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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 [Name]

Please Print Clearly PTA/PTSA Unit # [Number]

PTA Council [Name] District PTA # [Number]

Ship To - Contact Person [Name]

Street Address [Address]

City [City] Zip [Zip Code]

Email [Email Address] Telephone ( [Phone Number])

<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</td>
<td>$15</td>
<td>$20</td>
</tr>
<tr>
<td>HSA</td>
<td>$30</td>
<td>$35</td>
</tr>
<tr>
<td>CSA</td>
<td>$30</td>
<td>$35</td>
</tr>
<tr>
<td>GOSA</td>
<td>$60</td>
<td>$80</td>
</tr>
<tr>
<td>OTA</td>
<td>$30</td>
<td>$35</td>
</tr>
<tr>
<td>OAA</td>
<td>$30</td>
<td>$35</td>
</tr>
</tbody>
</table>

AWARD RECIPIENT’S NAME - To appear on certificate

Please Print Clearly First Name Last Name

1. [Name]
2. [Name]
3. [Name]
4. [Name]
5. [Name]

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

• Fax Orders: 714.771.5798

• 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 [Zip Code]

____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____

Credit Card Number Exp. Date

Print Name [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)

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:

☐ Advocacy  ☐ Membership & Outreach

☐ Collaboration  ☐ Programs for Student Achievement

☐ Environmental  ☐ Student Involvement

☐ Family Engagement

PTA UNIT AWARDS

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
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.

Awards – How to be eligible?

- Your PTA conducted the program since last year’s application due date (February 1).
- Your application is signed by your council and district president to confirm that your PTA is in good standing and submitted:
  - Per capita membership dues
  - Insurance premium
  - Worker’s Comp Annual Payroll Report
- Your PTA qualified for a Ready, Set … Remit Award – 30 members submitted by October 30.
- Your PTA has current bylaws.

Tips – Application Form

- Look in your bylaws for your CA State PTA Unit #.

Learn more: toolkit.capta.org

07/2016
**ANNUAL FINANCIAL REPORT (SAMPLE)**

**FISCAL YEAR __________**

Name of Unit____________________________________ IRS EI # __________

Council____________________________________ District PTA _________

**BALANCE ON HAND from previous year** $ __________

**RECEIPTS**

<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>xxx</td>
<td>$ _________</td>
</tr>
<tr>
<td>xxx</td>
<td>$ _________</td>
</tr>
<tr>
<td>Donations</td>
<td>$ _________</td>
</tr>
</tbody>
</table>

**TOTAL RECEIPTS** $ __________

**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>
</tr>
</thead>
<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>

**Program expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</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>
</tr>
</tbody>
</table>

**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>
</tr>
</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** $ _________

Signature____________________________________ Date __________
# Audit Checklist

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bylaws &amp; Standing Rules</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Budget(s)</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Last Audit Report</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Ledger</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Checkbook register</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Cancelled checks (including voids)</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Authorizations for Payment</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Cash Verification Forms</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Bank statements, bank books and deposit slips</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Receipts/bills</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Cash receipts</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Executive board minutes</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Association minutes</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Committee reports</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Monthly Treasurer Report</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Monthly Financial Secretary Reports</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Annual Financial Report</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Workers’ Compensation Annual Payroll Report form</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>IRS Forms 990/990EZ/990N</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>State Form 199</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>State Form RRF-1</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>If required: IRS Form 941</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>IRS Form 1099</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>State Form DE-6</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>State Form DE-542</td>
<td>□</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Financial records provided:** (Originals)
- [ ] Yes
- [ ] No

## 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
- [ ] Yes
- [ ] No

## Bank Reconciliation
1. All bank statements reconciled since last audit by treasurer and reviewed monthly by non-check signer
- [ ] Yes
- [ ] No
2. Ending balances (checkbook register, ledger and treasurer report) agree with last bank statement (adjusted for outstanding checks and deposits not posted to bank statement)
- [ ] Yes
- [ ] No
3. Deposits and Checks Written: (signed by two authorized check signers per the bylaws)
   a. Recorded in checkbook register
   - [ ] Yes
   - [ ] No
   b. Recorded in ledger in proper columns
   - [ ] Yes
   - [ ] No
   c. Agree with treasurer reports
   - [ ] Yes
   - [ ] No
4. Bank charges and interest recorded in checkbook register, ledger and treasurer reports
- [ ] Yes
- [ ] No

## Membership
1. Amount recorded and deposited equals total number of memberships
   "# (members) @$ (membership dues listed in bylaws)
   - [ ] Yes
   - [ ] No
2. Amount forwarded to council/district PTA equals total number of memberships
   "# (members) @$ (amount listed in bylaws)
   - [ ] Yes
   - [ ] No

## Insurance
- [ ] Premium(s) forwarded to council/district PTA by due date
- [ ] Yes
- [ ] No

## Minutes
1. All expenditures approved and recorded in executive board minutes
   (List those expenditures not approved on recommendation report)
   - [ ] Yes
   - [ ] No
2. All expenditures approved/ratified in association minutes
   (List those expenditures not approved on recommendation report)
   - [ ] Yes
   - [ ] No
3. Committee minutes record plans, proposed expenditures, and total of monies earned
   - [ ] Yes
   - [ ] No

## Authorizations for Payment
1. All authorizations written for approved amounts (List missing authorizations on recommendation report)
   - [ ] Yes
   - [ ] No
2. All authorizations have receipt/bill attached (List missing receipts/bills on recommendation report)
   - [ ] Yes
   - [ ] No
3. Authorizations match checks written
   - [ ] Yes
   - [ ] No

## Income
1. Deposits properly supported
   - [ ] Yes
   - [ ] No
2. Cash Verification Forms used with two people counting money
   - [ ] Yes
   - [ ] No
3. Income received matches deposits recorded in checkbook register, ledger and treasurer reports
   - [ ] Yes
   - [ ] No
4. Designated income spent as specified
   - [ ] Yes
   - [ ] No

## Financial Secretary Reports
1. Filed monthly
   - [ ] Yes
   - [ ] No
2. Receipts/Deposits agree with ledger & register
   - [ ] Yes
   - [ ] No

## Treasurer Reports
1. Filed monthly
   - [ ] Yes
   - [ ] No
2. Agree with ledger and checkbook register
   - [ ] Yes
   - [ ] No
3. Annual Financial Report
   - [ ] Yes
   - [ ] No

## Committee Reports
1. Committee reports for all fundraisers submitted or report in minutes.
   - [ ] Yes
   - [ ] No

## Reporting Forms and Tax Returns
1. Verify on Audit Report that all forms have been filed annually (if required)
   - [ ] Yes
   - [ ] No

## Audit Reports
1. Audit done semiannually
   - [ ] Yes
   - [ ] No
2. Prepare and present written report with recommendations to executive board
   - [ ] Yes
   - [ ] No
3. Present audit report to association for adoption
   - [ ] Yes
   - [ ] No
4. Forward report to the next level PTA (See Bylaws, Duties of Officers, Auditor)
   - [ ] Yes
   - [ ] No

## 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.)
   - [ ] Yes
   - [ ] No

---

**Forms**

**FO9**

**California State PTA Toolkit – June 2019**
# AUDIT REPORT

Date ___________________________ Fiscal Year ________________

Name of Unit ______________________ IRS EIN Number ________________

Council __________________________ District PTA ________________

Bank Name _________________________ Account # __________________

Bank Address ______________________ City/Zip __________________

Dates covered by this audit ______________________________________

Check numbers reviewed in this audit ______________________________________

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALANCE ON HAND at time of last audit</td>
<td>$ ______</td>
</tr>
<tr>
<td>RECEIPTS since last audit</td>
<td>$ ______</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ ______</td>
</tr>
<tr>
<td>DISBURSEMENTS since last audit</td>
<td>$ ______</td>
</tr>
<tr>
<td>BALANCE ON HAND</td>
<td>$ ______</td>
</tr>
</tbody>
</table>

**BANK RECONCILIATION**

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

**CHECKS OUTSTANDING** (List check number and amount)

<table>
<thead>
<tr>
<th>Check #</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>$ ______</td>
</tr>
<tr>
<td>#</td>
<td>$ ______</td>
</tr>
<tr>
<td>#</td>
<td>$ ______</td>
</tr>
</tbody>
</table>

| TOTAL outstanding checks (subtract from balance) | $ ______ |
|BALANCE in checking account                   | $ ______ |

*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 ___________________________ 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
AUTHORIZATION FOR PAYMENT VIA EFT/BANK BILL PAY SERVICES

ATTACH ALL INVOICES AND ORIGINAL SIGNED REQUEST FOR PAYMENT

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
# BUDGET (SAMPLE)

## FISCAL YEAR ______

<table>
<thead>
<tr>
<th>Name of Unit</th>
<th>IRS EI #</th>
<th>Council</th>
<th>District PTA</th>
<th>Bank Name</th>
<th>Account #</th>
<th>Bank Address</th>
</tr>
</thead>
</table>

### BALANCE ON HAND from previous year

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ ______</td>
</tr>
</tbody>
</table>

### ESTIMATED RECEIPTS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest income</td>
<td>$ ______</td>
</tr>
<tr>
<td>Membership dues (unit portion only)</td>
<td>$ ______</td>
</tr>
<tr>
<td>Fundraising (list individually)</td>
<td>$ ______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ ______</td>
</tr>
<tr>
<td></td>
<td>$ ______</td>
</tr>
<tr>
<td></td>
<td>$ ______</td>
</tr>
</tbody>
</table>

<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>

<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>

### RECEIPTS NOT BELONGING TO UNIT

### ESTIMATED DISBURSEMENTS

#### Operating expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<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 PTA leadership workshops</td>
<td>$ ______</td>
</tr>
<tr>
<td>Convention (State/National PTA)</td>
<td>$ ______</td>
</tr>
<tr>
<td>Officers’ and chairman’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>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs and assemblies</td>
<td>$ ______</td>
</tr>
<tr>
<td>Reflections 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>
</tr>
</tbody>
</table>

#### 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>
</tr>
</tbody>
</table>

#### Carry-over to next year

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carry-over to next year</td>
<td>$ ______</td>
</tr>
</tbody>
</table>

### Unallocated reserves

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ ______</td>
</tr>
</tbody>
</table>

### 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>

<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>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ ______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ ______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ ______</td>
</tr>
</tbody>
</table>

### Date

__________

Treasurer’s Signature
# CASH VERIFICATION FORM
(Membership, Fundraisers, Donations)

## START UP CASH $

<table>
<thead>
<tr>
<th>COINS</th>
<th>CURRENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>________ x 1¢</td>
<td>________ x $ 1</td>
</tr>
<tr>
<td></td>
<td>________ x $ 5</td>
</tr>
<tr>
<td></td>
<td>________ x $ 10</td>
</tr>
<tr>
<td></td>
<td>________ x $ 20</td>
</tr>
<tr>
<td></td>
<td>________ x $ 50</td>
</tr>
<tr>
<td>________ x $1</td>
<td>________ x $100</td>
</tr>
<tr>
<td>TOTAL $</td>
<td>TOTAL $</td>
</tr>
</tbody>
</table>

## UNIT NAME

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

## COINS

| ________ x 1¢  | ________ x $ 1   |
|                | ________ x $ 5   |
|                | ________ x $ 10  |
|                | ________ x $ 20  |
|                | ________ x $ 50  |
| ________ x $1  | ________ x $100 |
| TOTAL $        | TOTAL $          |

## CURRENCY

| ________ x $ 1 | ________ x $ 5  |
|                | ________ x $ 10 |
|                | ________ x $ 20 |
|                | ________ x $ 50 |
|                | ________ x $100 |
| TOTAL $        | TOTAL $          |

## CHECKS

Attach adding machine tape of itemized checks.

| # ________ $ | # ________ $ |
| # ________ $ | # ________ $ |
| # ________ $ | # ________ $ |
| # ________ $ | # ________ $ |
| # ________ $ | # ________ $ |
| # ________ $ | # ________ $ |
| # ________ $ | # ________ $ |
| # ________ $ | # ________ $ |
| # ________ $ | # ________ $ |
| # ________ $ | TOTAL $      |

## GRAND TOTAL $

### Membership Dues

# ________ members @ $ ________ (dues) = $ ________ + donations = $ ________ Grand Total $ ________

---

## FOR OFFICIAL USE ONLY

<table>
<thead>
<tr>
<th>Signature</th>
<th>Amount Received: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

Date: __________
### 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></td>
<td>7/1/03</td>
<td>Balance forward</td>
<td></td>
<td></td>
<td></td>
<td>1500.00</td>
</tr>
<tr>
<td>1096</td>
<td>9/1/03</td>
<td>Bay Council</td>
<td>300.00</td>
<td></td>
<td></td>
<td>1470.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(membership envelopes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>9/21/03</td>
<td>Membership</td>
<td></td>
<td></td>
<td></td>
<td>1770.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(30 @ $10)</td>
<td></td>
<td>300.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1097</td>
<td>9/24/03</td>
<td>Bay Council</td>
<td></td>
<td></td>
<td></td>
<td>1650.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(30 members)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1098</td>
<td>10/02/03</td>
<td>VOID</td>
<td>0.00</td>
<td></td>
<td></td>
<td>1650.00</td>
</tr>
<tr>
<td>DEP</td>
<td>10/02/03</td>
<td>Membership</td>
<td></td>
<td></td>
<td></td>
<td>2650.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(100 @ $10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1099</td>
<td>10/05/03</td>
<td>Bay Council</td>
<td>400.00</td>
<td></td>
<td></td>
<td>2250.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(100 members)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>10/28/03</td>
<td>Fall Festival</td>
<td></td>
<td></td>
<td></td>
<td>4950.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>11/5/03</td>
<td>a-b-c novelties</td>
<td>210.00</td>
<td></td>
<td></td>
<td>4740.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(festival)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11/07/03</td>
<td>Returned check</td>
<td></td>
<td></td>
<td>(30.00)</td>
<td>4710.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(R. Brown #3100 - festival)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11/07/03</td>
<td>Bank fee</td>
<td></td>
<td>10.00</td>
<td></td>
<td>4700.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(for returned check)</td>
<td></td>
<td></td>
<td></td>
<td></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** $39.40 DOLLARS

VOID AFTER 30 DAYS

FOR **meat - spght. dinner**

*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

<table>
<thead>
<tr>
<th>Proposed budgeted income $</th>
<th>Actual income $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed budgeted expense $</td>
<td>Actual expense $</td>
</tr>
<tr>
<td></td>
<td>Net income $</td>
</tr>
</tbody>
</table>

## 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 flyers

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
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**

(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.

_____________________________  _____________________________
PTA/PTSA President                Date

_____________________________  _____________________________
PTA/PTSA Treasurer               Date

_____________________________  _____________________________
School Administrator             Date

_____________________________  _____________________________
School District Administrator    Date
# 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>Description</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>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>$8,362.50</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</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>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>$8,362.50</strong></td>
</tr>
</tbody>
</table>

________________________________________  __________________________
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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- [ ]
- [ ]
- [ ]

**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: ________________________________

(Vendor/Concessionaire/Service Provider)

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
## LEDGER SAMPLE

### 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></td>
<td></td>
<td>2,700.00</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>
</tr>
<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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6,365.00</td>
<td>7,865.00</td>
<td>852.00</td>
<td>568.00</td>
<td></td>
<td>4,920.00</td>
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### DISBURSEMENTS

<table>
<thead>
<tr>
<th>Date</th>
<th>Paid To</th>
<th>Check No.</th>
<th>Total Disbursements</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></td>
<td></td>
<td>210.00</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></td>
<td></td>
<td>48.00</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></td>
<td></td>
<td>575.00</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></td>
<td></td>
<td>150.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1,533.00</td>
<td>568.00</td>
<td></td>
<td></td>
<td></td>
<td>935.00</td>
</tr>
</tbody>
</table>

---

**Note:** Audited 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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

President’s signature:_________________________________________ Date: ___________________

Date approved in minutes:_________________________ Secretary’s signature:__________________________________

03/2009
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:________________________

1/2011
TREASURER’S REPORT (SAMPLE)  
___________________________ PTA  
November 14, 2010 – December 14, 2010

CHECKING ACCOUNT

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

INCOME

<table>
<thead>
<tr>
<th>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 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 813.00 813.00

TOTAL INCOME $12,596.00

EXPENSES

<table>
<thead>
<tr>
<th>Ck #</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3150</td>
<td>Cajon Council, insurance premium</td>
<td>$ 195.00</td>
</tr>
<tr>
<td>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>3153</td>
<td>Patty Harper, hospitality</td>
<td>7.49</td>
</tr>
<tr>
<td>3154</td>
<td>Book Fair Company</td>
<td>120.00</td>
</tr>
<tr>
<td>3155</td>
<td>VOID</td>
<td></td>
</tr>
<tr>
<td>3156</td>
<td>Cajon Council, convention/2 delegates</td>
<td>260.00</td>
</tr>
<tr>
<td>3157</td>
<td>Susan Bird, office supplies</td>
<td>15.29</td>
</tr>
<tr>
<td>3158</td>
<td>VOID</td>
<td>0.00</td>
</tr>
<tr>
<td>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 5,666.48

FUNDS NOT BELONGING TO THE UNIT EXPENSES:

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3152</td>
<td>Cajon Council, 150 members @ $4.00 (council/district/State/National PTA)</td>
<td>$600.00</td>
</tr>
<tr>
<td>3160</td>
<td>Cajon Council, Founders Day Freewill Offering</td>
<td>213.00</td>
</tr>
</tbody>
</table>

TOTAL 813.00 813.00

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 ____________________

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 ______________________________________________________________
Address _________________________________________________________________
City ____________________________________________ Zip _______________________

District __________________ Council __________________

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</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></td>
<td></td>
<td>YES*</td>
<td>JAN 5, ___ TO JAN 4, ___</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
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<td>6</td>
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<thead>
<tr>
<th>Total Payroll for ALL Employees</th>
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<tr>
<td>B</td>
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<tr>
<td>Less $1,000</td>
</tr>
<tr>
<td>C</td>
</tr>
<tr>
<td>Gross Payroll</td>
</tr>
<tr>
<td>D</td>
</tr>
<tr>
<td>Premium due for additional Workers’ Compensation insurance coverage. 5% of Gross Payroll (Line C)</td>
</tr>
</tbody>
</table>

*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)

<table>
<thead>
<tr>
<th>PTA/PTSA Name:</th>
<th>□ Preschool</th>
<th>□ Elementary School</th>
<th>□ Jr./Middle School</th>
<th>□ High School</th>
<th>□ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>District PTA Number/Name:</td>
<td>State PTA Identification #:</td>
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</tr>
<tr>
<td>Report Completed by:</td>
<td>□ Historian</td>
<td>□ President</td>
<td>□ Other</td>
<td></td>
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<tr>
<td>Name:</td>
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<td>Phone #:</td>
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<tr>
<td>President’s Name:</td>
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<tr>
<td>President’s Signature:</td>
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</tbody>
</table>

**DATE:**  

**TOTAL VOLUNTEER HOURS REPORTED =**

03/2012
PTA COUNCIL – 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 council secretary to file with the minutes.
• Send 1 copy to your PTA district. Check your district due date.

Tips – Reporting Volunteer Hours:
Total your council 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.

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.

---

## 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 =** ____________________________

---

**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.
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

FOR OFFICE USE ONLY – DISTRICT PTA OFFICER/CHAIRPERSON TO COMPLETE:

<table>
<thead>
<tr>
<th>Name:</th>
<th>□ President</th>
<th>□ Parliamentarian</th>
<th>□ Other</th>
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<tbody>
<tr>
<td>District Position:</td>
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<td>Email:</td>
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<tr>
<td>Date Submitted to District PTA:</td>
<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):*

<table>
<thead>
<tr>
<th>Unit Officer/Chairperson:</th>
<th>Council Officer/Chairperson:</th>
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<tbody>
<tr>
<td>Name:</td>
<td></td>
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<tr>
<td>PTA Position:</td>
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<td>Street Address:</td>
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CONFLICT/WHISTLEBLOWER FORM

ANNUAL QUESTIONNAIRE

UNIT NAME ________________________________

NAME: _____________________________________ Telephone: (____) ______________

PTA POSITION: ______________________________

Occupation: ___________________________________

Name of Employer: ____________________________

Employer’s Address: _____________________________

City __________________ State ______ Zip ______

1. I have read the California State PTA Conflict of Interest Policy (Running Your PTA chapter): ___Initial

2. I have read the California State PTA Whistleblower Policy (Running Your PTA chapter): ___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 bearing any of the following relationships to you 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 by using the relationships designated below (if no such person is being compensated, please print the word “none” in the first space): Yes No


   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:

   ___________________________________________________________

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

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<th>Solution statement</th>
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<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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Forms
# EVENT PLANNING WORKSHEET

## PRIMARY EVENT INFORMATION

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<th>Contact Information</th>
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<tr>
<td></td>
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<tr>
<td>Activity</td>
<td>Date</td>
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<tr>
<td>Location</td>
<td>Time</td>
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</table>

## APPOINTED COMMITTEE MEMBERS

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<thead>
<tr>
<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

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<tr>
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<th>Item</th>
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</thead>
<tbody>
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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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### PUBLICITY

<table>
<thead>
<tr>
<th>Fliers</th>
<th>Due date</th>
<th>Newsletter articles</th>
<th>Due date</th>
<th>Media releases</th>
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### EQUIPMENT & AUDIOVISUAL REQUIREMENTS

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<th>Item</th>
<th>Quantity</th>
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### SPECIAL CONTACTS (JUDGES, SPEAKERS, SERVICE PROVIDERS)

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
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### NOTES

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# FINAL ACTION PLAN FORM

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

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<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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</tbody>
</table>

Problem statement

Solution statement
## PHOTOGRAPHY RELEASE

<table>
<thead>
<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, ____________________________ (Print Parent/Guardian’s Full Name) am the parent or guardian of:</td>
<td>I, ____________________________ (Print Full Name) am an adult 18 years of age or older.</td>
</tr>
<tr>
<td>____________________________ (Print Name of Minor Child)</td>
<td>____________________________ (Print Title)</td>
</tr>
<tr>
<td>____________________________ (Print Name of Child’s School)</td>
<td>____________________________ (Print School or Organization Name)</td>
</tr>
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</table>

I hereby grant and assign California State PTA, its units, councils, districts and 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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<tr>
<th>NAME OF PTA VOLUNTEER</th>
<th>VOLUNTEER HOURS</th>
<th>TOTAL</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 and Loss Prevention 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.
• applications must be received in the California State PTA office by close of business October 15.
• 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).
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 contact person ___________________ Email ___________________________
*Approval date by PTA general membership ___________________ Grant Amount Requested $ ___________________

*SIGNATURE of PTA president ___________________
☐ Unit ☐ Council ☐ District PTA ___________________
Date ___________ Telephone (___) ___________

*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 – DO NOT STAPLE.
EMAIL TO: californiastatepta@capta.org OR
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: ____________________________
(Recipient, Unit, Council, or District PTA)

Contact Person: ____________________________________________ Email: ____________________________
First name ____________________________ Last name ____________________________
Mailing Address: ____________________________________________
City ____________________________ Zip Code ____________________________
Telephone (____) ____________________________

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.

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 in sealed envelopes;
   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 in a sealed envelope.

Mailing 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 October 15.
   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.

8/2018
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 __________

List all credentials held:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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

Name accredited college or university you plan to attend.
__________________________________________________________________________

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, in sealed envelopes.
  ☐ From current administrator or representative
  ☐ From current PTA president or representative

Paper clip the documents together – DO NOT STAPLE

RETURN TO: californiastatepta@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 IN A SEALED ENVELOPE 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 in sealed envelopes;
   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 in a sealed envelope.

Mailing instructions:
1. Original application, and reference forms with letters must be mailed together in ONE envelope.
   a. Facsimiles will not be accepted.
2. The application must be received in the California State PTA office by close of business October 15.
   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.

8/2018
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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<th>Middle Name</th>
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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 ________________

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, in sealed envelopes
  ☐ From unit, council or district PTA president
  ☐ From volunteer colleague

Paper clip the documents together – DO NOT STAPLE

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

Office Use Only
☐ Copy of current membership card  ☐ Two (2) reference forms with letters  ☐ Unit in good standing
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 IN A SEALED ENVELOPE DIRECTLY TO APPLICANT.

APPLICANT’S NAME ______________________________________________________________

Form completed by _____________________________________________________________

Title/Position _________________________________________________________________

Mailing Address _______________________________________________________________

Telephone (___) ___________ Email _______________________________________________

SIGNATURE_________________________________________ Date _______________________

916.440.1985 • FAX 916.440.1986 • info@capta.org • capta.org
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 in sealed envelopes;
   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 in a sealed envelope.

Mailing instructions:
1. Original application, and reference forms with letters must be mailed together in ONE envelope.
   a. Facsimiles will not be accepted.
2. The application must be received in the California State PTA office by close of business October 15.
   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.

8/2018
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):

<table>
<thead>
<tr>
<th>Complete Name of School</th>
<th>Complete Name of School</th>
</tr>
</thead>
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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 __________________________

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

Specify approved Board-of-Registered-Nurses (BRN) institution or provider.

NOTE: Course(s) to renew the RN license can be obtained only from Board-of-Registered-Nurses (BRN) approved institutions and/or providers, such as schools of nursing, hospitals, organized nursing groups and private providers who meet the BRN requirements.

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, in sealed envelopes
  ☐ From current administrator or representative
  ☐ From current PTA president or representative

Paper clip the documents together – DO NOT STAPLE

RETURN TO: californiastatepta@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 IN A SEALED ENVELOPE 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 in sealed envelopes:
   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.

   Note: Each completed reference form and letter should be given to the applicant in a sealed envelope.

Mailing 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.
   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.

8/2018

Forms

FO59

California State PTA Toolkit – June 2019
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.

Last Name
First Name
Middle Name

Mailing Address
City/State
Zip Code

(_____) Telephone
Email

Complete Name of High School

High School Mailing Address
City, State
Zip Code

Date of Graduation (Month, Day, Year)

Intended major/course of study at college/university, trade or technical school

☐ 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, in sealed envelopes
  ☐ From unrelated community volunteer
  ☐ From high school faculty member

Do you give permission for your name to be used in a news release concerning these scholarships?

☐ Yes ☐ No

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

PFA SIMILES WILL NOT BE ACCEPTED

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

Office Use Only

FO60

California State PTA Toolkit – June 2019

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 IN A SEALED ENVELOPE 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.

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.
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—privately. 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.

Partnership with PTA
To further the PTA partnership, the site administrator can:
- Be an active PTA member.
- Be active in PTA, attending meetings and encouraging teachers to participate.
- Encourage PTA to keep its primary focus on education issues and parent education rather than fund-raising.
- Work together to solve problems and set goals that will benefit all students.
- Help the PTA plan activities to accomplish specific goals (for example, encouraging PTA to plan events that promote children’s well-being, home-school cooperation, and community betterment). These events often strengthen the school’s business and community relationships as well.
- Work with PTA to develop a program for training and utilizing parent and community volunteers, who can help school staff enrich all areas of the school.
- Write a regular column for the PTA newsletter to keep parents informed of current education issues.
- 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.
- Schedule forums for parents/community that build support for public education.

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 and discuss the school.
- Work with the site administrator and/or school site council to set goals and help plan 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.
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.

Note: In communities where site-based management is in place, decision-making and staff responsibilities may be delegated differently.

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.
- Making it a priority to involve the community in addressing school district issues.
- Helping the community identify education-related areas of interest, concern and need.
- Documenting PTA input to the school board.
- Recognizing PTA’s involvement.
- Becoming an active PTA member.

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.
The Need for a Real Partnership

Today, there is an undeniable need for parents and educators working 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 parents 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
An 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.

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.

Building community support
Educating 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.
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.

Name of PTA__________________________  ID#______________________
Name of Principal_________________________  Number of PTA Executive Board Members ______
Name of PTA President_________________________
Mailing Address__________________________
Email Address____________________________
Date Adopted___________________________  Council__________________________
PTA President Signature____________________  Print Name_____________________

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

Professional Governance Certificate

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 will issue a certificate to each PTA that adopts the professional governance standards at the beginning of each term.

Professional Governance Standards

To promote the welfare of children and youth in home, school, places of worship, and throughout the community;

To promote the collaboration and engagement of families and educators in the education of children and youth;

To advocate for laws that further the education, physical and mental health, welfare, and safety of children and youth;

To advocate for fiscal responsibility regarding public tax dollars in public education funding;

To engage the public in united efforts to secure the physical, mental, emotional, spiritual, and social well-being of all children and youth;

To raise the standards of home life;

To raise the standards of home life;

To advocate for laws that further the education, physical and mental health, welfare, and safety of children and youth;

To advocate for fiscal responsibility regarding public tax dollars in public education funding;

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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 – June 2019
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. Your student’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

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
2327 L Street, Sacramento, CA 95816-5014
916.440.1985 • FAX 916.440.1986
capta.org • info@capta.org

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
“every child. one voice.”
Golden Oak Service Award
Honorary Service Award – HSA
Mission Statement of the California State PTA
Purposes of the PTA – as title or in a sentence

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, for, 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 lowercase.
  – 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; 10° 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 matter.
• 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