

**FLORIDA DEPARTMENT OF AGRICULTURE &
CONSUMER SERVICES**

Division of Consumer Services



**CHARLES H. BRONSON
COMMISSIONER**

**SOLICITATION OF CONTRIBUTIONS
REGISTRATION STATEMENT**

Chapter 496, Florida Statutes

GENERAL INFORMATION

REGISTRATION AND RENEWALS: All charitable organizations, sponsors, professional solicitors, and fundraising consultants must register prior to engaging in solicitation activities in Florida, and renew annually thereafter. The expiration date for charitable organizations and sponsors is one year from the initial date of compliance with registration requirements. Professional solicitors and fundraising consultants expire on March 31 of each year. [496.405(1)(b), 496.409(3), 496.410(3), F.S.]

REGISTRATION FEES:

Charitable Organizations/Sponsors [496.405(4)(a), F.S.]

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

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

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.

Solicitors/ Fundraising Consultants [496.409(3), 496.410(3), F.S.]

Registration fee is \$300.00 for 1 year or a part of 1 year (cannot be prorated). Professional Solicitors must also provide a \$50,000.00 surety bond.

Note: A professional solicitor or fundraising consultant that is a partnership or corporation may pay a single registration fee on behalf of all members, partners, officers, directors, agents and employees.

Send completed registration statement and a check made payable to:

**FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
SOLICITATION OF CONTRIBUTIONS
POST OFFICE BOX 6700
TALLAHASSEE, FL 32314-6700**

INSTRUCTIONS & CHECK LIST FOR COMPLETING THE REGISTRATION STATEMENT

NOTE: All relevant questions for organizational types must be completed. Please return pages 5 – 15 only.

- Charitable organizations and charitable parents must complete questions 1 – 10, 12 – 24, 26, and the affidavit.
- Sponsors and sponsor parents must complete questions 1 – 10, 12 – 26, and the affidavit.
- Professional fundraising consultants must complete questions 1 – 11 and affidavit. (Also see page IV)
- Professional solicitors must complete questions 1 – 12 and affidavit. (Also see page IV)

Questions 1-10 should be completed by all organizations

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 and web site if used to provide information to or communicate with the public.

Item # 4: Provide the organization's federal employer identification number. *Note: Taxpayers can obtain an EIN immediately by calling the IRS Business & Specialty Tax Line (800-829-4933).*

Item # 5: Check applicable box for the type of registration you are filing.

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 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.

Item #8B: If your organization is not located in Florida *and* you do not maintain an office in this state, provide the name, address, 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: Fundraising consultants and professional solicitors, answer by checking appropriate boxes for questions a-c. Charitable organizations and sponsors omit this question.

Item # 12: Charitable organizations, sponsors, and professional solicitors must designate a person(s) who will (or would) be responsible for any solicitation or fundraising activities.

THE FOLLOWING QUESTIONS APPLY ONLY TO CHARITABLE ORGANIZATIONS AND SPONSORS

Item # 13: 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 # 14: Indicate the month and day your accounting or bookkeeping period ends each year.

Item # 15: 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 # 16: 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 # 17: Briefly explain the purpose for which contributions will be used.

Item # 18: Briefly and concisely list the main activities in which your organization participates in order to accomplish the purpose stated in the previous question.

Item # 19: Answer as directed by checking appropriate box.

Item # 20: Answer as directed by checking appropriate box.

Item # 21: Answer as directed by checking appropriate box and provide explanation, if applicable.

Item # 22: 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 entered into with any Regulatory Agency, State Attorney General's Office, Federal Agency or Law Enforcement Agency.**

Item # 23: 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.** [496.411(5), F.S.]

Item # 24: 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.** [496.411(5), F.S.]

Item # 25: If a sponsor, answer questions a - d as directed.

Item # 26: 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 7 and 8 may be used to prepare a budget. **ONLY THE FOLLOWING WILL BE ACCEPTED FOR ALL OTHER ORGANIZATIONS: (1) IRS form 990 with Schedule A* (2) IRS form 990-EZ* or (3) the financial statement on pages 7 and 8. We cannot accept the 990-PF 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 3 acceptable financial reports mentioned above.

***If lines 13-16 are not completed on the 990 or if you submit the 990-EZ, you must complete lines 9-12 of the financial statement on page 7 in order to provide a breakdown of your total expenses reported on line 17 of the 990 or 990-EZ.**

Parent organizations/Parent Sponsors: You must submit financial reports for the parent organization and each chapter,

branch or affiliate listed in question #4 of the Registration Statement. 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, you must then also complete the financial statement on page 5 and 6 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.)

CHANGES TO INFORMATION FILED:

Professional Solicitors and Fundraising Consultants must report to the Department any material change in the information filed, in writing, within 7 days after the change occurs.[496.409(8), 496.410(13), F.S.] **Charitable organizations and sponsors** may update information upon renewal; however, a current mailing address should be on file at all times in order to insure timely receipt of correspondence.

IMPORTANT: Every charitable organization and or professional solicitor must conspicuously display in capital letters the disclaimer statement found in s.496.411(3), 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 1-800-435-7352.

OTHER REQUIRED DOCUMENTS:

- AFFIDAVIT:** Registration form must be signed under oath. See enclosed affidavit. **(Charitable organizations and sponsors must have the signature of the chief fiscal officer or treasurer.)** [496.405(2), 496.409(2), 496.410(2), F.S.]
- FINANCIAL STATEMENT - Charitable Organizations/Sponsors** [496.407(1), F.S.]
Refer to instructions for item #14 of the registration statement.
- CONTRACTS - Solicitors/Fundraising Consultants** [496.409(4), 496.410(6), F.S.]
A copy of any contract or agreement with a charitable organization or sponsor must be filed with the Department by the professional solicitor or fundraising consultant 5 days prior to any material service performed by a consultant, or 15 days prior to a solicitor's campaign or event. For specific information to be included in contract, see copy of Chapter 496, enclosed.
- NOTICE OF COMMENCEMENT OF SOLICITATION - Solicitors** [496.410(6), F.S.]
A Notice of Commencement of Solicitation must be provided to the Department by the professional solicitor on a form prescribed by the Department, **no less than 15 days before** commencing each solicitation campaign or event.
- FINANCIAL REPORT OF CAMPAIGN - Solicitors** [496.410(8), F.S.]
Within 90 days after a solicitation campaign has been completed, and on the anniversary of the commencement of a solicitation campaign lasting more than 1 year, a financial report of the campaign must be provided to the charitable organization or sponsor and filed with the Department on a form prescribed by the Department.
- SURETY BOND - Solicitors** [496.410(4), F.S.]
All professional solicitors must include with their registrations a bond in the sum of \$50,000 issued by a surety provider authorized to do business in Florida. The bond must be payable to the state and to any person who may have a cause of action against the principal obligor of the bond for any liability arising out of a violation of Sections 496.401 - 496.424, F.S., or any rule adopted pursuant thereto.



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

REGISTRATION APPLICATION

Charles H. Bronson
Commissioner

SOLICITATION OF CONTRIBUTIONS ACT
s. 496, Florida Statutes

Make check payable and remit application to:

Florida Department of Agriculture and Consumer Services
Post Office Box 6700
Tallahassee, Florida 32314-6700

www.800helpfla.com

1-800-HELP-FLA (435-7352) FL Only

1-850-488-2221 Calling outside FL

Fax 1-850-410-3804

Note: 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. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question.

Business Information

1. Legal Name:

Grid for Legal Name entry

Fictitious (DBA) Name:

Grid for Fictitious (DBA) Name entry

Other Names Soliciting as:

Grid for Other Names Soliciting as entry

2. Street Address:

Grid for Street Address entry

City

State:

Zip Code:

Grid for City, State, and Zip Code entry

Mailing Address (if different from above):

Grid for Mailing Address entry

City

State:

Zip Code:

Grid for City, State, and Zip Code entry

3. Telephone Number:

Grid for Telephone Number entry

Fax Number:

Grid for Fax Number entry

Email:

Grid for Email entry

Website:

Grid for Website entry

4. Federal Employer ID Number (F.S. 119.092):

Grid for Federal Employer ID Number entry

Solicitation of Contributions
Org Code: 42100612000-A2
Object Code: 001133

e. Name:

[Grid for Name]

Title:

[Grid for Title]

Address:

[Grid for Address]

City

[Grid for City]

State:

[Grid for State]

Zip Code:

[Grid for Zip Code]

Telephone Number:

([Grid]) [Grid] - [Grid]

Is this person salaried? Yes No

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

a. Name:

[Grid for Name]

Address:

[Grid for Address]

City:

[Grid for City]

State:

[Grid for State]

Zip Code:

[Grid for Zip Code]

Telephone Number:

([Grid]) [Grid] - [Grid]

b. Name:

[Grid for Name]

Address:

[Grid for Address]

City:

[Grid for City]

State:

[Grid for State]

Zip Code:

[Grid for Zip Code]

Telephone Number:

([Grid]) [Grid] - [Grid]

c. Name:

[Grid for Name]

Address:

[Grid for Address]

City:

[Grid for City]

State:

[Grid for State]

Zip Code:

[Grid for Zip Code]

Telephone Number:

([Grid]) [Grid] - [Grid]

d. Name:

[Grid for Name]

Address:

[Grid for Address]

City:

[Grid for City]

State:

[Grid for State]

Zip Code:

[Grid for Zip Code]

Telephone Number:

([Grid]) [Grid] - [Grid]

22. 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? [496.405(2)(d)4, F.S.]

Yes No

If yes, attach a copy of the agreement.

23. Does the charitable organization or sponsor employ a professional solicitor? [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:
S S -

Dates of Contract - Beginning Date: / / End Date: / /

24. Does the charitable organization or sponsor employ a professional fundraising consultant? [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:
F C -

Dates of Contract - Beginning Date: / / End Date: / /

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

1. 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

2. Total number of sponsor's members:

, ,

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

, ,

4. 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):

%

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

- Budget (new organizations only)
- Department's financial report form - **See page 12**
- 990 with Schedule A - **See item #25 of Instructions for Completing the Registration Statement**
- 990-EZ - **See item #25 of Instructions for Completing the Registration Statement.**

Organizations filing as a parent organization on behalf of one or more branch offices: See item #26 of instructions for important financial filing requirements.[496.405(3), F.S.]

STATEMENT OF SUPPORT/REVENUE AND EXPENSES FOR THE CALENDAR YEAR
12/31/____ OR YEAR ENDING ____/____/____

NOTE: In lieu of completing the following financial statement, you may send the IRS 990 with Schedule A or 990-EZ.
If providing a 990 without lines 13-16 completed, or if providing a 990EZ, you **must** complete lines 9-12 below.

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. [496.407(1)(c), F.S.]) 1a. _____
1b. _____
1c. _____
- b. Indirect public support (attach list of sources and amounts) 1d. _____
- c. Grants (attach list of sources and amounts) 2a. _____
- d. Total (add lines 1a, 1b, & 1c) 2b. _____

2. Inventory sales

- a. Gross sales 2c. _____
- b. Less cost of goods sold
- c. Gross profit (or loss) (line 2a less line 2b) 3a. _____

3. Special events and fundraising activities

- a. Gross revenue (not including contributions reported on line 1) 3b. _____
- b. Less direct expenses 3c. _____
- c. Net income (or loss) (line 3a less line 3b) 4. _____

4. Program service revenue

5. Membership dues and assessments

6a. _____

6. Sale of assets other than inventory

6b. _____

- a. Gross sales 6c. _____
- b. Less sales expenses 7. _____
- c. Net gain (or loss) (line 6a less line 6b) 8. _____

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

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

EXPENSES

- 9. Program services (including payments to affiliates) 9. _____
- 10. Management & general 10. _____
- 11. Fundraising 11. _____
- 12. **TOTAL EXPENSES** (add lines 9, 10, & 11) 12. _____

NET ASSETS

- 13. **Excess (or deficit) for the year** (line 8 less line 12) 13. _____
- 14. Net assets or fund balance at beginning of year 14. _____
- 15. Net assets or fund balance at end of year (add lines 13 & 14) 15. _____

Balance Sheet:

	(A) Beginning of Year	(B) End of Year
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	_____ (Line 14)	_____ (Line 15)

Statement of Functional Expenses

	(A) Total (sum of B, C, D)	(B) Program Services	(C) Management and General	(D) Fundraising
Grants & 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, _____, being first duly sworn, say that I am the
(NAME)
of _____
(TREASURER or CHIEF FISCAL OFFICER, SOLICITOR OR CONSULTANT) (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)

The foregoing instrument was acknowledged before me the _____ day of _____,
by _____, who is personally known to me or who has produced
_____ as identification and who (did) (did not) take an oath.

SEAL/STAMP

(NOTARY PUBLIC SIGNATURE)

(NOTARY PUBLIC NAME, PLEASE PRINT)

MY COMMISSION EXPIRES: _____