall Festival (100 members)</td>
<td></td>
<td></td>
<td></td>
<td>495000</td>
</tr>
<tr>
<td>2000</td>
<td>11/5/03</td>
<td>a-b-c novelties (festival)</td>
<td>210 00</td>
<td></td>
<td></td>
<td>474000</td>
</tr>
<tr>
<td></td>
<td>11/07/03</td>
<td>Returned check (R. Brown #3100 - festival)</td>
<td>(30 00)</td>
<td></td>
<td></td>
<td>471000</td>
</tr>
<tr>
<td></td>
<td>11/07/03</td>
<td>Bank fee (for returned check)</td>
<td>10.00</td>
<td></td>
<td></td>
<td>470000</td>
</tr>
</tbody>
</table>

Sample reconciled checkbook register

---

**Sample check**

```
My PTSA
6200 Oak Court
Pleasant Oaks, CA 99000-1100

PAY TO THE ORDER OF  Meat Market  
Thirty-nine and 40/100 DOLLARS

FOR  meat - spght. dinner

$ 39.40

Jane Courtly  
John Price
TWO SIGNATURES REQUIRED

*503796" "456782345" 6897567"1010*
```

Sample check
COMMITTEE REPORT

Please write a committee report for all PTA activities. Attach any detailed information as requested or needed. Report to be filed with president, secretary, treasurer, historian, auditor, committee chairman and others if requested.

Activity Details
Name of activity ___________________________ Date held ___________ Time ______________

Location _________________________________ Approved by PTA membership on: (date) __________

Presented in cooperation with (list group, agency or organization) __________________________

Goals
Money to be used for __________________________

Committee Details
Chairman ___________________________ Secretary __________________________
Members (including students) __________________________________________
Consultants ________________________________________________

Meetings
Date(s) meetings were held: (1) ___________ (2) ___________ (3) ___________ (4) ___________ (5) ___________

Financial Details
Proposed budgeted income $ ___________ Actual income $ ___________
Proposed budgeted expense $ ___________ Actual expense $ ___________
Net income $ ___________

Volunteer Details
Number of volunteers needed to conduct activity adequately: ___________ Total volunteer hours: ___________

Recommendations
☐ Do again ☐ Do NOT do again ☐ Do again, but modify (explain in #11 below)

Report Details. Attach any detailed information as requested.

1. Was insurance company contacted prior to planning? ☐ Yes ☐ No
   Was extra coverage required? ☐ Yes ☐ No
   Cost? ______________

2. Was the Insurance and Loss Prevention Guide reviewed prior to event? ☐ Yes ☐ No

3. Was a written contract required? ☐ Yes ☐ No
   Association approval? ☐ Yes ☐ No
   Signed by president and one elected officer? ☐ Yes ☐ No

4. Was the timing of the activity appropriate? ☐ Yes ☐ No
   If not, suggest more appropriate date(s): __________________________

5. Attach a detailed timeline to report.
6. Were there any special requirements? ☐ Yes ☐ No
   Explain: __________________________

7. How was activity publicized? __________________________
   Attach any articles or fliers

8. Specify equipment needs: __________________________

9. Special contacts/contact information (Speakers, judges, service providers): __________________________

10. Attach a detailed financial report. Attach copies of all inventory reports and cash verification forms for auditor.

11. Additional comments: __________________________

NOTE
California State PTA strongly suggests that any fundraiser be audited immediately if a large amount of monies was raised.

Prepared by ___________________________ Date ___________

Report due 30 days after completion of activity.
DONATION RECEIPT

Date ____________________________

Name ____________________________

Cash contribution $ ____________________________

In-kind non-cash items exceeding $250 in value (description of items):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

“Quid Pro Quo” contributions (Contributions that are made partly as a contribution and partly in payment for goods and services received, for example, a ticket price that is higher than its normal value). For Quid Pro Quo contributions of more than $75, list item(s) and total amount paid for each.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

In consideration of their donation, donor received (e.g., value of meal):
________________________________________________________________________
________________________________________________________________________

California State PTA is a tax-exempt nonprofit organization as described in Section 501(c)(3) of the Internal Revenue Code. This exemption applies to all California State PTA’s constituent organizations.

Authorized by ____________________________

IRS EIN ____________________________

PLEASE RETAIN FOR YOUR TAX RECORDS
THANK YOU FOR YOUR SUPPORT
FACILITIES USE PERMIT ADDENDUM

(Name of Application)

This Addendum amends that certain application to __________________________ (name of school district) for use of the facilities at __________________________ (name of facility) signed by __________________________ (name of PTA), dated __________________________ (the “Application”).

Notwithstanding anything to the contrary contained in the Application, the School District and the PTA agree that California Education Code Section 38134 (i) is incorporated into and supersedes any conflict part of the application. California Educational Code Section 38134 (i) provides as follows:

A school district authorizing the use of school facilities or grounds under subdivision (a) is liable for an injury resulting from the negligence of the school district in the ownership and maintenance of the school facilities or grounds. An entity using school facilities or grounds under this section is liable for an injury resulting from the negligence of that entity during the use of the school facilities or grounds. The school district and the entity using the school facilities or grounds under this section shall each bear the cost of insuring against its respective risks, and shall each bear the costs of defending itself against claims arising from those risks. Notwithstanding any other law, this subdivision shall not be waived. This subdivision does not limit or affect the immunity or liability of a school district under Division 3.6 (commencing with Section 810) of Title 1 of the Government Code for injuries caused by a dangerous condition of public property. [California Education Code Section 38134(i)].

PTA

(School District)

(Name of PTA)

By __________________________

Title __________________________

Date __________________________

SCHOOL DISTRICT

(Name of School District)

By __________________________

Title __________________________

Date __________________________
FIDUCIARY AGREEMENT

The_________________________________________PTA/PTSA (PTA), hereby gives to the
_________________________________________Public School District, a monetary grant in the amount of ____________________________
dollars ($__________) check number__________, dated and signed by
_________________________________________president and_________________________________________treasurer
of the_________________________________________PTA.

The gift money is for the sole purpose of ____________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

It is hereby agreed that the gift monies will be spent for the above-stated purpose on or before
_________________________________________. Any portion of such funds that is unused or unexpended as of such
date shall be reimbursed in full to the_________________________________________PTA within
seven (7) business days of the expiration date.

The PTA hereby gives to the_________________________________________Public School District, the following equipment
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

The_________________________________________Public School District accepts ownership of
the above described equipment, accepts responsibility for the installation, operation and maintenance of the above
described equipment, and will keep the above described equipment at
_________________________________________, for a period of no less than
_________________________________________(_) years.

The conditions set forth in this Fiduciary Agreement are restrictions placed by the PTA upon the donation and use of
the above described money or equipment.

_________________________________________ Date
PTA/PTSA President

_________________________________________ Date
PTA/PTSA Treasurer

_________________________________________ Date
School Administrator

_________________________________________ Date
School District Administrator
FINANCIAL SECRETARY’S REPORT (SAMPLE)

________________________ PTA
November 14, 2010 – December 14, 2010

A monthly report must reflect the duties of a financial secretary as assigned in the bylaws and should include:

**RECEIPTS**
(Listing of monies received and given to treasurer to deposit.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/13</td>
<td>Carnival</td>
<td>$1,450.00</td>
</tr>
<tr>
<td>11/17</td>
<td>Membership dues (150 @ $9)</td>
<td>1,350.00</td>
</tr>
<tr>
<td>11/21</td>
<td>Book fair</td>
<td>349.50</td>
</tr>
<tr>
<td>12/05</td>
<td>Gift wrap</td>
<td>5,000.00</td>
</tr>
<tr>
<td>12/10</td>
<td>Founders Day freewill offering</td>
<td>213.00</td>
</tr>
</tbody>
</table>

**TOTAL** $8,362.50

**DEPOSITS**
(Listing of monies deposited — a duplicate copy of deposit slip is given to treasurer.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/14</td>
<td>Carnival</td>
<td>$1,450.00</td>
</tr>
<tr>
<td>11/18</td>
<td>Membership dues (150 @ $9)</td>
<td>1,350.00</td>
</tr>
<tr>
<td>11/22</td>
<td>Book fair</td>
<td>349.50</td>
</tr>
<tr>
<td>12/06</td>
<td>Gift wrap</td>
<td>5,000.00</td>
</tr>
<tr>
<td>12/11</td>
<td>Founders Day freewill offering</td>
<td>213.00</td>
</tr>
</tbody>
</table>

**TOTAL** $8,362.50

________________________       ____________________________
Financial Secretary Signature   Date
NEEDS ASSESSMENT WORKSHEET

Unit Name ____________________________________________
Street Address ____________________________________________
City, Zip Code__________________________________________

The purpose for conducting a needs assessment is to determine if an identified concern is truly a problem that should be dealt with through broad-based community action. The members of our PTA executive board are concerned about

__________________________________________________________________________
__________________________________________________________________________

We would like to know your thoughts on this subject. Your response to the questions below will assist us in determining whether or not you concur in our concern and the direction we should take if you agree there is a problem.

1. In your opinion is there a problem?  □ Yes  □ No
2. Is the school affected by the problem?  □ Yes  □ No
3. Is the neighborhood affected by the problem?  □ Yes  □ No
4. Is the problem citywide?  □ Yes  □ No
5. Are the following groups of people affected by the problem?
   • Students  □ Yes  □ No
   • Families  □ Yes  □ No
   • School staff  □ Yes  □ No
   • Everyone  □ Yes  □ No
6. Additional comments
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

Your name__________________________________________Your title__________________________________________
The agency you represent, if any ________________________________
Your address ____________________________________________
Your telephone (___)______________________________Email ________________________________
Please return to______________________________No later than ________________________________
For additional information please contact______________________________at______________________________
### SERVICE PROVIDER/SPEAKERS/PROGRAM PARTICIPANTS CHECK LIST

<table>
<thead>
<tr>
<th>Name</th>
<th>Daytime telephone (  )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization/Agency/Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled time commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial contact date</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Copy of letter attached</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Response sheet received and copy attached
- Curriculum Vitae received
- Organization/agency evaluation form distributed to provider (at check-in time)
- Organization/agency evaluation form returned (at the end of the Health Fair)
- Thank you note sent

### Equipment/supplies/space needed:

1. 
2. 
3. 

### Notes

_____________________________
_____________________________
_____________________________
_____________________________
_____________________________
_____________________________
CONSENT FOR FAX CONTACT: New rules issued by the Federal Communications Commission (FCC) on July 3, 2003, require that associations must obtain the signed, written consent of a recipient, even association members, in order to fax meeting notices, meeting registrations and other "unsolicited advertisements" for the specific fax number to which the fax is to be sent.

Unless the _______________ PTA/PTSA has a signed consent form on file, we will no longer be able to fax to you any material inviting you to participate in meetings and educational programs. Legislative updates and information items are not covered by the new FCC rules, so you may continue to receive some information via fax; however, that information will be limited.

Please complete the FACSIMILE CONSENT FORM no later than _______________ and either fax the signed form to (_____) ________________ or deliver to _________________.

FACSIMILE CONSENT FORM

I understand that by providing my fax number(s), I consent to receive communications sent via facsimile by or on behalf of the _______________ PTA/PTSA. I understand that the _______________ PTA/PTSA may not share my contact information with other organizations.

NAME __________________________

ADDRESS __________________________

CITY __________________________ ZIP _______________

EMAIL __________________________

FAX NUMBER(S)
(Include area codes and list all that _______________ PTA/PTSA may use.)

(_____) __________________________ (_____) __________________________

Signature __________________________ Date _______________

Print Name __________________________

PTA/PTSA Position __________________________

☐ I do not wish to receive communications by facsimile.
HOLD HARMLESS AGREEMENT
FOR PTA FUNDRAISING VENDORS/CONCESSIONAIRES/SERVICE PROVIDERS

Insurance Requirements:
(a) Workers’ Compensation Insurance. Required if you have employees engaged in the performance of work under the agreement.

(b) Comprehensive General Liability. Required $1,000,000. Combined Single Limit. This policy shall cover, among other risks, the contractual liability assumed by vendor/concessionaire/service provider under the indemnification provision set for in the agreement, and include Bodily Injury, Property Damage, Personal Injury and Products Liability if Applicable.

(c) Automobile Liability Insurance. Required only if you are providing transportation (e.g., limousine or bus service) at PTA event. $5,000,000 limit required. $1,500,000 for limos with 15 or fewer passengers.

If you (vendor/concessionaire/service provider) fall under (b) or (c), a Certificate of Insurance showing policy limits and an endorsement to the policy MUST be submitted with your contract.

Contract containing the following language MUST be added to the above policies (b) and (c) as an Additional Insured:

The California Congress of Parents, Teachers, and Students, Inc. (California State PTA), including all unit, council and district PTAs and all of their officers, directors, members and volunteers. The insurance afforded by this policy shall be primary insurance to any other valid and collectible insurance available to PTA and (Name of vendor/concessionaire/service provider)

I/We (vendor/concessionaire/service provider) agree(s) to defend and to indemnify and hold harmless, the California Congress of Parents, Teachers, and Students, Inc. (California State PTA), including all unit, council and district PTAs and all of their officers, directors, members and volunteers with respect to my/our liability for “bodily injury,” “property damage” or “personal and advertising injury” to the extent caused by my/our acts or omissions or for the acts or omissions of those acting on my/our behalf:

A. In the performance of my/our ongoing operations; or
B. In the sale or distribution of my/our products; or
C. In connection with my/our premises rented to you.

NOTE: The terms and conditions of this agreement shall apply with respect to Vendor’s/Concessionaire’s/Service Provider’s operations for any unit, council, district or State PTA in California.

DATE: ___________________________ SIGNED: ___________________________

(NAME OF ENTITY: ___________________________ TITLE: ___________________________)

Vendor: If you wish to be included as an approved vendor on the PTA Insurance website then contact our broker at (818) 662-4200.

January 2011
## RECEIPTS

<table>
<thead>
<tr>
<th>Date</th>
<th>Received From</th>
<th>Deposits</th>
<th>Total Receipts</th>
<th>Membership Dues</th>
<th>Fund Raising</th>
<th>Founders Day &amp; Donations</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/03</td>
<td>Balance forward</td>
<td></td>
<td>1,500.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/21/03</td>
<td>Membership (30 @ $10)</td>
<td>300.00</td>
<td>300.00</td>
<td>180.00</td>
<td>120.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/2/03</td>
<td>Membership (100 @ $10)</td>
<td>1,000.00</td>
<td>1,000.00</td>
<td>600.00</td>
<td>400.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/28/03</td>
<td>Fall festival</td>
<td>2,700.00</td>
<td>2,700.00</td>
<td></td>
<td>2,700.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/6/03</td>
<td>Membership (12 @ $10)</td>
<td>120.00</td>
<td>120.00</td>
<td>72.00</td>
<td>48.00</td>
<td></td>
<td></td>
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<tr>
<td>11/25/03</td>
<td>Donation</td>
<td>25.00</td>
<td>25.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/1/03</td>
<td>Winter Craft Fair</td>
<td>1,500.00</td>
<td>1,500.00</td>
<td>1,500.00</td>
<td>25.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/7/03</td>
<td>Pizza Night (90 @ $8)</td>
<td>720.00</td>
<td>720.00</td>
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<td>720.00</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>6,365.00</td>
<td>7,865.00</td>
<td>852.00</td>
<td>568.00</td>
<td>4,920.00</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/20/04</td>
<td>Membership (10 @ $10)</td>
<td>100.00</td>
<td>100.00</td>
<td>60.00</td>
<td>40.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### DISBURSEMENTS

<table>
<thead>
<tr>
<th>Date</th>
<th>Paid To</th>
<th>Check No.</th>
<th>Total Dibursements</th>
<th>Dues</th>
<th>Programs</th>
<th>Fund Raising Expenses</th>
<th>Supplies &amp; Equipment</th>
<th>Misc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/03</td>
<td>Bay Council (memb envelopes)</td>
<td>1096</td>
<td>30.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30.00</td>
</tr>
<tr>
<td>9/24/03</td>
<td>Bay Council (30 Members)</td>
<td>1097</td>
<td>120.00</td>
<td>120.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/2/03</td>
<td>VOID</td>
<td>1098</td>
<td>.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/5/03</td>
<td>Bay Council (100 Members)</td>
<td>1099</td>
<td>400.00</td>
<td>400.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/5/03</td>
<td>a-b-c novelties (festival)</td>
<td>2000</td>
<td>210.00</td>
<td></td>
<td></td>
<td>210.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/10/03</td>
<td>Bay Council (12 Members)</td>
<td>2001</td>
<td>48.00</td>
<td></td>
<td></td>
<td>48.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/4/03</td>
<td>Crafts Galore (craft fair)</td>
<td>2002</td>
<td>575.00</td>
<td></td>
<td></td>
<td>575.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/10/03</td>
<td>Pizza Stop (20 pizzas)</td>
<td>2003</td>
<td>150.00</td>
<td></td>
<td></td>
<td>150.00</td>
<td>1,533.00</td>
<td>568.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Paid To</th>
<th>Check No.</th>
<th>Total Dibursements</th>
<th>Dues</th>
<th>Programs</th>
<th>Fund Raising Expenses</th>
<th>Supplies &amp; Equipment</th>
<th>Misc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/21/04</td>
<td>Bay Council</td>
<td>2004</td>
<td>40.00</td>
<td>40.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Audit by Mary Smith 1-15-04
PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name of Payee ______________________________________________________

PTA Position ______________________________________________________

Address ______________________________________________________________________________________

City/Zip ______________________________________________________________________________________

Telephone (______) __________________________ Email ______________________________

Expenditure was for: ______________________________________________________

List Expenditures: __________________________ $ ________

________________________ $ ________

________________________ $ ________

________________________ $ ________

________________________ $ ________

TOTAL EXPENSE $ ________

Total Amount Claimed From Above $ ________

Minus Advance Received $ ________

Reimbursement Claimed $ ________

Not claimed – donate to PTA $ ________

Refund to PTA (Enclose Check) $ ________

Signature __________________________________________ Date __________________________

Signature of VP/Chairman for Program/Event __________________________________________

FOR PTA TREASURER USE:

☐ Membership-approved activity

☐ Funds released by membership

☐ Executive Board-approved expenditure

<table>
<thead>
<tr>
<th>Check Number</th>
<th>Category</th>
<th>Amount Advanced</th>
<th>Expenses</th>
<th>Amount Owed or Due</th>
</tr>
</thead>
</table>

President's signature: __________________________________________ Date: __________________________

Date approved in minutes: __________________________ Secretary's signature: __________________________

03/2009

California State PTA Toolkit – June 2020 FO28 Forms
REQUEST FOR ADVANCE/PAYMENT AUTHORIZATION

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name_____________________________________________Telephone (_____) ______________________
Address______________________________________________
City/Zip________________________________________________________________________

Funds being requested for: ________________________________________________________________

List estimated costs:

__________________________________________ $ __________

__________________________________________ $ __________

__________________________________________ $ __________

TOTAL ADVANCE REQUESTED $ __________

I request the above advance for expenses of authorized PTA business. Within two weeks of the completed assignment, I agree to submit an expense statement along with the required receipts and to refund any unused portion of the advance or to claim money due to me, providing the total is not in excess of the approved amount.

Signature_________________________________________ Date _______________________________________________________________________

FOR PTA TREASURER USE:

☐ Membership-approved activity  ☐ Funds released by membership
☐ Executive Board-approved expenditure

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Budgeted Amount</th>
<th>Check Number</th>
<th>Amount</th>
</tr>
</thead>
</table>

President's signature:_________________________________________ Date: _______________________________________________________________________
Date approved in minutes:________________________ Secretary's signature:_________________________________________
# TREASURER’S REPORT (SAMPLE)

**PTA**  
November 14, 2010 – December 14, 2010

## CHECKING ACCOUNT

**BALANCE ON HAND 11/14/2010**  
$4,250.00

<table>
<thead>
<tr>
<th>Income Date</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/15</td>
<td>DEP: Carnival</td>
<td>$1,450.00</td>
</tr>
<tr>
<td>11/17</td>
<td>DEP: Membership dues, unit portion (150 @ $5)</td>
<td>750.00</td>
</tr>
<tr>
<td>11/22</td>
<td>DEP: Book fair</td>
<td>349.50</td>
</tr>
<tr>
<td>12/05</td>
<td>DEP: Gift wrap</td>
<td>5,000.00</td>
</tr>
<tr>
<td>12/10</td>
<td>NSF check #1113 – Book Fair purchase</td>
<td>(16.50)</td>
</tr>
</tbody>
</table>

**TOTAL**  
7,533.00

**FUNDS NOT BELONGING TO THE UNIT INCOME**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/17</td>
<td>DEP: Membership, 150 @ $4.00 (council/district/State/National PTA)</td>
<td>$600.00</td>
</tr>
<tr>
<td>12/10</td>
<td>DEP: Founders Day freewill offering</td>
<td>213.00</td>
</tr>
</tbody>
</table>

**TOTAL**  
813.00

**TOTAL INCOME**  
$12,596.00

<table>
<thead>
<tr>
<th>Expense Date</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ck # 3150</td>
<td>Cajon Council, insurance premium</td>
<td>$195.00</td>
</tr>
<tr>
<td>Ck # 3151</td>
<td>Mary Smith, Carnival expenses</td>
<td>55.00</td>
</tr>
<tr>
<td>12/10</td>
<td>Bank fee, NSF Ck # 1113</td>
<td>10.00</td>
</tr>
<tr>
<td>Ck # 3153</td>
<td>Patty Harper, hospitality</td>
<td>7.49</td>
</tr>
<tr>
<td>Ck # 3154</td>
<td>Book Fair Company</td>
<td>120.00</td>
</tr>
<tr>
<td>Ck # 3155</td>
<td>VOID</td>
<td></td>
</tr>
<tr>
<td>Ck # 3156</td>
<td>Cajon Council, convention/2 delegates</td>
<td>260.00</td>
</tr>
<tr>
<td>Ck # 3157</td>
<td>Susan Bird, office supplies</td>
<td>15.29</td>
</tr>
<tr>
<td>Ck # 3158</td>
<td>VOID</td>
<td>0.00</td>
</tr>
<tr>
<td>Ck # 3159</td>
<td>Beverly Anderson, postage</td>
<td>3.70</td>
</tr>
<tr>
<td>12/13</td>
<td>Transfer to savings</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>

**TOTAL**  
5,666.48

<table>
<thead>
<tr>
<th>Fund Date</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/17</td>
<td>DEP: Membership dues, unit portion (150 @ $5)</td>
<td>750.00</td>
</tr>
<tr>
<td>11/22</td>
<td>DEP: Book fair</td>
<td>349.50</td>
</tr>
<tr>
<td>12/05</td>
<td>DEP: Gift wrap</td>
<td>5,000.00</td>
</tr>
<tr>
<td>12/10</td>
<td>NSF check #1113 – Book Fair purchase</td>
<td>(16.50)</td>
</tr>
</tbody>
</table>

**TOTAL**  
813.00

**TOTAL EXPENSES**  
$6,479.48

**BALANCE ON HAND 12/14/2010**  
$6,116.52

## SAVINGS ACCOUNT

**BALANCE ON HAND 11/14/2010**  
$8,649.55

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/10</td>
<td>DEP: Interest</td>
<td>4.32</td>
</tr>
<tr>
<td>12/13</td>
<td>DEP: Transfer from checking</td>
<td>5,000.00</td>
</tr>
</tbody>
</table>

**Withdrawals**  
0.00

**BALANCE ON HAND 12/14/2010**  
$13,653.87

Signature _________________________________  Date _________________
UNIT REMITTANCE FORM

Units must use this sheet when submitting monies to council.

Date __________________________

Unit Name __________________________ State PTA ID Number ______
Unit Address __________________________ City/Zip ______________
Council __________________________ District PTA ______

Total membership on this report: __________________________

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership dues: # __________ @ $ ____________________</td>
<td></td>
</tr>
<tr>
<td>(Council, district, State, National PTA portions)</td>
<td>$</td>
</tr>
<tr>
<td>Insurance Premium (through channels to State PTA by 12/20)</td>
<td></td>
</tr>
<tr>
<td>Late Charge Insurance (assessed by State PTA if after 12/20)</td>
<td></td>
</tr>
<tr>
<td>Workers’ Compensation Surcharge and form (through channels to State PTA by 1/31)</td>
<td></td>
</tr>
<tr>
<td>Founders Day Freewill Offering</td>
<td></td>
</tr>
<tr>
<td>Council Assessments</td>
<td></td>
</tr>
<tr>
<td>District PTA Assessments</td>
<td></td>
</tr>
<tr>
<td>Membership Envelopes</td>
<td></td>
</tr>
</tbody>
</table>

CHECK # __________ TOTAL $ __________

Treasurer __________________________ Telephone (______) __________________________
Address __________________________ City/Zip ______________ Email __________________________

Make check payable to: __________________________ Council.
Mail to council treasurer: Name __________________________
Address __________________________ City/Zip ______________

All checks must have TWO SIGNATURES.

Make a copy for your records.

The following statement must appear on all local remittance statements in order that the National PTA publication, Our Children may qualify for second-class entry mailing:

“A portion of the total sum sent for the National portion of PTA membership dues is payment for one year’s subscription to Our Children of the National Congress of Parents and Teachers, which will be sent to the president of each local unit."
EVERY UNIT, COUNCIL AND DISTRICT PTA
MUST COMPLETE AND RETURN THIS FORM EVEN IF NO ONE WAS PAID

WORKERS’ COMPENSATION ANNUAL PAYROLL REPORT
(Attach insurance premium payment to Report and forward to council/district PTA as directed by their due date. Payment must be received at State office from district PTA on or before January 31.)

Name of PTA __________________________ District __________
Address ____________________________________________ Council __________
City __________________________________ Zip __________

Please note: List only those payees that PTA pays directly for services. DO NOT list payees when monies are donated to a school district to pay workers.

<table>
<thead>
<tr>
<th>NAME OF PAYEE (INDIVIDUAL OR ORGANIZATION)</th>
<th>TYPE OF WORK BE SPECIFIC</th>
<th>DOES THE PAYEE CARRY THEIR OWN WORKERS’ COMPENSATION INSURANCE?</th>
<th>DATES WORKED</th>
<th>AMOUNT PAID FOR SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>YES*</td>
<td>JAN 5, ____ TO JAN 4, ____</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>NO</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
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<td>11</td>
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<tr>
<td>12</td>
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</tr>
</tbody>
</table>

Total Payroll for ALL Employees

A

B
Less $1,000 $1,000.00

C
Gross Payroll

D
Premium due for additional Workers’ Compensation insurance coverage. 5% of Gross Payroll (Line C)

*If yes, the payee must provide a Certificate of Insurance from their Workers’ Compensation insurance carrier to the PTA. The certificate must list limits in the Workers’ Compensation section and be attached to this report form. Please note, General Liability insurance is NOT Workers’ Compensation insurance.

This report form must be completed and forwarded through channels to reach the California State PTA office no later than January 31.
- Unit, council and district PTAs are required to file this form, **even if no one was paid**.
- Report ALL payees PTA paid directly for services – attach additional Payroll Report detail pages(s) as necessary.
- Write “NO ONE PAID” across form if no one was paid.
- Signed by treasurer or president.
- **Forward through channels (unit to council to district). DO NOT send directly to the California State PTA office.**
- Insurance premium received in California State PTA office after January 31 is subject to a $25 late fee by State PTA.

Date _______________________________ Signed _______________________________
Telephone ___________________________ Position _____________________________
PTA UNIT – ANNUAL HISTORIAN REPORT FORM
Reporting Period – July 1 to June 30, ________

Instructions:
Complete this form and file it in your Historian’s procedure book
Make 2 copies of your completed form:
• Give 1 copy to your unit secretary to file with the minutes.
• Send 1 copy – through channels – to your PTA council/district.
  Check your council/district due date.

Tips – Reporting Volunteer Hours:
Total your unit’s volunteer hours projected to June 30
Remember to include time spent by your members involved in:
• PTA activities benefiting children.
• Unit, council, district, state and National PTA programs, projects and training.
• PTA-related meetings as well as travel, phone, email and paperwork time.

UNIT INFORMATION (Please Print)

PTA/PTSA Name: ____________________________________________

☐ Preschool ☐ Elementary School ☐ Jr./Middle School ☐ High School ☐ Other

District PTA Number/Name: ________________________________ State PTA Identification #: __________________

See bylaws or mailing labels from State PTA for ID number

Report Completed by: ☐ Historian ☐ President ☐ Other

Name: ________________________________

Street Address: __________________________________________

City/Zip: _______________________________________________

Phone #: ________________________________ Email: ________________________________

President’s Name: ______________________________________

President’s Signature: __________________________________

DATE: ____________________ TOTAL VOLUNTEER HOURS REPORTED = ____________________

03/2012
COUNCIL INFORMATION  (Please Print)

Council PTA Name: ____________________________________________________________

Number of Units in Council: ___________________________ Units Reporting _____________ (_____%)

District PTA Number/Name: ___________________________ State PTA Identification #: __________

Report Completed by: □ Historian  □ President  □ Other

Name: _________________________________________________________________

Street Address: ___________________________________________________________

City/Zip: ________________________________________________________________

Phone #: ___________________________ Email: _________________________________

President’s Name: _______________________________________________________

President’s Signature: ____________________________________________________

DATE: ___________________________ TOTAL VOLUNTEER HOURS REPORTED = _______________

COUNCIL = ______________________  UNITS = _____________________________

GRAND TOTAL – VOLUNTEER HOURS REPORTED = ___________________________
PTA DISTRICT – ANNUAL HISTORIAN REPORT FORM
Reporting Period – July 1 to June 30, ________

Instructions:
Complete this form and file it in your Historian’s procedure book.
Make 2 copies of your completed form:
• Give 1 copy to your district secretary to file with the minutes.
• Send 1 copy to California State PTA Historian by June 1.

Tips – Reporting Volunteer Hours:
Total your district, councils and units volunteer hours projected to June 30
Remember to include time spent by your members involved in:
• PTA activities benefiting children.
• Unit, council, district, state and National PTA programs, projects and training.
• PTA-related meetings as well as travel, phone, email and paperwork time.

Why do PTAs submit reports?
California State PTA requires filing of this report as stated in PTA bylaws. Information on volunteer hours is used for audits, advocacy and grant applications.

DISTRICT INFORMATION (Please Print)

District PTA Name: ________________________________

Number of Units in District: ___________________________ Units Reporting___________ (______%)

Number of Councils in District: ___________________________ Councils Reporting___________ (______%)

Report Completed by:  □ Historian  □ President  □ Other

Name:________________________________________________________

Street Address: ________________________________________________

City/Zip: _____________________________________________________

Phone #:________________________ Email: ________________

President’s Name: _____________________________________________

President’s Signature: __________________________________________

DATE: ___________________________ TOTAL VOLUNTEER HOURS REPORTED = ___________________________

DISTRICT = ___________________________ COUNCIL = ___________________________ UNITS = ___________________________

GRAND TOTAL – VOLUNTEER HOURS REPORTED = ___________________________

03/2012
This is the only approved or authorized agreement and must be signed in duplicate, one copy for the Youth Group, one copy for the PTA.

APPLICATION FOR YOUTH GROUP SPONSORSHIP OR RENEWAL

TO __________________________________________ DATE ______________

FROM __________________________________________

We, the undersigned, request sponsorship/renewal of sponsorship of the above-named youth group. We have read and understand the California State PTA “Conditions Governing Sponsorship of Youth Groups” attached to this agreement and understand that the only obligations of the sponsoring PTA are

1. helping to secure qualified and able adult leadership,
2. helping to arrange for a meeting place,
3. providing opportunities for youth service.

We, the undersigned, acknowledge and agree that the PTA assumes no obligation, expressly or otherwise, responsibility or liability for the competence, the actions or omissions of any person or persons who may have been or may become active as a leader of, student or non-student participant in, or otherwise associated with or acting on behalf of any organization or group sponsored by the PTA.

________________________________________
YOUTH GROUP LEADER

________________________________________
ADDRESS

We, _____________________________, agree to sponsor the above-named youth group from _____________________________ to _____________________________

and to assume only the obligations above stated.

________________________________________
DATE

________________________________________
PTA PRESIDENT

*Copy Limits of Cooperation (Conditions Governing Sponsorship of Youth Groups) (Cooperating with Other Organizations) and attach to this agreement.
BYLAWS SUBMITTAL FORM FOR UNITS AND COUNCILS

INSTRUCTIONS – To submit updated bylaws for review and approval:
- Complete this form, listing proposed bylaws amendments on page 2
- Send form and three (3) double-sided copies of updated Bylaws and Standing Rules plus four (4) extra Signature Pages to your council PTA, if in council, or your district PTA

1. PTA INFORMATION:

Unit:________________________________________________________
Council:____________________________________________________
District PTA:________________________________________________
Organization Date:___________________________________________
California State PTA ID#:______________________________________
National PTA ID#:___________________________________________
Employer Identification #:____________________________________
Franchise Tax Board #:________________________________________
Registry of Charitable Trust #:_________________________________
Incorporation #:_____________________________________________
Grade Levels:________________________________________________
Fiscal Year:__________________________________________________

2. THE ENCLOSED BYLAWS AND STANDING RULES (Check all that apply):

☐ New Unit ☐ New Council ☐ Organization Date:
☐ Update to current standard bylaws with no changes
☐ Change of Status/Fiscal Year (District PTA to attach original COS form signed by district president)
☐ Proposed amendments as listed on page 2
☐ Additional Standing Rules attached ☐ No additional Standing Rules

<table>
<thead>
<tr>
<th>FOR OFFICE USE ONLY – DISTRICT PTA OFFICER/CHAIRPERSON TO COMPLETE:</th>
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<tr>
<td>Name: ______________________________________________________</td>
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<td>District Position: ☐ President ☐ Parliamentarian ☐ Other</td>
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<td>Street Address: ____________________________________________</td>
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<td>City: ____________________________ Zip Code: __________________</td>
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<td>Email: __________________________ Phone: ____________________</td>
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<td>Date Submitted to District PTA: ______________________________</td>
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<tr>
<td>Date Submitted to State PTA: ________________________________</td>
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</table>
3. LIST OF AMENDMENTS – For each proposed amendment to the bylaws:
   - List the current wording and the proposed change

Bylaws updated with:  □ No changes  □ Changes as follows:

<table>
<thead>
<tr>
<th>Page #</th>
<th>Article #</th>
<th>Section #</th>
<th>Proposed Amendments (Attach additional pages if necessary)</th>
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4. BYLAWS SUBMITTED BY (Please print or type):

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<th>Unit Officer/Chairperson:</th>
<th>Council Officer/Chairperson:</th>
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<tbody>
<tr>
<td>Name:</td>
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<td>PTA</td>
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<td>Position:</td>
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<td>Phone:</td>
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<td>Email:</td>
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</table>
CONFLICT/WHISTLEBLOWER FORM
ANNUAL QUESTIONNAIRE

Instructions: Please complete this form and give to your treasurer.
Treasurer: Please collect the Conflict/Whistleblower form from every board and committee member.
File the forms with the treasurer’s records.

PTA NAME ____________________________________________

NAME:________________________________________________ Telephone: (____) ________

PTA POSITION:________________________________________________________________________

Occupation:________________________________________________________________________

Name of Employer:________________________________________________________

Employer’s Address:__________________________________________________________________

______________________________________ State  ____________ Zip

1. I have read the California State PTA Conflict of Interest Policy: ___Initial
2. I have read the California State PTA Whistleblower Policy: ___Initial
3. I understand that as a board member, I have a responsibility to review the tax return: ___Initial
4. Are you currently being compensated by the PTA for services rendered to the organization (whether as a part-time or full-time employee, independent contractor, consultant or otherwise) within the previous 12 months? Yes No
5. Do you anticipate the receipt of compensation from the PTA for the rendering of services as described in question 1 above during the upcoming 12 months? Yes No
6. If any person related to you by blood, marriage or cohabitation is currently being compensated by the PTA for services rendered to it as described in question 4 above within the previous 12 months, please list his or her name in the following space and indicate the person’s relationship to you (if no such person is being compensated, please print the word “none” in the first space):

   Name_________________________________________ Relationship __________________________________________

7. If any person bearing any relationship to you as described in question 6 above anticipates the receipt from the PTA for the rendering of services to it as described in question 4 above within the next 12 months, please list his or her name in the following space and indicate this person’s relationship to you (if no such person anticipates receipt of such compensation, please print the word “none” in the first space):

   Name_________________________________________ Relationship __________________________________________

8. Are you a director, an officer, an employee or an owner in any business or entity which has done business within the previous 12 months with California State PTA, or currently is, or is contemplating doing business with the business? Yes No

   If yes, please explain type of business, type(s) of transaction(s), relationship:

  ______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Date: ________________________, 20___ Signature ________________________________________________

Type or print name______________________________________________________________

Please refer to the Running Your PTA chapter of the Toolkit for additional information.
EVALUATION
This form can be reproduced for as many Action Steps as necessary.

Problem statement

Solution statement

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Estimated Time Frame</th>
<th>Actual Time Frame</th>
<th>Budget</th>
<th>Dollars Spent</th>
<th>Action Taken</th>
<th>Responses</th>
<th>Modifications to the Plan</th>
<th>Continuing Action Needed</th>
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# EVENT PLANNING WORKSHEET

## PRIMARY EVENT INFORMATION

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<th>Chairperson</th>
<th>Contact Information</th>
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## APPOINTED COMMITTEE MEMBERS

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<th>Name</th>
<th>Contact Information</th>
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## CHECK WHEN COMPLETED

- [ ] OK with insurance
- [ ] Received staff input
- [ ] Hospitality arranged
- [ ] Parental permission slip
  - [ ] Developed
  - [ ] Duplicated
  - [ ] Distributed
- [ ] Evaluation form(s)
  - [ ] Developed
  - [ ] Duplicated
- [ ] OK with PTA budget
- [ ] OK with school calendar
- [ ] Volunteers confirmed
- [ ] Parking logistics
  - [ ] Signage
  - [ ] Crossing guards
- [ ] Special requirements
  - [ ] Flag
  - [ ] Judges
  - [ ] Custodian
- [ ] Program approved by unit
- [ ] Funds allocated by unit
- [ ] Handouts collected from non-participating service providers
- [ ] Publicity materials
  - [ ] Developed
  - [ ] Duplicated
  - [ ] Letters/fliers to parents & staff
  - [ ] PTA newsletter distributed
  - [ ] Press releases and/or Public Service Announcements (PSAs) to media
## PROGRAM EXPENSES

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Location</th>
<th>Item</th>
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<th>Location</th>
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<td>Facility use permit</td>
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<td>Custodian</td>
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<td>Fliers</td>
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<td>Handouts</td>
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<td>Nametags</td>
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<td>Refreshments</td>
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<td>Newsletter articles</td>
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<td>Postage</td>
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<td>Media releases</td>
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## PUBLICITY

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<th>Item</th>
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<td>Fliers</td>
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<td>Newsletter</td>
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<td>Media</td>
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## EQUIPMENT & AUDIOVISUAL REQUIREMENTS

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## SPECIAL CONTACTS (JUDGES, SPEAKERS, SERVICE PROVIDERS)

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<th>Name</th>
<th>Contact Information</th>
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# FINAL ACTION PLAN FORM

*This form can be reproduced for as many Action Steps as necessary.*

<table>
<thead>
<tr>
<th>Problem statement</th>
<th>Solution statement</th>
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<thead>
<tr>
<th>Action Steps</th>
<th>Person Responsible</th>
<th>Time Frame</th>
<th>Budget Needs</th>
<th>Time Allocated</th>
<th>Resources Needed</th>
<th>Evaluation Method</th>
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# PHOTOGRAPHY RELEASE

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<tr>
<th>Permission to use child’s image, name and/or school.</th>
<th>Permission to use adult image, name, organization name, and/or title.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, ____________________________________________</td>
<td>I, __________________________________________________________</td>
</tr>
<tr>
<td>(Print Parent/Guardian’s Full Name) am the parent or guardian of:</td>
<td>(Print Full Name) am an adult 18 years of age or older.</td>
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<td>____________________________________________</td>
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<tr>
<td>(Print Name of Minor Child)</td>
<td>(Print Title)</td>
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<td>____________________________________________</td>
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<tr>
<td>(Print Name of Child’s School)</td>
<td>(Print School or Organization Name)</td>
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I hereby grant and assign California State PTA, its units, councils, districts and its legal representatives, the irrevocable and unrestricted right to use and publish for editorial, trade, advertising or any other purpose and in any manner and medium, including website and internet promotion, **all photographic, video, and digital images as indicated below:**

- [ ] PHOTO / IMAGE **ONLY** of my child.
- [ ] PHOTO / IMAGE **ONLY** of myself.
- [ ] PHOTO / IMAGE **ONLY** of my child with SCHOOL NAME.
- [ ] PHOTO / IMAGE **ONLY** of myself with SCHOOL NAME or ORGANIZATION.
- [ ] PHOTO / IMAGE of my child with my CHILD’S NAME, and my child’s SCHOOL’S NAME.
- [ ] PHOTO / IMAGE of myself with my NAME, my ORGANIZATION, and/or my TITLE.

By signing this, I hereby release California State PTA, its units, councils, districts and its legal representatives from all claims and liability relating to said photographs, video and digital images.

Date: ____________________________

Parent/Guardian/Adult Signature: ____________________________

Print Name as Signed: ____________________________

Address, City, Zip: ____________________________

Telephone: ____________________________ Email: ____________________________

Please complete and return to:
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<th>NAME OF PTA VOLUNTEER</th>
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<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
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**TOTAL**
GRANTS
CULTURAL ARTS, HEALTHY LIFESTYLES, OUTREACH TRANSLATION AND PARENT EDUCATION
Unit, Council, and District PTAs

CULTURAL ARTS
Develop and implement student-centered cultural arts programs which complements California State PTA’s commitment to a quality arts education.

The programs and projects should focus on expanding the students’ awareness and appreciation of the field of cultural arts and/or enriching and enhancing arts education programs and must be sponsored by the PTA applying for the grant.

OUTREACH TRANSLATION
Translate PTA written materials and oral presentations in an effort to involve every member of the school community. Presentations or materials must be sponsored by the PTA applying for the grant. California State PTA may use these translated materials when appropriate. Copy of the translated material must accompany the evaluation report.

HEALTHY LIFESTYLES GRANT
Healthy Lifestyles Grants are available from California State PTA to develop, promote and implement programs, projects and activities that will improve the overall health of children and adults. Refer to the Insurance Guide for approved activities.

PARENT EDUCATION
Develop and implement parent education programs and projects in such areas as health, child development, child abuse prevention or parenting skills. Programs or projects must be sponsored by the PTA applying for the grant.
CULTURAL ARTS, HEALTHY LIFESTYLES, OUTREACH TRANSLATION AND PARENT EDUCATION

AVAILABILITY
California State PTA grant funds are available for PTAs in good standing to develop and implement programs and projects at the unit, council and district PTA level.

APPLICATION AND DUE DATE – October 15
An application may be obtained from
• the website at capta.org
• the California State PTA Toolkit
• the California State PTA office

The final application packet must include:
1. completed application form.
   a. MUST be signed by the unit, council or district PTA president.
2. the most recent PTA fiscal year-end audit.
3. the current fiscal year budget.
4. a description of the program’s goals and anticipated outcomes [no more than three (3) pages, total] including;
   a. the number of students served.
   b. description of activities planned to implement project and goals.
   c. timeline for project.
   d. proposed project budget.
   e. description of other project funding applied for or received.
   f. explanation of project implementation, if less than the amount requested is awarded.
   g. description of project evaluation.

Application Due Date
• Applications must be mailed or emailed; facsimiles will not be accepted.
• Mailed applications must be received in the California State PTA office by close of business October 15.
• Emailed applications must be received by 11:59 PM PST.
• When October 15 falls on a weekend, applications are due in the State PTA office by close of business the following Monday.
• Postmarks will not be accepted.
• Applications will not be considered if received after due date.

SELECTION
Unit, council or district PTA grant recipients are selected by members of the California State PTA Scholarship and Grant Committee. All applicants will be notified of their standing by letter in January or February. A check for the grant is sent to each unit, council or district PTA recipient in February.

GRANT REPORT AND EVALUATION DUE DATE – June 1
Grant funds must be expended by June 1.

The detailed grant report must include:
1. the project’s goals and objectives,
2. an evaluation of the outcomes,
3. the program/project budget,
4. an accounting of actual expenditures.

The grant report must be received in the California State PTA office no later than June 1.
• Postmarks will not be accepted.
• Forward copies of all translated materials to California State PTA with report.
• Any funds NOT used for the purpose stated on the original grant application must accompany the report to the California State PTA Scholarship and Grant Committee. (Refer to Grant Report Form, Forms).

8/2019
GRANT APPLICATION
CULTURAL ARTS, HEALTHY LIFESTYLES, OUTREACH TRANSLATION AND PARENT EDUCATION
Unit, Council, and District PTAs

DUE DATE IN THE CALIFORNIA STATE PTA OFFICE – OCTOBER 15
APPLICATIONS WILL NOT BE CONSIDERED IF RECEIVED AFTER THE DUE DATE

CHECK ONLY ONE
☐ CULTURAL ARTS
☐ HEALTHY LIFESTYLES
☐ OUTREACH TRANSLATION
☐ PARENT EDUCATION

Submit a separate application for each grant type.
• PTA must be in good standing.
• Application must be signed by unit, council or district PTA president.
• Completed form must accompany all required documentation.

June 1 – Grant Report and Evaluation Due Date
• Grant funds must be expended by June 1. A report detailing the project’s goals and objectives, an evaluation of the outcomes, and a budget and an accounting of actual expenditures must be returned to the California State PTA office no later than June 1.
• Any funds not used for the purpose stated on the original grant application must accompany the report. (See Forms, Grant Report Form.) Copies of translated materials must accompany the report.

Please type or print legibly.

PTA Name_________________________ California State PTA ID#________________
PTA Council________________________ District PTA ______________________
Contact Person____________________ PTA position________________________
First Name_________________ Last Name________________________ Telephone (____)__________
Mailing Address________________________ City/State________________ Zip Code ________

*SIGNATURE of president/contact person ________________________________ Email ____________________________

*Approval date by PTA general membership __________________________ Grant Amount Requested $ ________________

*SIGNATURE of PTA president __________________________ Date __________ Telephone (____) __________

☐ Unit ☐ Council ☐ District PTA

*REQUIRED

PROVIDE THE FOLLOWING:
☐ Most recent fiscal year-end PTA audit
☐ Current fiscal year PTA budget
☐ Completed application form

Required documentation, including
1. Description of project and its purpose. Include goals, number of students served, and expected outcomes.
2. Description of activities planned to implement project and goals.
3. Timeline for project.
4. Proposed project budget. (Typical grants range from $500 to $2000)
5. Description of other project funding applied for or received.
6. Explanation of project implementation, if less than the amount requested is awarded.
7. Description of project evaluation.

RETURN APPLICATION IN THE FOLLOWING ORDER:
1. Completed application form (one page).
2. Response to items 1-7, no more than 3 pages total.
3. Copy of most recent fiscal year-end PTA audit.
4. Copy of current fiscal year PTA budget.

Paper clip the documents together – DONOT STAPLE.

EMAIL TO: grants@capta.org

MAIL TO:
California State PTA
2327 L Street
Sacramento, CA 95816-5014

FACSIMILES WILL NOT BE ACCEPTED
GRANT REPORT
CULTURAL ARTS, HEALTHY LIFESTYLES, OUTREACH
TRANSLATION AND PARENT EDUCATION
Unit, Council, and District PTAs
DUE DATE JUNE 1

Provide a summary of your program. Forward copies of all translated materials. Grant funds not expended for the original purpose stated on the grant application must be returned with this report.

Recipient: __________________________ District PTA: __________________________
(Unit, Council, or District PTA)

Contact Person: __________________________ First name __________________________ Last name __________________________

Mailing Address: _____________________________________________________________

City __________________________ Zip Code __________________________

Telephone (_____) __________________________ Email: __________________________

TYPE OF GRANT RECEIVED:

☐ Cultural Arts
☐ Healthy Lifestyles Amount Received $ ________________
☐ Parent Education Amount Spent $ ________________
☐ Outreach Translation Funds Returned* $ ________________

*(Payable to California State PTA.)

PROVIDE THE FOLLOWING:

1. Project description and purpose.
2. Project budget and actual expenditures.
3. Project evaluation summary including suggested improvements.
5. Copies of any printed materials developed.

How many students were served? ________________ How many adults were served? ________________

Will this be a continuing program/project for your PTA? ☐ Yes ☐ No

Explain: ________________________________________________________________

Contact Person Signature: __________________________ Date: __________________________

MUST BE RECEIVED IN THE CALIFORNIA STATE PTA OFFICE NO LATER THAN JUNE 1.

EMAIL TO: grants@capta.org

MAIL TO: California State PTA
          2327 L Street
          Sacramento, CA 95816-5014

FACSIMILES NOT ACCEPTED
CONTINUING EDUCATION SCHOLARSHIP
FOR CREDENTIALED CLASSROOM TEACHERS AND COUNSELORS

Continuing Education Scholarships for Credentialed Teachers and Counselors for up to $500.00 each are available from California State PTA to elementary and secondary teachers and counselors employed in California public schools.

AVAILABILITY
California State PTA scholarship funds are available for continuing education course(s). The course(s) must be at an accredited college or university from January 1 through December 31. Courses must be completed by December 31 of the year following the awarding of the scholarship.

QUALIFICATIONS
Scholarships are awarded to credentialed teachers and counselors
1. who were employed full time in the public schools in California during the preceding academic year;
2. who have a minimum of three (3) years' teaching/counseling experience in California public schools;
3. who have a full-time teaching or counseling contract for the current year;
4. who plan to continue as a teacher or counselor; and
5. who are members of a PTA/PTSA unit in good standing, and teach or have a counseling position at that PTA/PTSA school.

APPLICATION AND DUE DATE
The application and accompanying reference forms may be obtained from:
• the website at capta.org;
• the California State PTA Toolkit; and
• the California State PTA office.

The final application packet must include:
1. a completed application form;
2. a legible copy of applicant's current PTA/PTSA membership card on an 8½" x 11" sheet of paper;
3. an essay describing
   a. your current teaching/counseling assignment;
   b. other teaching/counseling assignments and dates of service;
   c. how the course(s) will improve your effectiveness as a teacher/counselor;
   d. any PTA/school/student extracurricular activities in which you are involved;
4. reference forms and letters;
   a. reference form and letter written specifically for this scholarship application;
   b. first reference form and letter completed by applicant's current administrator, or representative; and
   c. second reference form and letter completed by current PTA president, or representative.
   d. Note: Each completed reference form and letter should be given to the applicant directly.

Submission instructions:
1. Original application and reference forms with letters must be mailed together in ONE envelope or emailed as a packet in one email.
   a. Faxed submissions will not be accepted.
2. The application must be received in the California State PTA office by close of business October 15, if mailed, or by 11:59 PM PST if emailed.
   a. Postmarks will not be accepted. Application will not be considered if received after due date or if any of the required materials are missing.
   b. When October 15 falls on a weekend, applications are due in the State PTA office by close of business the following Monday.

SELECTION
Recipients are selected by members of the California State PTA Scholarship and Grant Committee. All applicants will be notified of their standing by letter in January. A check for the scholarship is sent directly to each recipient.

FOLLOW-UP
Scholarship recipients must provide proof of enrollment and completion of coursework to the California State PTA office by June 1.

8/2019
APPLICATION
CONTINUING EDUCATION SCHOLARSHIP
FOR CREDENTIALED CLASSROOM TEACHERS AND COUNSELORS

DUE DATE IN THE CALIFORNIA STATE PTA OFFICE — OCTOBER 15
APPLICATION WILL NOT BE CONSIDERED IF RECEIVED AFTER DUE DATE

Please type or print legibly. PTA Unit ID Number ________
As listed on your PTA membership card; if you do not have a PTA membership card, contact your PTA president.

Last Name __________ First Name __________ Middle Name __________

Mailing Address __________ City/State __________ Zip Code __________

______ Telephone __________ Email __________

Total number of years:
as a credentialed teacher/counselor ________
credentialed teacher/counselor in California ________

Complete Name of School __________ Telephone __________

Street Address of School __________ City/State __________ Zip Code __________

☐ I certify that this scholarship will be used for my education.

SIGNATURE of applicant (required) __________________________ Date __________

PROVIDE THE FOLLOWING:
1. Describe your current teaching/counseling assignment.
2. List other teaching/counseling assignments and dates of service.
3. Describe how the course(s) will improve your effectiveness as a teacher/counselor.
4. Describe your involvement in PTA/school/student extracurricular activities.

RETURN APPLICATION PACKET IN THE FOLLOWING ORDER:
• Completed application form
• Legible copy of your current membership card on 8½” x 11” sheet of paper
• Essay response to items 1-4, above [no more than 500 words total (approximately 2 pages double-spaced)]
• Two (2) reference forms with letters
☐ From current administrator or representative
☐ From current PTA president or representative

DO NOT STAPLE

RETURN TO: scholarships@capta.org OR California State PTA, 2327 L Street, Sacramento, CA 95816-5014

FACSIMILES WILL NOT BE ACCEPTED
REFERENCE FORM
CONTINUING EDUCATION SCHOLARSHIP

DATE DUE TO CALIFORNIA STATE PTA OFFICE BY APPLICANT – OCTOBER 15

CHECK APPLICABLE SCHOLARSHIP:

☐ SCHOOL NURSES — On a separate sheet, give an evaluation of the abilities and characteristics of the applicant, as well as comments regarding applicant's personal and professional qualifications. Include any of the applicant's PTA or other volunteer work of which you are aware. Information provided will be considered confidential. Please limit letter to one page.

☐ TEACHERS & COUNSELORS — On a separate sheet, give an evaluation of the abilities and characteristics of the applicant, as well as comments regarding applicant's personal and professional qualifications. Include any of the applicant's PTA/school/student extracurricular activities of which you are aware. Information provided will be considered confidential. Please limit letter to one page.

☐ PTA VOLUNTEERS — On a separate sheet, give an evaluation of the abilities and characteristics of the applicant, as well as comments regarding applicant's personal and professional qualifications. Unit/council/district PTA president – describe applicant’s PTA volunteer involvement. Information provided will be considered confidential. Please limit letter to one page.

RETURN THIS FORM WITH LETTER OF RECOMMENDATION DIRECTLY TO APPLICANT

APPLICANT’S NAME

Form completed by

Title/Position

Mailing Address

Telephone (____) __________ Email ____________________________

SIGNATURE __________________________ Date __________________
CONTINUING EDUCATION SCHOLARSHIP
FOR PTA VOLUNTEERS

Continuing Education Scholarships for PTA Volunteers for up to $500.00 are available from California State PTA to enable PTA volunteers to continue their education.

AVAILABILITY
California State PTA scholarship funds are available to PTA volunteers. Scholarships for continuing education must be taken at an accredited college, university, trade, technical or adult school. Scholarships may be utilized from January 1 to December 31. Courses must be completed by December 31 of the year following the awarding of the scholarship.

QUALIFICATIONS
Scholarships are awarded to PTA volunteers
1. who have given (3) three years’ volunteer service to PTA;
2. who plan to continue providing volunteer services to PTA; and
3. who are current members of PTA/PTSA units in good standing.

APPLICATION AND DUE DATE
The application and accompanying Reference Form may be obtained from:
• the website at capta.org;
• the California State PTA Toolkit;
• the California State PTA office.

The final application packet must include:
1. a completed application form;
2. a legible copy of applicant’s current PTA/PTSA membership card on an 8½” x 11” sheet of paper;
3. an essay describing
   a. your PTA/PTSA leadership responsibilities and volunteer services;
   b. how the course(s) specified in the application form will improve your effectiveness as a PTA volunteer in working with children and youth;
   c. your involvement in school/student extracurricular activities;
4. reference forms and letters;
   a. reference form and letter written specifically for this scholarship application;
   b. first reference form and letter completed by applicant’s unit, council or district PTA president; and
   c. second reference form and letter completed by a person unrelated to applicant and with whom applicant has volunteered during the past two years.
   d. Note: Each completed reference form and letter should be given to the applicant directly.

Submission instructions:
1. Original application and reference forms with letters must be mailed together in ONE envelope or emailed as a packet in one email.
   a. Faxed submissions will not be accepted.
2. The application must be received in the California State PTA office by close of business October 15, if mailed, or by 11:59 PM PST if emailed.
   a. Postmarks will not be accepted. Applications will not be considered if received after due date or if any of the required materials are missing.
   b. When October 15 falls on a weekend, applications are due in the State PTA office by close of business the following Monday.

SELECTION
Recipients are selected by members of the California State PTA Scholarship and Grant Committee. All applicants will be notified of their standing by letter in January. A check for the scholarship is sent directly to each recipient.

FOLLOW-UP
Scholarship recipients must provide proof of enrollment and completion of coursework to the California State PTA office by June 1.

8/2019
APPLICATION
CONTINUING EDUCATION SCHOLARSHIP
FOR PTA VOLUNTEERS

DUE DATE IN THE CALIFORNIA STATE PTA OFFICE — OCTOBER 15
APPLICATION WILL NOT BE CONSIDERED IF RECEIVED AFTER DUE DATE

Please type or print legibly.

PTA Unit ID Number ____________________
As listed on your PTA membership card; if you do not have a PTA membership card, contact your PTA president.

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(______) _______________________________ _______________________________
Area Code/Telephone Email

PTA Unit ________________________________
PTA Council (if in council) ________________________________ District PTA ________________________________

Total number of years:
as a PTA/PTSA volunteer in California ______________ in other states ______________

☐ I certify that this scholarship will be used for my education.

SIGNATURE of applicant (required) ________________________________ Date ________________________________

List course(s) selected for continuing education. If course schedule is not available, indicate subject area/field of interest.

________________________________________________________________________

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Name accredited college, university, trade or technical school you plan to attend.

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PROVIDE THE FOLLOWING:
1. Describe your PTA/PTSA leadership responsibilities and volunteer services.
2. Describe how the above course(s) will improve your effectiveness as a PTA volunteer in working with children and youth.
3. Describe your involvement in school/student extracurricular activities.

RETURN APPLICATION PACKET IN THE FOLLOWING ORDER:
• Completed application form
• Legible copy of your current membership card on 8½” x 11” sheet of paper
• Essay response to items 1-3, above [no more than 500 words total (approximately 2 pages double-spaced)]
• Two (2) reference forms with letters
  ☐ From unit, council or district PTA president
  ☐ From volunteer colleague

DO NOT STAPLE

RETURN TO: scholarships@capta.org OR California State PTA, 2327 L Street, Sacramento, CA 95816-5014
FACSIMILES WILL NOT BE ACCEPTED
REFERENCE FORM
CONTINUING EDUCATION SCHOLARSHIP

DATE DUE TO CALIFORNIA STATE PTA OFFICE BY APPLICANT – OCTOBER 15

CHECK APPLICABLE SCHOLARSHIP:

☐ SCHOOL NURSES — On a separate sheet, give an evaluation of the abilities and characteristics of the applicant, as well as comments regarding applicant's personal and professional qualifications. Include any of the applicant's PTA or other volunteer work of which you are aware. Information provided will be considered confidential. Please limit letter to one page.

☐ TEACHERS & COUNSELORS — On a separate sheet, give an evaluation of the abilities and characteristics of the applicant, as well as comments regarding applicant's personal and professional qualifications. Include any of the applicant's PTA/school/student extracurricular activities of which you are aware. Information provided will be considered confidential. Please limit letter to one page.

☐ PTA VOLUNTEERS — On a separate sheet, give an evaluation of the abilities and characteristics of the applicant, as well as comments regarding applicant's personal and professional qualifications. Unit/council/district PTA president – describe applicant’s PTA volunteer involvement. Information provided will be considered confidential. Please limit letter to one page.

RETURN THIS FORM WITH LETTER OF RECOMMENDATION DIRECTLY TO APPLICANT.

APPLICANT’S NAME

Form completed by

Title/Position

Mailing Address

Telephone (___) Email

SIGNATURE ___________________________ Date ___________________
CONTINUING EDUCATION SCHOLARSHIP
FOR SCHOOL NURSES

Continuing Education Scholarships for School Nurses for up to $500.00 each are available from California State PTA to public school nurses employed in California public schools.

AVAILABILITY
California State PTA scholarship funds are available for Board-of-Registered-Nurses (BRN) continuing education course(s). The course(s) must be at approved institutions and/or providers, such as schools of nursing, hospitals, organized nursing groups and private providers who meet BRN requirements from January 1 through December 31. Courses must be completed by December 31 of the year following the awarding of the scholarship.

QUALIFICATIONS
Scholarships are awarded to licensed registered nurses
1. who have been employed as school nurses in the California public schools during the preceding academic year;
2. who have a minimum of three (3) years’ nursing experience in the public schools;
3. who have a nursing contract for the current year and who plan to continue as public school nurses; and
4. who are members of a PTA/PTSA unit in good standing and have an assignment in at least one PTA/PTSA school.

APPLICATION AND DUE DATE
The application and accompanying Reference Form may be obtained from:
• the website at capta.org;
• the California State PTA Toolkit; and
• the California State PTA office.

The final application packet must include:
1. a completed application form;
2. a legible copy of applicant’s current PTA/PTSA membership card on an 8½" x 11" sheet of paper;
3. an essay describing
   a. current responsibilities;
   b. how the course(s) will improve your effectiveness;
   c. any PTA or other volunteer work in which you are involved;
4. reference forms and letters;
   a. reference form and letter must be written specifically for this scholarship application;
   b. first reference form and letter completed by applicant’s current administrator, or representative; and
   c. second reference form and letter completed by current PTA president, or representative.
   d. Note: Each completed reference form and letter should be given to the applicant directly.

Submission instructions:
1. Original application and reference forms with letters must be mailed together in ONE envelope or emailed as a packet in one email.
   a. Faxed submissions will not be accepted.
2. The application must be received in the California State PTA office by close of business October 15, if mailed, or by 11:59 PM PST if emailed.
   a. Postmarks will not be accepted. Application will not be considered if received after due date or if any of the required materials are missing.
   b. When October 15 falls on a weekend, applications are due in the State PTA office by close of business the following Monday.

SELECTION
Recipients are selected by members of the California State PTA Scholarship and Grant Committee. All applicants will be notified of their standing by letter in January. A check for the scholarship is sent directly to each recipient.

FOLLOW-UP
Scholarship recipients must provide proof of enrollment and completion of BRN coursework to California State PTA office by June 1.

8/2019
APPLICATION
CONTINUING EDUCATION SCHOLARSHIP
FOR SCHOOL NURSES
DUE DATE IN THE CALIFORNIA STATE PTA OFFICE — OCTOBER 15
APPLICATION WILL NOT BE CONSIDERED IF RECEIVED AFTER DUE DATE

Please type or print legibly.

PTA Unit ID Number __________

As listed on your PTA membership card; if you do not have a PTA membership card, contact your PTA president.

Last Name __________
First Name __________
Middle Name __________

Mailing Address __________
City/State __________
Zip Code __________

Telephone __________
Email __________
License Number __________
Renewal Date __________

Credentials __________

Total number of years: as a licensed registered nurse ________ employed at school(s) ________

☐ I certify that this scholarship will be used for my education.

SIGNATURE of applicant (required) __________

Date __________

Current school(s):

Complete Name of School __________
School Mailing Address __________
City/Zip Code __________
Telephone __________

List any other schools that you were employed by in the last three years. Include complete address and phone number.

Complete Name of School __________
School Mailing Address __________
City/Zip Code __________
Telephone __________

Provide the following:

1. Describe your current responsibilities.
2. Describe how the course(s) will improve your effectiveness as a school nurse.
3. Describe any PTA or other volunteer work in which you are involved.

RETURN APPLICATION PACKET IN THE FOLLOWING ORDER:
• Completed application form
• Legible copy of your current membership card on 8½" x 11" sheet of paper
• Essay response to items 1-3, above [no more than 500 words total (approximately 2 pages double-spaced)]
• Two (2) reference forms with letters
  ☐ From current administrator or representative
  ☐ From current PTA president or representative

Paper clip the documents together – DO NOT STAPLE

RETURN TO: scholarships@capta.org OR California State PTA, 2327 L Street, Sacramento, CA 95816-5014

FACSIMILES WILL NOT BE ACCEPTED

Formularies

☐ Copy of current membership card ☐ Two (2) reference forms with letters ☐ Unit in good standing

California State PTA Toolkit – June 2020
REFERENCE FORM
CONTINUING EDUCATION SCHOLARSHIP

DATE DUE TO CALIFORNIA STATE PTA OFFICE BY APPLICANT – OCTOBER 15

CHECK APPLICABLE SCHOLARSHIP:

☐ SCHOOL NURSES — On a separate sheet, give an evaluation of the abilities and characteristics of the applicant, as well as comments regarding applicant's personal and professional qualifications. Include any of the applicant's PTA or other volunteer work of which you are aware. Information provided will be considered confidential. Please limit letter to one page.

☐ TEACHERS & COUNSELORS — On a separate sheet, give an evaluation of the abilities and characteristics of the applicant, as well as comments regarding applicant's personal and professional qualifications. Include any of the applicant's PTA/school/student extracurricular activities of which you are aware. Information provided will be considered confidential. Please limit letter to one page.

☐ PTA VOLUNTEERS — On a separate sheet, give an evaluation of the abilities and characteristics of the applicant, as well as comments regarding applicant's personal and professional qualifications. Unit/council/district PTA president – describe applicant's PTA volunteer involvement. Information provided will be considered confidential. Please limit letter to one page.

RETURN THIS FORM WITH LETTER OF RECOMMENDATION DIRECTLY TO APPLICANT

APPLICANT’S NAME

Form completed by

Title/Position

Mailing Address


Telephone (___)__________ Email

SIGNATURE __________________________ Date __________________
GRADUATING HIGH SCHOOL SENIOR SCHOLARSHIP

California State PTA offers Graduating High School Senior Scholarships in the amount of $750.00 each to acknowledge the achievements of high school seniors for volunteer service in the school and community.

AVAILABILITY
California State PTA scholarship funds are available to high school seniors graduating between January 1 and June 30 of the current academic year from California high schools with a PTA/PTSA unit in good standing. Scholarship is to be used during fall semester/quarter following high school graduation at an accredited* college or university, community college or trade/technical school.

QUALIFICATIONS
This scholarship recognizes volunteer service in the school and community and does not have a grade point average restriction or requirement.

Applicant must be
1. a California resident;
2. graduating from a high school in California with a PTA/PTSA unit in good standing;
3. a member of his/her high school PTA/PTSA; and
   a. a copy of applicant’s current PTA/PTSA membership card must be submitted with application.

APPLICATION AND DUE DATE
The application and accompanying reference forms may be obtained from:
- the California State PTA office;
- the California State PTA Toolkit;
- the website at capta.org.

The final application packet must include:
1. a completed application form;
2. a legible copy of applicant’s current PTA/PTSA membership card on an 8½” x 11” sheet of paper;
3. an essay describing
   a. any PTA/PTSA responsibility you may have;
   b. your career plans, goals, objective and any other information you feel would be valuable to the selection committee;
   c. all school service-related activities;
      i. including any service you provide to others in your school;
      ii. without using abbreviations for any organizations listed;
   d. your volunteer service in the community; (Do not include school activities listed in 3c, above.)
4. reference forms and letters:
   a. reference form and letter written specifically for this scholarship application;
   b. first reference form and letter completed by a community volunteer leader with whom student applicant has served (may not be related to student);
   c. second reference form and letter completed by a member of the high school faculty; and
   d. copies of recommendation letters for college admission are NOT acceptable.
   e. Note: Each completed reference form and letter should be given to the applicant directly.

Submission instructions:
1. Original application, and reference forms with letters must be mailed together in ONE envelope.
   a. Faxed submissions will not be accepted.
2. The application must be received in the California State PTA office by close of business February 1, if mailed, or by 11:59 PM PDT if emailed.
   a. Postmarks will not be accepted. Application will not be considered if received after due date or if any of the required materials are missing.
   b. When February 1 falls on a weekend, applications are due in the State PTA office by close of business the following Monday.

SELECTION
Recipients are selected by members of the California State PTA Scholarship and Grant Committee. All applicants will be notified of their standing by letter by the end of March. A check for the scholarship will be sent directly to the recipient.

FOLLOW-UP
Scholarship recipients must provide proof of enrollment and completion of coursework to the California State PTA office by June 1.

*Accreditation acceptable from the Western Association of Schools and Colleges, Inc.; Middle States Association of Colleges and Schools; New England Association of Schools and Colleges; North Central Association of Colleges and Schools; Northwest Association of Schools and Colleges; and the Southern Association of Colleges and Schools.
APPLICATION

GRADUATING HIGH SCHOOL SENIOR SCHOLARSHIP

DUE DATE IN THE CALIFORNIA STATE PTA OFFICE – FEBRUARY 1
APPLICATION WILL NOT BE CONSIDERED IF RECEIVED AFTER DUE DATE

Please type or print legibly. PTA Unit ID Number ____________
As listed on your PTA membership card; if you do not have a PTA membership card, contact your PTA president.

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<th>Last Name</th>
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<th>Date of Graduation (Month, Day, Year)</th>
<th>Intended major/course of study at college/university, trade or technical school</th>
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☐ I certify that this scholarship will be used for my education.

SIGNATURE of applicant (required) __________________________ Date ______________

PROVIDE THE FOLLOWING:
1. Describe any PTA/PTSA responsibility you may have.
2. Describe your career plans, goals, objective and any other information you feel would be valuable to the selection committee.
3. Describe all school service-related activities – include any service you provide to others in your school. Do not use abbreviations for any organizations listed.
4. Describe in detail your volunteer service in the community. Do not include school activities listed in 3 above.

RETURN APPLICATION PACKET IN THE FOLLOWING ORDER:
• Completed application form
• Legible copy of your current membership card on 8½” x 11” sheet of paper
• Essay response to items 1-4, above [no more than 500 words total (approximately 2 pages double-spaced)]
• Two (2) reference forms with letters
  ☐ From unrelated community volunteer
  ☐ From high school faculty member

DO NOT STAPLE

RETURN TO: scholarships@capta.org OR California State PTA, 2327 L Street, Sacramento, CA 95816-5014
FACSIMILES WILL NOT BE ACCEPTED

☐ Copy of current membership card ☐ Two (2) reference forms with letters ☐ Unit in good standing

California State PTA Toolkit – June 2020
California State PTA Toolkit – June 2020

FO60

Forms
REFERENCE FORM

GRADUATING HIGH SCHOOL SENIOR SCHOLARSHIP
TO BE COMPLETED BY SCHOOL FACULTY/COMMUNITY MEMBER

DUE DATE TO CALIFORNIA STATE PTA OFFICE BY APPLICANT – FEBRUARY 1

The purpose of this scholarship is to acknowledge the achievements of high school seniors for volunteer service in the school and community and to provide an incentive for students to continue their education.

Name of Student

This student has applied to California State PTA for a scholarship. Please include this reference form and a separate letter of recommendation, which MUST be written specifically for this graduating high school senior scholarship application. Copies of recommendation letters for college are not acceptable. Attach the letter of recommendation, written on an additional sheet. Information provided will be considered confidential. Please limit letter to one page.

In what capacity do you know student

Provide a description of each activity and the student’s involvement. Give your evaluation of the abilities, attitudes and potential of the student and comments regarding student’s volunteer service, activities, achievements and personal qualifications.

Name of Faculty/Community member completing form

Faculty/Community position

Mailing Address

Telephone (___) Email

SIGNATURE ______________________ Date ______________________

RETURN THIS FORM WITH LETTER OF RECOMMENDATION DIRECTLY TO APPLICANT.
PTA’s nonpartisan policy prohibits the PTA from endorsing or opposing a candidate for public office. PTAs may support or oppose issues and principles.

PTAs should:
• Find out when regular or special school board elections will be held.
• Be aware that, by law, PTA (as a non-profit association) must remain neutral in any candidate election. PTA may take positions on issues only.
• Alert community members to the coming election (or appointment) of school board members.
• Emphasize citizen obligation to register and vote.
• Publicize the duties of a school board member and the qualifications of the candidates by providing profiles of all candidates in a non-biased manner.
• Sponsor candidate forums where all school board candidates are invited to speak. (This may be done in cooperation with other nonpartisan organizations, e.g., League of Women Voters.)

Encourage citizens to evaluate carefully each school board candidate on the ability to represent the whole community on all educational issues.

Questions to consider in working more effectively with school boards:
• How many members serve on the school board? What are their names and how can they be contacted?
• How are school board members chosen?
• How often and where does the school board meet? Are the meetings aired on cable television, radio, or via webcast?
• When does the school board reserve time on its agenda for the public to speak, as required by law?
• Does the school board have a written policy on parent involvement that agrees with PTA policy and the California state mandate on parent involvement?
• What is the relationship of site council(s) or other school/parent committees to the school board?
• Does the school board agenda include a report from PTA? Where are agendas, minutes, reports, etc., available?
Partnership, teamwork and cooperation are the building blocks of education leadership today. The school board and PTA can form an effective partnership to achieve quality public education.

PTA as an organization is devoted to the well-being of all children and youth. It provides parents, teachers and students with the means to participate and work effectively with the school board. At the same time, PTA helps the school board become informed about the community and the needs of children.

School boards are responsible for taking the lead in identifying the community’s education needs and in meeting those needs through local school policies.

The school board’s role
The school board is charged with the responsibility for all aspects of education in a school district. The board acts in conformity with state and federal laws and California Department of Education rules and regulations. The board must also act in conformity with other state rules and regulations that impact school district activities (e.g., health and welfare, safety, etc.).

The school board is legally responsible for policies that govern the operation of the school district. The school board’s main functions are:
- Policy-making.
- Choosing and evaluating the superintendent, and approving selection procedures for other personnel.
- Overseeing the educational programs and business operations of the district according to the California Education Code.
- Exercising fiscal authority. The board adopts the budget, approving all expenditures.
- Long-range planning and goal setting for educational programs of the district.
- Approval of curriculum and adoption of textbooks in accordance with state law and California State Department of Education regulations and local goals.
- Representing the public as the employer of school personnel in any collective bargaining process.

Promoting cooperation between PTA and the school board
PTA bylaws encourage participation in the decision-making process to develop school policy.

Working cooperatively with the school board requires the knowledge and understanding of each participant’s role, responsibility and authority.

PTA and school boards can be valuable partners by:
- Establishing regular two-way communication.
- Appointing liaisons to attend each other’s respective board meetings and making reports at those meetings.
- Communicating important school issues being considered by the school board.
- Keeping members informed of school board/PTA actions and policies through reports in newsletters, meetings and special programs.
- Presenting PTA positions on issues.
- Reporting PTA concerns and parents’ reactions to school policies and community issues.
- Promoting the school board’s written parent involvement policy as mandated by California law.
- Ensuring that PTA has representation on school and district advisory committees and task forces.
- Inviting school board members to participate by helping plan and/or attend PTA meetings, conferences, workshops and open forums.
- Encouraging parents to attend school board meetings.
- PTA liaison to the school board
A PTA liaison to the school board is a valuable resource to both groups. The duties of the PTA liaison to the school board include:
- Knowing PTA policies, structure and position statements and voicing the PTA’s consensus, not personal views or opinions, on an issue.
- Studying agendas and reports in advance of meetings.
- Introducing self to school board members, and clarifying the role of PTA liaison.
- Attending school board meetings regularly, and then reporting to PTA.
- Encouraging parents to attend school board meetings.
- Alerting the PTA unit, council or district PTA to issues that may require PTA study and action.
- Sharing PTA in California, National PTA’s Our Children, PTA printed and electronic newsletters and other appropriate PTA publications with school board members.

School board elections and PTA
Leadership on local school boards is of vital interest to all citizens.

School board members are either elected or appointed to serve a specified number of years. It is important for PTAs to be involved in either process.

PTA members, including local, state and National PTA officers, may serve on school boards, as long as they do not seek PTA endorsement or use their PTA office to promote their candidacy.
• Observe strict confidentiality about all matters seen or heard at school. Every volunteer is expected to honor the ethical considerations and legal responsibilities regarding the privacy of students and their records.

Site administrator and PTA president: Partners working together

The site administrator and the PTA president represent two important groups in the school: staff and parents.

• Meet regularly at agreed-upon times. Discuss issues. Review plans for events. Keep each other informed.

• Work out problems or misunderstandings promptly in a direct, honest way—private. Keep an open mind. Listen to each other.

• Be positive and enthusiastic about the school when working with parents and community

• Develop a win-win attitude. Celebrate each other’s accomplishments.

The Need for a Real Partnership

Today, there is an undeniable need for parents and administrators to work together to build strong partnerships in education. In PTA, parents and administrators work to improve education and the well-being of children and youth.

With nearly one million members in California, PTA is both the largest and the most active child advocacy organization in the state. PTA volunteers are part of a network unlike any other parent organization. As such, they have extensive resources and impact when advocating for improved education within a community.
Partnerships, teamwork and cooperation are the building blocks of education leadership today. The site administrator and PTA can form an effective partnership to achieve quality public education.

Effective partnership requires the knowledge and understanding of each participant’s role, responsibilities and authority, which includes setting goals and working cooperatively to achieve them. Working together can lead to success for all students.

PTA
PTA as an organization is devoted to the well-being of all children and families. It provides parents, teachers and students with the means to participate and work effectively with the site administrator. At the same time, PTA helps the site administrator become informed about the community and the needs of children and families.

Site administrator’s role
It is the site administrator’s leadership that sets the tone of the school, the climate of learning, the level of professionalism, the morale of the staff, and the degree of concern for students.

School official
The main duties of the site administrator are to

- Ensure that the school follows the curriculum guidelines adopted by the school board and/or school site council*.
- In cooperation with the school staff, determine the instructional strategies used in the school.

- Implement the school district’s procedures for student admission, registration, placement, instruction, evaluation, behavior, due process, and student record maintenance.
- Supervise all school personnel, including training and evaluation, hiring and firing according to the policies and guidelines established by the school board.
- Oversee the school building, safety, maintenance and security.
- Prepare the budget and being accountable for budget expenditures.
- Ensure that the school is in compliance with applicable local, state and federal laws.

*A school site council is a group of people at the local school who have decision-making power for the school. Councils include elected teacher, staff and parent representatives, and generally include a site administrator. Students must be represented on high school councils; middle school student participation is optional.

- Planning for and facilitating parent-teacher conferences, scheduling the conferences at times when parents can attend, and educating parents and teachers how to use these conferences to build parent-teacher-student teamwork.
- Being sensitive to the varied circumstances in students’ lives that affect behavior and academic performance.

Partner with parents/guardians
The site administrator is responsible for local implementation of the school district’s parent involvement policy. The site administrator can ensure parent involvement by:

- Being available to the community. (scheduling meetings for the public at different times — days, evenings and weekends.)
- Inviting parents to make private appointments to discuss concerns.
- Ensuring that parents feel welcome at and comfortable in the school.

- Provide space for a parent resource center and suggesting materials to include in the center.
- Recognize PTA and community volunteers’ efforts for their contributions to the school.

Planning for and facilitating parent-teacher conferences, scheduling the conferences at times when parents can attend, and educating parents and teachers how to use these conferences to build parent-teacher-student teamwork.

PTA and site administrator partnership
A working partnership between the site administrator and PTA, dedicated to the well-being of all children and youth, can strengthen family life and improve education for children.

The PTA should:
• Present PTA/community concerns and issues to the site administrator. Develop a process that allows for frank and open discussion.
• Focus on education and how to benefit students.
• Encourage the site administrator to share goals for and concerns about the school.
• Work with the site administrator and/or school site council to set goals and help plan programs/activities to achieve these goals.
• Be alert to staff and community talents and resources, and draw on them for the benefit of the entire school.
• Encourage the site administrator to promote fair discipline for all children. Volunteer to serve on a committee to write a discipline code, if one does not exist.
• Work with the site administrator to develop annual school reports and the annual local site budget. Authorized PTA representatives can speak in support of budgets and other issues at school board and local government meetings.
• Disseminate the annual school accountability report card (SARC).
The Benefits of Partnership

Together, PTA and the school superintendent can work toward a quality education for all children by developing a working partnership, communicating with each other, sharing in the decision making and mobilizing the community to action.

The Need for a Real Partnership

Today, there is an undeniable need for parents and the superintendent to work together to build strong partnerships in education. In PTA, parents and the superintendent work to improve education and the well-being of children and youth.

With nearly one million members in California, PTA is both the largest and the most active child advocacy organization in the state. PTA volunteers are part of a network unlike any other parent organization. As such, they have extensive resources and impact when advocating for improved education within a community.

Parents/Guardians are a child's first educator and school partner.

Parents/Guardians share responsibility for their children's education by:

- Sending to school a child who is ready and eager to learn, self-disciplined and prepared to accept the authority of school staff.
- Seeking the advice of teachers to understand their children's growth and learning—and sharing information that will help school staff plan for their children.
- Showing commitment to education by attending parent-teacher conferences, open houses, PTA meetings, student concerts and other school programs, whenever possible.
- Attending programs to learn about current issues and trends in education.
- Understanding and working for the passage of school measures.
- Learning about and actively supporting school programs, curriculum, regulations and procedures.
- Attending meetings of other school and community organizations.
- Understanding and working for the passage of school measures.
- Learning about and actively supporting school programs, curriculum, regulations and procedures.

Parents/Guardians share responsibility for their children's education by:

- Sending to school a child who is ready and eager to learn, self-disciplined and prepared to accept the authority of school staff.
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- Attending meetings of other school and community organizations.
Partnership, teamwork and cooperation are the building blocks of education leadership today. The school superintendent and PTA form an effective partnership to achieve quality public education.

The superintendent serves as the chief executive officer (CEO) of the school district. The superintendent interacts with the school board, site administrators, parents, community leaders, teachers and students. A good working partnership between PTA and the school superintendent enhances opportunities for quality education for young people.

PTA as an organization is devoted to the well-being of all children and families. It provides parents, teachers and students with the means to participate and work with the superintendent. At the same time, PTA helps the superintendent become informed about the community and the needs of children and families.

The superintendent’s role
The superintendent presents the school board with a vision to help identify goals for the school district. Together, the superintendent and school board prioritize education goals and objectives.

Official duties
- The superintendent receives general directions and outlines of goals and policies from the school board.
- The superintendent organizes staff to accomplish these goals and policies and evaluates staff efforts.
- The superintendent presents recommendations to the school board at the annual budget meetings.
- In addition to school board policy, federal/state laws govern the superintendent’s actions.

Superintendent and PTA as education leaders
- Build positive community relationships to support public schools.
- Bring together community members to support public education.
- Form coalitions, as needed, for action regarding education issues.

Building a partnership with PTA
The PTA and the school superintendent have a common goal—quality education. Reaching this goal takes a team effort of parents, teachers and administrators working together.

In achieving this partnership, both the superintendent and PTA have important roles to play.

Superintendent
- State law requires school boards to develop policies for parent involvement. The superintendent sets the tone for how such policies are implemented. PTA is critical to this implementation, since it represents a broad base of parents and community members.

The superintendent can help the partnership succeed by:
- Implementing school district policies on parent involvement.
- Sharing school district parent/community involvement policies and procedures.
- Listening to parents.
- Strongly encouraging all schools to have a PTA and helping PTA organize one, if necessary.
- Requiring PTA and community participation in school-wide and district-wide advisory groups and committees.
- Sharing the decision-making process with parents, teachers and students, where applicable.
- Providing school board agendas, administrative agendas and action items to the PTA.
- Assisting site administrators and PTA officers in developing a working relationship.
- Meeting and conferring with the PTA and other community groups at their meetings.
- Assigning key administrators to represent the superintendent to meet with PTA and community groups.
- Working with elected officials on matters that concern children.

PTA
- By joining together the voices of parents, teachers and community members, the PTA becomes a powerful partner with the superintendent in working for quality education.

The PTA can help the partnership succeed by:
- Becoming familiar with school policies and procedures.
- Understanding and using administrative channels.
- Knowing the different responsibilities and roles of the board, superintendent and site administrator.
- Setting priorities and goals each year and sharing these with the superintendent.
- Involving people who will participate actively on committees and task forces.
- Mobilizing coalitions, when necessary, to achieve education goals to support school issues.

Note: In communities where site-based management is in place, decision-making and staff responsibilities may be delegated differently.
The Need for a Real Partnership

Today, there is an undeniable need for parents and educators to work together to build strong partnerships in education. In PTA, parents and teachers working to improve education and the well-being of children and youth.

With nearly one million members in California, PTA is both the largest and most active child advocacy organization in the state. PTA volunteers are part of a network unlike any other parent organization. As such, they have extensive resources and impact when advocating for improved education within a community.

Home and school are a child’s major influences. The partnership between teachers and parents can help children develop into responsible and reliable citizens.

Children and youth need the support of both teachers and PTA.

Parents/Guardians are a child’s first educator and school partner. Parents/Guardians share responsibility for their children’s education by:

• Sending to school a child who is ready and eager to learn, self-disciplined and prepared to accept the authority of school staff.
• Seeking the advice of teachers to understand their children’s growth and learning—and sharing information that will help school staff plan for their children.
• Showing commitment to education by attending parent-teacher conferences, open houses, PTA meetings, student concerts and other school programs, whenever possible.
• Attending programs to learn about current issues and trends in education.
• Understanding and working for the passage of school measures.
• Learning about and actively supporting school programs, curriculum, regulations and procedures.
Partnerships, teamwork and cooperation are the building blocks of education leadership today. Teachers and PTA form an effective partnership to achieve quality education. PTA has always considered teachers an integral part of the PTA organization.

Research shows that family engagement plays an important role in learning. Parent involvement is enhanced by a positive parent-teacher relationship. Teachers are the critical link in a successful partnership between home and school. PTA is an effective means of bringing parents and teachers together.

PTA as an organization is devoted to the well-being of all children and families. It provides parents, administrators and students with the means to participate and work effectively with educators. At the same time, PTA helps educators become informed about the community and the needs of children and families.

Building a partnership
Through PTAs and PTSAs (Parent-Teacher-Student Associations), parents and teachers may work together to achieve common objectives. They may work to:
• Promote education, health and well-being of children and families in the home, school and community.
• Offer parent programs to improve parenting skills.
• Secure passage of adequate laws for the protection of children and youth.
• Strengthen home-school cooperation and communication.

Fostering family engagement
Family engagement in education becomes a reality when there is strong support from the school site. When teachers effectively partner with parents, they strengthen children’s education as well as their school community.

The teacher’s role
Teachers can encourage family engagement in their school by:
• Setting a friendly tone in communication with parents.
• Instituting a regular means of communication with parents/guardians throughout the school year, including weekly classroom print or electronic newsletters, teacher-parent journals, good news phone calls or weekly student folders.
• Establishing a clear policy on homework, its purpose, how much time it should take and how parents can help.
• Making sure that parents/guardians understand classroom programs and policies, and the importance of parent support.
• Supporting parent and community volunteers in the school.
• Sharing with the PTA current topics in education and issues of concern to teachers.
• Joining PTA and attending PTA meetings, serving on committees and in leadership positions and joining in PTA programs and projects.
• Discussing PTA programs at teachers’ meetings and sharing tips about successful ways to involve parents in the classroom and on the school campus.

PTA’s role
A PTA can encourage parents/guardians to be involved in their children’s education by:
• Informing parents of school policies and programs.
• Helping parents understand the importance of school rules and procedures.
• Strengthening communication between teachers and parents through classroom newsletters, workshops, and invitations to classroom events and activities.
• Providing information to parents on parenting skills and ways to support children’s learning at home.
• Encouraging volunteer programs in the schools and in classrooms.
• Assisting parents through outreach programs and referrals to community resources.
• Ensuring that parents are full participants in parent/teacher conferences.

How PTA helps teachers
A PTA can assist teachers in creating an environment favorable to learning by:
• Helping to integrate in-school and out-of-school activities.
• Providing insight into family and community structures, attitudes and influences that affect children.
• Working to improve curriculum.
• Offering programs that improve the lives of children and youth (Red Ribbon Week, alcohol and drug abuse prevention, civic responsibility).
• Encouraging informal discussions between parents and teachers.
• Working for adequate funding for schools.
• Making parents and other members of the school community more aware of what is happening in their school.
• Recruiting room representatives and skilled volunteer aides to assist at the school and in the classroom.

How teachers help PTA
The teacher can assist a PTA in promoting the education, health, and well-being of children and youth by:
• Becoming an active PTA member.
• Attending PTA meetings, serving on PTA committees, and participating in PTA programs and projects.
• Encouraging other teachers, parents, and students to join PTA.
• Alerting PTA to parents’ needs.
• Notifying PTA of school concerns such as absenteeism and safety to and from school.
• Encouraging the school to participate in the Reflections Program, National PTA’s cultural arts project.
• Explaining to parents the school programs and policies and the importance of parental support.

Building community support
Evaluating children is a shared responsibility. Positive results occur when parents and teachers support each other. Working as a team, parents and teachers can enlist community support for education, as well as improve the well-being of all children and families.

By working together, PTAs and teachers can encourage community members to support education by:
• Encouraging community members to become informed about education issues.
• Working to maintain a strong public school system with quality educational programs for all children and youth.
• Supporting training for teachers, site administrators, school board members, parents and community members in their roles as shared decision-makers.
• Urging communities to support professional development for teachers.
• Providing parent education and training programs for parents and community members.
• Furnishing opportunities for parents to focus on school and student successes through school site councils, exhibits, open houses, award ceremonies, performances, and other such events.

• Advising parents on how they can reinforce learning at home.
• Assisting parents to become more involved in their children’s education.
• Helping to establish coalitions of organizations that work for children.
• Contacting state legislators and members of Congress on matters that concern children.
California State PTA would like to recognize your PTA for its work. Please notify the California State PTA that your PTA has adopted the Professional Governance Standards. A certificate will be mailed to the PTA president and a letter of acknowledgement will be sent to your administrator.

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<tr>
<th>Name of PTA</th>
<th>PTA President</th>
<th>Name of Principal</th>
<th>Number of Executive Board Members</th>
<th>Mailing Address</th>
<th>Email Address</th>
<th>Date Adopted</th>
<th>Council</th>
<th>District</th>
<th>PTA President Signature</th>
</tr>
</thead>
</table>

Mail to: California State PTA, 2327 L Street, Sacramento, CA 95816 - 5014
916.440.1985 • FAX 916.440.1986 • capta.org • info@capta.org

Mission Statement

The mission of the California State PTA is to positively impact the lives of all children and families.

Purposes of PTA

- To promote the collaboration and engagement of parents and educators in the education of children and youth;
- To advocate for laws that further the education, physical, mental, emotional, spiritual, and social well-being of all children and youth;
- To advocate for the implementation of professional standards in public education funding;
- To advocate for the collaboration and engagement of parents and educators in the education of children and youth;
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Professional Governance Standards

California State PTA has adopted the Professional Governance Standards. Every PTA PTA that your PTA has adopted the Professional Governance Standards. A certificate will be mailed to the PTA president and a letter of acknowledgement will be sent to your administrator.
The Individual Board Member

A PTA board member is a person elected or appointed to serve on a PTA executive board. Individual board members bring unique skills, values and beliefs to the PTA board and in order to function effectively, individual board members must work together for the association. To be effective, an individual board member:

- Recognizes and respects differences of perspective and style among the individual board members
- Acts with dignity and understands the implications of demeanor and behavior
- Honors the confidentiality of board discussions
- Is open to new ideas and suggestions
- Is familiar with the bylaws in respect to the individual position as well as the organization as a whole
- Understands that authority rests with the board as a whole and not with individuals
- Understands that the basis for all authority rests with the membership
- Participates in opportunities for training
- Commits the time and energy necessary to be an informed and effective leader
- Assists those with less experience
- Understands the distinctions between PTA and the school staff and refrains from performing functions that are the responsibility of the school district
- Values, supports and advocates for public education
- Represents the PTA only when authorized to do so

The PTA Executive Board

The members of the PTA executive board work together as a governance team which assumes collective responsibility for building unity and creating a positive climate during term of office. To operate effectively, the executive board:

- Develops a unity of purpose by involving parents/guardians, students, staff and community
- Communicates a common vision
- Operates with trust and integrity
- Remains responsive to input from the school community
- Governs in a professional manner, treating everyone with civility and respect
- Fulfills requirements set within bylaws and standing rules
- Takes collective responsibility for the board’s performance
- Proposes for adoption by the membership a fiscally responsible budget based on the organization’s vision and goals
- Monitors the fiscal health of the association regularly
- Ensures that safe and appropriate activities are provided to implement the goals
- Provides community leadership on issues that affect children and youth
- Works collaboratively with other groups and agencies that share the same concerns on issues that affect children and youth
- Encourages individual board members to attend available training opportunities
- Serves as a communication link between the home, school and community
- Evaluates the activities and direction of the board on a regular basis

"With strong leadership, PTA will have the competent, committed people necessary to be effective advocates for children and youth."

California State PTA Toolkit

Professional Governance Standards

The bylaws and standing rules for each PTA provide a framework for the organization. In order to operate effectively using this framework, PTA executive boards and individual board members will benefit from adherence to professional standards of governance.

Professional governance standards specify principles involved in governing responsibly and effectively and were developed to support PTA boards in their efforts to enhance their members’ and the community’s understanding about the responsibilities of the PTA board.
**Commas** cont.

- Between names of states and nations used with cities
  - Los Angeles, California, is a big city.
- For dates with month, day, and year
  - October 30, 2007
- When the day of the month is omitted, so is the comma
  - June 2007

**Apostrophes**

- Singular possessive - PTA’s office
- Plural possessive nouns not ending in “s”
  - children’s books
- “It’s” means “it is”; not the possessive, “its size.”
- Plural possessive nouns ending in “s”
  - unit PTAs’ collaboration

- Not with plural nouns, figures
  - PTAs advocated for arts education
  - legislation in the 2000s

**WRITING STYLE**

**Use:**

- Active tenses, not passive;
- Verbs, not adverbs;
- 4 p.m., 10-11 a.m., noon and midnight;
- Chairman, not chair or chairperson;
- People, not persons;
- Family engagement;
- Either Dr. Jane Jones or Jane Jones, Ed.D.,
  not Dr. Jane Jones, Ed.D.;
- United States as a noun, U.S. as an adjective.

**Tips:**

- Rewrite to avoid using etc., and/or, he/she, s/he.
  (usually, a plural form does the trick:
  “A student likes his/her homework” becomes
  “Students like their homework.”)
- Beware singular noun plural pronoun problems.
  “Speak with the teacher about your child’s homework.
  Their success depends on it.” This is incorrect because the antecedent of “their” is the
  singular “child.” Better: “Speak with the teacher about your child’s success depends on it.”
- The term disability is preferred to handicap.
- Use “people first” style – “a student with a disability,”
  rather than “a disabled student.”
- Include year of passage with names of all laws
  except those passed in current legislative session.
- No all cap headlines (except CALL to Convention).
- Conform to time, date, place format: meeting is at

**OFTEN-USED PTA WORDS**

after-school programs, fundraising activities, president-elect

| at-risk | fundraiser (noun) |
| back-to-school | health-care clinics |
| bylaws | HIV/AIDS |
| caregiver | Internet |
| citywide | kindergartner |
| curricula (plural) | nationwide |
| curriculum (singular) | noncommercial |
| day care (noun) | nonpartisan |
| day-care (adjective) | nonprofit |
| dropout | nonsectarian |
| email | online |
| extracurricular | preschool |
| flier (NOT flier) | preteen |
| | school-based |
| | seat belt |
| | self-esteem |
| | statewide |
| | teen/teenager |
| | T-shirt |
| | vice president |
| | Washington, D.C. |
| | website |
| | well-being |
| | year-round |

**PTA’S VISUAL IDENTITY**

Phoebe Apperson Hearst

10 a.m., every child. one voice.

See the National PTA website pta.org regarding use guidelines for the logo and tagline. Customize the logo for the unit, council or district PTA using Arial Black or Helvetica Black font for the PTA name. Use Times Roman font for the tagline. Black or dark blue color is preferred, or reverse white on a colored background.

**Mission Statement of California State PTA**

The mission of the California State PTA is to positively impact the lives of all children and families.

California State PTA Board of Managers, August 2013

**California State PTA**

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June 2013
CAPITALIZATION
California Congress of Parents, Teachers and Students, Inc.
California State PTA – not CSPTA or CAPTA
State PTA
National Congress of Parents and Teachers
National Parent Teacher Association
National PTA
Parent Teacher Association
Parent-Teacher-Student Association
PTA or PTSA – no periods
Founders Day
Sacramento County, but Sacramento and San Joaquin counties

Nouns or Adjectives Forming Part of Proper Name of an Organization
Sun Elementary PTA
Hillside Council PTA
Twenty-Fifth District PTA
University of California
Do not capitalize association or unit, council, district PTA, university when used alone.

Terms Specific to California State PTA
Advisory Board
Board of Directors
Board of Managers
California State PTA Annual Convention
CALL (to board or convention)
Continuing Service Award – CSA “everychild. onevoice.”
Gold Oak Service Award
Honorary Service Award – HSA
Mission Statement of the California State PTA
Purposes of the PTA – as title or in a sentence
Vice President for Communications (etc.)

PTA Projects, Programs or Workshops
PTA Leadership Training
Reflections Program
“SMARTS: Bring Back the Arts!”

State or National Government Terms
Titles (Governor, Senator and Assembly Member) capitalized ONLY when preceding a name
Legislature, Senate and Assembly capitalized when referring to the California bodies

TITLE CAPITALIZATION
• For titles in text, capitalize the first and last words and all nouns, pronouns, adjectives, verbs, adverbs, and subordinate conjunctions (therefore, however).
• Articles (a, an, the), conjunctions (and, or, but), and prepositions of three letters or less (for, to, on) are lowercase, unless they are the first or last words of a title or subtitle.
• The infinitive to should be capitalized.
• Use typeset italic or boldface for titles of books, periodicals, movies, videos, plays, operas, reports, pamphlets, and kits.
  – California State PTA Toolkit
  – National PTA Quick-Reference Guide
  – Parents Empowering Parents (PEP) Guide
• When the title or designation precedes the name, it is capitalized. If it follows the name, it is lower case.
  – President-elect Jones
  – Jane Jones, president
  – Sarah Smith, president-elect
  – Henry Jones, the principal of the school
  – James McCay, Ed.D., principal
• Capitalize schools of a university, but not courses or departments. Capitalize languages.
  – School of Journalism
  – biology department
  – UCLA Spanish department

DO NOT CAPITALIZE
• Association, unit, council, district PTA, or board of education unless used as part of a name of a specific group;
• Titles after the word the or after a name;
• Organizational terms such as bylaws, chairman, committee, director, parent education, preschool, policy, scholarship, grant, vice president, workshop;
• Seasons of the year, directions (north, southeast), state, nation, federal, flag.

NUMBERS
When To Spell Out Numbers
• At the beginning of a sentence, except for years;
• One through nine, and above use numerals;
• First through ninth, after 10 use numerals;
• First grade, grade one, first-grader; 10th grade, grade 10, 10th-grader
Note: More than 100 (not over 100) and fewer than 100 (not less than 100).

Use Numerals for
• Large numbers such as million and billion – $12 million
• Percentages – 15 percent (spell out “percent”)
• Ages – age 3 to 6 – 26-year-old (hyphenate)
• Pages – page 2
• Ratios 3-to-1; No. 1 killer of teens

PUNCTUATION
Quotation Marks
• Always set outside the comma and the period.
• Always set inside the colon and the semicolon.
• Set outside or inside the exclamation point, depending on whether the marks belong to the quoted material.
• Use single quotation marks for quotations within quotations.
• A quoted passage of four lines or more may be used without quotation marks if indented from the body of material.
• Use quotation marks for themes, such as for conventions, workshops, or administrations.
• Avoid overuse of exclamation marks!
• Ellipses (…) should be treated as a word with a space before and after. At the end of a sentence, a period is still needed (for a total of four dots).
• Dashes require space before and after.

Colons and Semicolons
• Use a colon only if the introductory phrase can stand alone as a sentence.
• Do not use a colon after a verb.
• Capitalize the first word after a colon if it is a proper noun or the start of a complete sentence. For a vertical list, capitalize the first word of each item, use commas or semicolons with a final period if the phrases are lengthy.
• Use semicolons to separate elements of a series when the individual elements contain information that is set off by commas or to join two clauses when a coordinating conjunction (and, but, for) is not present.

Commas
Use a comma:
• Before the conjunction only when the series of items or phrases is complicated or lengthy.
  – The flag is red, white and blue.
• Before an independent phrase: “He gave me an apple, and I ate it.”
PLEASE REMOVE THIS PAGE AND REPLACE WITH JOB DESCRIPTIONS TAB
PLEASE REMOVE THIS PAGE
AND REPLACE WITH
JOB DESCRIPTIONS TAB