

# NONPROFIT SCHOLARSHIP FUNDING ORGANIZATION

## PARTICIPATION APPLICATION FOR NEW SCHOLARSHIP FUNDING ORGANIZATION



If your nonprofit charitable organization desires to participate, please complete this form and submit it to the **Department of Education** with information as requested below. If you have any questions, contact the Office of Independent Education and Parental Choice at: Telephone (850) 245-0502 or FAX (850) 245-9134 or by mail to: 325 W. Gaines Street, Suite 1044, Tallahassee, FL 32399-0400.

**SUBMIT BY: NOVEMBER 1**

### INFORMATION REQUIRED ABOUT YOUR ORGANIZATION

(Name of Organization)

(Principal Contact)

(E-mail)

(Phone)

(Fax)

(Mailing Address)

(Mailing Address Cont.)

(City)

(Zip Code)

(Name of Principal Officer or Legal Representative)

### CHARITABLE SFO ASSURANCES / VERIFICATION

WHICH BEST DESCRIBES YOUR ORGANIZATION? (Circle one)

Municipal (serving one city or county)

Regional

Statewide

TO BE CONSIDERED AS AN ELIGIBLE SFO, PLEASE SUBMIT THE FOLLOWING DOCUMENTATION TO THE DEPARTMENT OF EDUCATION:

- A signed IEPC-SFO-1 form.
- A copy of your IRS Determination Letter as a 501(c)(3) not-for-profit organization.
- A copy of your organization's incorporation and registration with the Florida Division of Corporations, Office of the Secretary of State.
- Level 2 criminal background screening results for owners and operators.
- A description of your organization's financial plan that demonstrates sufficient funds to operate throughout the school year.
- A description of the geographic region that the organization intends to serve and an analysis of the demand and unmet

need for eligible students in that area.

- The organization's organizational chart.
- A description of the criteria and methodology that the organization will use to evaluate scholarship eligibility.
- A description of the application process, including deadlines and any associated fees.
- A description of the deadlines for attendance verification and scholarship payments.
- A copy of the organization's policies on conflict of interest and whistleblowers.
- A copy of a surety bond or letter of credit in an amount equal to 25 percent of the scholarship funds anticipated for each school year or \$100,000.00, whichever is greater.

**PLEASE REVIEW THE FOLLOWING DECLARATIONS:**

- I have read and agree to comply with Florida Administrative Code 6A-6.0960 related to the Florida Tax Credit Scholarship Program.
- I have read and agree to comply with Florida Statutes Section 1002.395, if applicable.
- I will notify the Department of Education within 7 days if personal or corporate bankruptcy is filed within the next year
- I have not filed for personal or corporate bankruptcy in a corporation of which I owned more than 20 percent in the last 7 years.

**I HEREBY ATTEST THAT AS THE PRINCIPAL OFFICER OF THE ABOVE NAMED SCHOLARSHIP FUNDING ORGANIZATION ALL OF THE DOCUMENTATION SUBMITTED AND INFORMATION PROVIDED AS A RESULT OF THIS FORM IS TRUE AND CORRECT.**

\_\_\_\_\_  
*Signature of Principal Officer*

\_\_\_\_\_  
*Please print or type signature name*

\_\_\_\_\_  
*Date*

NOTARIZATION ENCOURAGED

**FOR DOE PURPOSES ONLY:**

Date Received:	_____
Received by:	_____
Action:	_____ _____
Authorization:	_____
	Date: _____
SFO Notified:	_____
DOR Notified:	_____
DABT Notified:	_____

*NOTE: Section 1002.395, F.S., requires the Department of Education to annually notify and provide a list of eligible Scholarship Funding Organizations to the Department of Revenue and the Division of Alcoholic Beverages and Tobacco of the Business and Professional Regulation.*