

**FLORIDA DEPARTMENT OF AGRICULTURE AND
CONSUMER SERVICES**



**ADAM H. PUTNAM
COMMISSIONER**

**SOLICITATION OF CONTRIBUTIONS
REGISTRATION APPLICATION**

Chapter 496, Florida Statutes

5J-7.004

Florida Department of Agriculture and Consumer Services
Solicitation of Contributions Registration Application

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Enclosed are all forms necessary to file with the Department. If you have any questions, please contact the Department at 1-800-HELP-FLA (435-7352), (850) 410-3800, or via fax at (850) 921-8201.

Filing Instructions

REGISTRATION AND RENEWALS

All charitable organizations and sponsors must register prior to engaging in solicitation activities in Florida, and renew annually thereafter on a form provided by the Department. The Department shall annually provide a renewal statement to each registrant by mail at least sixty (60) days before the renewal date. The expiration date for charitable organizations and sponsors is one (1) year from the initial date of compliance with registration requirements. [s. 496.405(1)(a)(b), F.S.]

REGISTRATION FEES FOR CHARITABLE ORGANIZATIONS/SPONSORS [s. 496.405(4)(a), F.S.]

All fees are non-refundable.

For contributions received the preceding fiscal year:

| | Fee |
|---|------------|
| a. Less than \$5,000, with or without paid officers | \$ 10 |
| b. \$25,000 or less, no paid officers or professional solicitors/consultants | \$ 10 |
| c. \$5,000 or more, but less than \$100,000 | \$ 75 |
| d. \$100,000 or more, but less than \$200,000 | \$ 125 |
| e. \$200,000 or more, but less than \$500,000 | \$ 200 |
| f. \$500,000 or more, but less than \$1,000,000 | \$ 300 |
| g. \$1,000,000 or more, but less than \$10,000,000 | \$ 350 |
| h. \$10,000,000 or more | \$ 400 |

Note: A parent organization or sponsor filing on behalf of one or more chapters, branches, or affiliates shall total all contributions received by them to determine registration fees.

LATE FEES

A charitable organization or sponsor which fails to renew their registration by the annual due date shall be assessed a late fee of \$25 for each month or part of a month after the expiration date. [s. 496.405(4)(b), F.S.]

SEND COMPLETED REGISTRATION APPLICATION AND A CHECK OR MONEY ORDER, MADE PAYABLE TO FDACS:

Florida Department of Agriculture and Consumer Services
Solicitation of Contributions
P.O. Box 6700
Tallahassee, FL 32399-6700

Mail overnight packages to:

Florida Department of Agriculture and Consumer Services
407 S. Calhoun St., First Floor
Attention: Finance and Accounting
Tallahassee, FL 32399-0800

INSTRUCTIONS AND CHECKLIST FOR COMPLETING THE REGISTRATION APPLICATION

All relevant questions for organizational types **must** be completed.

Item #1:

Provide the legal name of the organization **exactly** as it appears in its articles of incorporation or organizational document. If using a fictitious name (DBA), provide that name also. If the organization solicits under any other names, provide those names in the spaces listed. Attach a separate sheet if necessary. **Note: Corporate, LLC, and Fictitious Names are verified with the State Division of Corporations and must match the name exactly as filed.**

Item #2

Provide a street or physical address for the organization. Include the suite, room, or other unit number. If the mailing address (i.e. a generally used post office box) is different from the organization's street address, provide that address as well. **Note: In order for correspondence to be sent directly to an attorney or other third party, you must insert the attorney's or third party's address as the mailing address for the organization.**

Item #3

You must provide a primary telephone number, including the area code, for the organization. If the organization does not maintain a specific location, provide the telephone number of a person who will represent the organization. Also, provide the address for electronic mail (email) and website if used to provide information to or communicate with the public.

Item #4

Check the applicable box for the type of registration you are filing.

Item #5

Provide the organization's federal employer identification number. *Note: Taxpayers can obtain an EIN immediately by calling the IRS Business and Specialty Tax Line (1-800-829-4933).*

Item #6

Select the type of organization (or legal form of business) and state when and where the organization was legally established.

Item #7

List the representatives as directed with complete residence addresses and telephone numbers for each. **Charitable organizations and sponsors must indicate whether, or not each representative receives a salary.**

Item #8a

Provide the name, address, and telephone number of any other offices, chapters, branches, or affiliates in this State for which you are filing. If you have branches and are not filing as a parent organization, each branch must register separately. *[496.405(4)(a), F.S.]*

Item #8b

If your organization is not located in Florida AND you do not maintain an office in this State, provide the name, address, email, and telephone number of the person with custody of the financial records.

Item #9

Answer by checking appropriate box and provide supplementary information, if applicable. **Note: All felonies must be disclosed regardless of the nature of the crime in addition to any other crime as listed.**

Item #10

Answer by checking appropriate box and provide supplementary information, if applicable.

Item #11

Charitable organizations and sponsors must designate a person(s) who will (or would) be responsible for any solicitation or fundraising activities.

Item #12

You must disclose the person(s) who exercises control of funds. (i.e. the person(s) who collects the money, makes deposits, writes checks, etc.)

Item #13

Indicate the month and day your accounting or bookkeeping period ends each year.

Item #14

Answer by checking appropriate box. In order for this office to report to consumers that your organization is tax exempt, we must have a copy of the letter from the Department of the Treasury, the Internal Revenue Service, which exempts your organization from paying income tax to the federal government. This letter must be on the letterhead of the Internal Revenue Service and can be for a group exemption. We cannot accept a letter from the headquarters or main office of your organization. The tax exemption determination letter is not to be confused with a Certificate of Exemption issued by the Florida Department of Revenue, which exempts your organization from paying state sales tax. Nor is it to be confused with the letter or application regarding your employer identification number also issued by the Internal Revenue Service. If you cannot locate a copy of your tax exemption letter, you must contact the IRS and request an additional copy.

Item #15

Briefly explain the purpose for which your organization was created. For purposes of public assistance and disclosure this office provides, it is best to summarize this information in your own words.

Item #16

Briefly explain the purpose for which contributions will be used.

Item #17

Briefly and concisely list the main activities in which your organization participates in order to accomplish the purpose stated in the previous question.

Item #18

Answer as directed by checking appropriate box.

Item #19

Answer as directed by checking appropriate box.

Item #20

Answer as directed by checking appropriate box and provide explanation, if applicable.

Item #21

Answer as directed by checking appropriate box and provide documentation, if applicable. **Note: This includes, but is not limited to, any assurance of voluntary compliance or settlement agreement entered into with any Regulatory Agency, State Attorney General's Office, Federal Agency or Law Enforcement Agency, including this Department.**

Item #22

Answer as directed by checking appropriate box and attach contract, if applicable. We must have a current contract on file for each solicitor you employ. Include the solicitor's Florida registration number and fill in the effective and termination dates on the blanks indicated. **Note: A charitable organization or sponsor must not enter into any contractual agreement with or employ a solicitor unless the solicitor is registered with this Department.** [s. 496.411(5), F.S.]

Item #23

Answer as directed by checking appropriate box and attach contract, if applicable. We must have a current contract on file for each professional fundraising consultant you employ. Include the fundraising consultant's Florida registration number and fill in the effective and termination dates on the blanks indicated. **Note: A charitable organization or sponsor must not enter into any contractual agreement with or employ a professional fundraising consultant unless the consultant is registered with this Department.** [s. 496.411(5), F.S.]

Item #24

Indicate by checking the appropriate box which type of financial report you are filing. Only newly established organizations with no financial history may submit a budget for the current year. The financial statement on pages 6 and 7 may be used to prepare a budget. **ONLY THE FOLLOWING WILL BE ACCEPTED FOR ALL OTHER ORGANIZATIONS:**

- IRS form 990 with Schedule A
- IRS form 990-EZ
- the financial statement on pages 6 and 7.

We cannot accept the 990-PF, 990-N or 990-T or any other type of tax return. We cannot accept quarterly reports or audited reports without the form 990. You may submit these types of financial documents in addition to the required financial information, but they cannot be a substitute for one of the 4 acceptable financial reports mentioned above.

Item #25

If a sponsor, answer questions a – d as directed.

Item #26

List the name and contact information for the person responsible for completing the application.

PARENT ORGANIZATIONS / PARENT SPONSORS

You must submit financial reports for the parent organization and **each** chapter, branch, or affiliate listed in question #8a of the Registration Application. However, *if* all contributions received by the chapters, branches, or affiliates are remitted directly into a depository account which feeds directly into the parent organization's centralized accounting system from which all disbursements are made, the parent organization may submit one consolidated financial statement or IRS form 990 with Schedule A, or form 990-EZ. If you are submitting individual tax returns or financial statements for each chapter, branch or affiliate, please complete the financial statement as a **consolidated** financial report (i.e. the financial information for all branches should be combined with the main parent organization into a single financial report upon which one registration fee will be based.)

IMPORTANT: Every charitable organization must conspicuously display in capital letters the disclaimer statement found in s. 496.411(3), F.S., the registration number issued by the Department, and the toll-free number for the Department, on every printed solicitation, written confirmation, receipt, or reminder of a contribution. **The toll-free number of the Department is 1-800-HELP-FLA (435-7352) – calling from within the State of Florida, or (850) 410-3800 – calling from outside of Florida.**

OTHER REQUIRED DOCUMENTS

AFFIDAVIT

Registration form must be signed under oath. **Charitable organizations and sponsors must have the signature of the chief fiscal officer or treasurer.** See enclosed affidavit. [s. 496.405(2), F.S.]

FINANCIAL STATEMENT

Charitable Organizations/Sponsors [s. 496.407(1), F.S.]

Refer to instructions above in item #24.

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



ADAM H. PUTNAM
COMMISSIONER

**CHARITABLE ORGANIZATIONS / SPONSORS
REGISTRATION APPLICATION**

Solicitations of Contributions Act
Chapter 496, Florida Statutes
5J-7.004

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Make check or money order
payable and remit with
application to:

FDACS
P.O. Box 6700
Tallahassee, FL 32399-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed. All fees are non-refundable.

Business Information

New Application Renewal CH _____

1. Legal Name of Organization:

* Fictitious (DBA) Name:

**If you are a Florida organization, all fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations.*

Other Names Soliciting As:

2. Street Address (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations):

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above):

City: _____ State: _____ Zip Code: _____

3. Telephone Number:

Fax Number:

() - () -

Email Address for Organization:

Website:

4. Registration Application Type: [ss. 496.404(1), 496.404(15), 496.404(21), F.S.]

Charitable Charitable/Parent Sponsor Sponsor/Parent

5. Form of organization: [ss. 496.405(2) (f), 496.409(2) (b), 496.410(2) (b), (c), F.S.]

Corporation LLC Partnership Sole Proprietorship

Other (please describe): _____

Date incorporated or legally established:

State:

/ /
Month Day Year

6. Federal Employer ID Number [s. 119.092, F.S.]:

Org Code: 42100612000
EO: A2
Object Code: 001133 \$10.00 - \$400.00

7. List all officers, directors, trustees, and principal salaried executive personnel: [s. 496.405(2)(g)2, F.S.]

(attach a separate sheet if necessary – you must provide physical address)

| | |
|--|--|
| Name: _____ Title: _____ Address: _____ City: _____ State: _____ Zip Code: _____ - _____ Telephone Number: _____ Compensated? (_____) _____ - _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | Name: _____ Title: _____ Address: _____ City: _____ State: _____ Zip Code: _____ - _____ Telephone Number: _____ Compensated? (_____) _____ - _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | |
|--|--|
| Name: _____ Title: _____ Address: _____ City: _____ State: _____ Zip Code: _____ - _____ Telephone Number: _____ Compensated? (_____) _____ - _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | Name: _____ Title: _____ Address: _____ City: _____ State: _____ Zip Code: _____ - _____ Telephone Number: _____ Compensated? (_____) _____ - _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

8a. List all branch offices, chapters or affiliates located in the State of Florida. (attach a separate sheet if necessary)

| | |
|---|---|
| Name: _____ Title: _____ Address: _____ City: _____ State: _____ Zip Code: _____ - _____ Telephone Number: _____ (_____) _____ - _____ Email: _____ | Name: _____ Title: _____ Address: _____ City: _____ State: _____ Zip Code: _____ - _____ Telephone Number: _____ (_____) _____ - _____ Email: _____ |
|---|---|

8b. If the charitable organization or sponsor does not maintain an office in Florida, provide the name, street address, and telephone number of the person having custody of the financial records.

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Email: _____
(_____) _____ - _____

9. Have any persons listed in question #7, **or any of its officers, directors, trustees, or employees**, persons with a controlling interest in applicant, or agents involved in solicitation, regardless of adjudication, been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.]

Yes No If yes, please provide the following information for each individual: (attach a separate sheet if necessary)

Name: _____
Nature of offense: _____ Date: _____ / _____ / _____
Month Day Year

Court having jurisdiction: _____
Disposition of offense: _____ Date: _____ / _____ / _____
Month Day Year

10. Have any persons listed in question #7, **or any of its officers, directors, trustees, or employees**, persons with a controlling interest in applicant, or agents involved in solicitation, been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.]

Yes No If yes, please provide the following information for each individual: (attach a separate sheet if necessary)

Name: _____
Court issuing the injunction: _____ Date of injunction: _____ / _____ / _____
Month Day Year

11. List name of person(s) from question #7 responsible for solicitation or fundraising activities: [s. 496.405(2)(c), F.S.]

12. List the name, address, and telephone number(s) of person(s) from question #7 responsible for the custody and final distribution of contributions: [s. 496.405(2)(g)5, F.S.]

| | | |
|-------------|----------------|-------------------------|
| Name: _____ | Address: _____ | Telephone Number: _____ |
| Name: _____ | Address: _____ | Telephone Number: _____ |
| Name: _____ | Address: _____ | Telephone Number: _____ |

13. Month/Day fiscal year ends: [s. 496.405(2)(g)3, F.S.] _____ / _____
Month Day

14. Has organization been granted tax exempt status by the Internal Revenue Service? [s. 496.405(2)(f), F.S.]

- Yes 501(c)_____ If yes, you must attach a copy of the tax exemption determination letter from the IRS.
(insert number)
- No
- Pending (tax exemption determination letter must be submitted with renewal)

15. What is the purpose for which the organization is organized? [s. 496.405(2)(b), F.S.]

16. What is the purpose for which the contributions will be used? [s. 496.405(2)(b), F.S.]

17. List major program activities: [s. 496.405(2)(g)4, F.S.]

18. Is this charitable organization/sponsor authorized by any other state to solicit contributions? [s. 496.405(2)(d)1, F.S.]

- Yes No

19. Has the charitable organization/sponsor or any of its officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? [s. 496.405(2)(d)2, F.S.]

- Yes No

20. Has the charitable organization/sponsor had its registration or authority denied, suspended, or revoked by any governmental agency? [s. 496.405(2)(d)3, F.S.]

- Yes No If yes, please explain the reasons for the denial, suspension or revocation:

21. Has the charitable organization/sponsor voluntarily entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s.496.420, Florida Statutes? [s. 496.405(2)(d)4, F.S.]

- Yes No If yes, attach a copy of the agreement.

22. Does the charitable organization or sponsor employ a professional solicitor? [s. 496.405(2)(e), F.S.]

- Yes No If yes, attach a copy of the current contract, and provide the following information for each.
(attach a separate sheet if necessary)

Name:

Address:

City: _____ State: _____ Zip Code: _____

Telephone Number:

(_____) _____ - _____

Florida Registration Number:

SS- _____

Dates of contract:

Beginning Date: _____ / _____ / _____
Month Day Year

End Date: _____ / _____ / _____
Month Day Year

23. Does the charitable organization or sponsor employ a professional fundraising consultant? [s. 496.405(2)(e), F.S.]

Yes No (attach a separate sheet if necessary)

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____ - _____

Telephone Number: _____

(_____) _____ - _____

Florida Registration Number:

FC- _____

Dates of contract:

Beginning Date: _____ / _____ / _____
Month Day Year

End Date: _____ / _____ / _____
Month Day Year

24. Indicate the type of financial report you are filing for the immediately preceding fiscal year: [s. 496.405(2)(a), F.S.]

- Budget (new organizations only)
- Department's financial report form - **See pages 7 and 8**
- 990 with Schedule A - **See item #24 of instructions for completing the Financial Report**
- 990-EZ - **See item #24 of instructions for completing the Financial Report**

ONLY SPONSORS NEED TO ANSWER THE FOLLOWING QUESTIONS:

25. If a sponsor, answer the following: [s. 496.426, F.S.]

a. Does the organization consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and **pay an annual membership of not less than \$10 a member?**

Yes No

b. Total number of sponsor's members:

c. Total number of members actively employed as law enforcement or emergency service employees:

d. Percentage of total net contributions, which are dispersed in the state on behalf of its members in furtherance of its stated purposes or programs (defined as the total amount of all contributions raised minus the total cost of expenses incurred in raising contributions solicited):

_____ %

CONTACT PERSON

26. Person responsible for completing this application:

Name: _____

Telephone Number: _____

Email: _____

(Organization Name)

FINANCIAL STATEMENT OF SUPPORT/REVENUE AND EXPENSES FOR FISCAL YEAR ENDING ____/____/____

NOTE: In lieu of completing the following financial statement, you may send the IRS 990 with Schedule A or 990-EZ.

Is this a consolidated financial statement? Yes No

REVENUE

1. Contributions, gifts, grants, and similar amounts received

- a. Direct public support (attach list of charitable organizations or sponsors, professional solicitors, fundraising consultants and commercial co-venturers used, if any, and the amounts received from each of them, if any. [s. 496.407(1)(c), F.S.]) 1a. _____
- b. Indirect public support (attach list of sources and amounts) 1b. _____
- c. Grants (attach list of sources and amounts) 1c. _____
- d. Total (add lines 1a, 1b, and 1c) 1d. _____

2. Inventory sales

- a. Gross sales 2a. _____
- b. Less cost of goods sold 2b. _____
- c. Gross profit (or loss) (line 2a less line 2b) 2c. _____

3. Special events and fundraising activities

- a. Gross revenue (not including contributions reported on line 1) 3a. _____
- b. Less direct expenses 3b. _____
- c. Net income (or loss) (line 3a less line 3b) 3c. _____

4. Program service revenue

4. _____

5. Membership dues and assessments

5. _____

6. Sale of assets other than inventory

- a. Gross sales 6a. _____
- b. Less sales expenses 6b. _____
- c. Net gain (or loss) (line 6a less line 6b) 6c. _____

7. In-kind contributions and services

7. _____

8. Other revenue (attach list of sources and amounts)

8. _____

9. TOTAL REVENUE (add lines 1d, 2c, 3c, 4, 5, 6c, 7, and 8)

9. _____

EXPENSES

- 10. Program services (including payments to affiliates) 10. _____
- 11. Management and general 11. _____
- 12. Fundraising 12. _____
- 13. **TOTAL EXPENSES** (add lines 10, 11, and 12) 13. _____

NET ASSETS

- 14. **Excess (or deficit) for the year** (line 9 less line 13) 14. _____
- 15. Net assets or fund balance at beginning of year 15. _____
- 16. Net assets or fund balance at end of year (add lines 14 and 15) 16. _____

Balance Sheet:

Cash, savings and investments

Land and building

Other assets (describe on separate sheet)

Total assets

Total liabilities (describe on separate sheet)

Total assets or fund balance

(A) Beginning of Year

_____ (Line 15)

(B) End of Year

_____ (Line 16)

Statement of Functional Expenses

| | (A) Total (sum of B, C, D) | (B) Program Services | (C) Management and General | (D) Fundraising |
|--|----------------------------|----------------------|----------------------------|-----------------|
| Grants and Allocations (cash _____ non-cash _____) (attach schedule) | | | | |
| Assistance to individuals (attach schedule) | | | | |
| Benefits to members (attach schedule) | | | | |
| Compensation to officers, etc. | | | | |
| Other salaries, wages, etc. | | | | |
| Other benefits, pensions, etc. | | | | |
| Payroll taxes | | | | |
| Professional fundraising fees | | | | |
| Accounting fees | | | | |
| Legal fees | | | | |
| Supplies | | | | |
| Telephone | | | | |
| Postage and shipping | | | | |
| Equipment rental | | | | |
| Occupancy | | | | |
| Printing | | | | |
| Travel | | | | |
| Conferences and meetings | | | | |
| Interest | | | | |
| Insurance | | | | |
| Other (describe) | | | | |
| Other (describe) | | | | |
| Other (describe) | | | | |
| Other (describe) | | | | |
| Total Expenses | | | | |

Affidavit

State of: _____

County of: _____

I, _____, having first made due oath or affirmation, say that
Name

I am the _____ of _____
Title *Name of Organization or Company*

and further state that:

1. _____ completed the Registration Statement;
Name of person completing registration if different from above
2. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act;
3. I have read the Registration Statement and know the contents thereof.

Signature

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____,

by _____, who is personally known to me or who has produced
_____ as identification.

SEAL/STAMP

Notary Public Signature

Notary Public Name, Please Print