

WILTON SIMPSON COMMISSIONER Florida Department of Agriculture and Consumer Services Division of Consumer Services

# SOLICITATION OF CONTRIBUTIONS REGISTRATION APPLICATION

Solicitation of Contributions Act Chapter 496, Florida Statutes Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800 www.FDACS.gov • (850) 410-3804 Fax Submit Online at www.FDACS.gov

or

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

FDACS Solicitation of Contributions P.O. Box 6700 Tallahassee, Florida 32314-6700

FOR COMPLETE FILING INSTRUCTIONS VISIT US AT www.FDACS.gov/Business-Services/Solicitation-of-Contributions			
Select one:  New Application  Renewal CH#	DTN#	(listed on the renewal application)	
<b>TO APPLY</b> fill out this form completely <b>(PRINT OR TYP</b> application fee, to the address in the upper right-hand application may be subject to public review pursuant to cha	corner. All docu	ments and attachments submitted with this	
Legal Name of Organization:	Fictitious Name/Oth	er Name(s) Soliciting As:	
Street Address (no virtual offices, P.O. Boxes, or mail drops):	Mailing Address (if	different):	
City, State, Zip, County:	City, State, Zip, Cou	inty:	
Telephone:	Website:		
( )			
Email Address (required):			
1. Select One:	Date	legally established: State:	
Corporation 🗌 LLC 🗌 Partnership 🥅 Sole Pro	prietorship		
2. Registration Application Type:		Employer ID Number:	
Charitable Org     Charitable Org/Parent       Sponsor     Sponsor/Parent			
Contact Person for the Applicant Conta	act Title:	Contact Phone No:	
Contact Email Address:		Date of Application:	
F&A Use Only		Org Code: 42 10 06 25 000 EO: A2 Object Code: 001133 \$10.00 - \$400.00	

**4.** List all officers, directors, trustees, and principal salaried executive personnel: Exemptions from public records apply to certain individuals. For a complete list of exemptions, see chapter 119, F.S. If you qualify for one of these exemptions, please list the organization's address and phone number in lieu of home address and phone number. (*Attach additional sheets as necessary using the same format.*)

	M
Name:	Name:
Title:	Title:
Street Address (no virtual offices, P.O. Boxes, or mail drops):	Street Address (no virtual offices, P.O. Boxes, or mail drops):
City: State: Zip:	City: State: Zip:
Telephone Number:	Telephone Number:
Compensated?	Compensated?
Name:	Name:
Title:	Title:
Street Address (no virtual offices, P.O. Boxes, or mail drops):	Street Address (no virtual offices, P.O. Boxes, or mail drops):
City: State: Zip:	City: State: Zip:
Telephone Number:	Telephone Number:
Compensated?	Compensated?
consolidated financial statement, you may skip this question	e state of Florida. If you are a parent organization that submits a and list your branches or affiliates on FDACS-10122, Solicitation of our website for this form at <u>www.FDACS.gov.</u> (Attach additional sheets
Name:	Name:
Street Address (no virtual offices, P.O. Boxes, or mail drops):	Street Address (no virtual offices, P.O. Boxes, or mail drops):
City: State: Zip:	City: State: Zip:
Telephone Number: Email:	Telephone Number: Email:
6. If the charitable organization or sponsor does not main telephone number of the person having custody of the financi	tain an office in Florida, provide the name, street address, and al records. [s. 496.405(2)(g)1., F.S.]
Name:	Telephone Number:
Street Address (no virtual offices, P.O. Boxes, or mail drops):	
City: State: Zip:	

7. List names of the individuals or officers	who are in charge of any solicitation activities		
Name:	Street Address:	Telephone Number:	
Name:	Street Address:	Telephone Number:	
8. List the name, address, and telephone n	umber of every person responsible for the custor	ly and final distribution of contributions:	
Name:	Street Address:	Telephone Number:	
Name:	Street Address:	Telephone Number:	
9. Month/day fiscal year ends: [s. 496.405			
10. Has your organization been granted	ax exempt status by the Internal Revenue Se	rvice? [s. 496.405(2)(f), F.S.]	
□ Yes 501(c)	If yes, you must attach a copy of the tax exe	mption determination letter from the IRS.	
□ No			
	n must be filed with the department within 30 da	ys after receipt)	
□ Revoked			
which your organization was created,	1. Charitable purpose for which the charitable organization or sponsor is organized? (Briefly and concisely explain the purpose for which your organization was created, i.e., the organization's mission. It is best to summarize this information in your own words. Please attach additional pages if necessary.) [s. 496.405(2)(b), F.S.]		
be used to further your organization's include an attachment.)	ontributions to be solicited will be used? (Bi mission. Please attach additional pages if neces		
[s. 496.405(2)(b), F.S.]			
	<ol> <li>List major program activities: (Briefly and concisely list the main activities in which your organization participates. Please attach additional pages if necessary.) [s. 496.405(2)(g)4., F.S.]</li> </ol>		
14. Does the charitable organization or	sponsor employ a professional solicitor or p	rofessional fundraising consultant?	
	by of the current contract, and provide the followi sets as necessary using the same format.)	ng information for each.	
Name:	Telephone Number:	Florida Registration Number (FC/SS):	
Street Address:	City:	State/Zip:	

Indicate Contract Type:	Contract Begin Date: Month/Day/Year	Contract End Date: Month/Day/Year
□ Solicitor □ Consultant		

### 15. Does charitable organization or sponsor utilize a commercial co-venturer?

□ Yes □ No If yes, attach a copy of the current contract, and provide the following information for each. (Attach additional sheets as necessary using the same format.)

Name:	Telephone Number:	
Street Address:	City:	State/Zip:

**NOTE:** Any change to the responses provided to Questions 16 and 17 must be reported to the department within 10 days after the change occurs using the Solicitation of Contributions Material Change Form, FDACS-10118, Rev. 12/24 as incorporated in rule 5J-7.004(5), F.A.C. This form can be found online at <u>www.FDACS.gov</u>

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

🗆 Yes 🗆 No

## **CRIMINAL AND LITIGATION HISTORY**

17. Please select either YES or NO to the questions below.

□ Yes □ No	Has the charitable organization/sponsor entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s. 496.420, F.S., in any jurisdiction? [s. 496.405(2)(d)4., F.S.]
	If yes, attach a copy of the agreement.
□ Yes □ No	Has the charitable organization/sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or 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 within the last 10 years?[s. 496.405(2)(d)5., F.S.]
	If yes, please explain your answer on "Exhibit A" (make additional copies as needed using the same format).
□ Yes □ No	Has the charitable organization/sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or 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, <i>any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated</i> in chapter 496, F.S., or resulting from acts committed while involved in the solicitation of contributions within the last 10 years? [s. 496.405(2)(d)6., F.S.]
	If yes, please explain your answer on "Exhibit A" (make additional copies as needed using the same format).
□ Yes □ No	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.]
	If yes, please explain your answer.
□ Yes □ No	Has the charitable organization/sponsor or any of its officers, directors, trustees, or employees been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)7., F.S.]
	If yes, attach the name of such person, the date of the injunction, and the court issuing the injunction (make additional copies as needed using the same format).
□Yes □No	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.]
	If yes, attach the governmental agency action documents and an explanatory statement including the reason(s) for each denial, suspension, or revocation.

	Exhibit A		
Leç	gal Name:		
Со	urt or administrative agenc	y rendering the decision, judgment or order:	
Go	vernmental agency which b	rought the action:	
Nat	ure of conviction, judgmen	t, order or action:	
Dat	te of Action: / /	Docket Number:	
Ple	ease attach additional sheet	s as necessary using the same format.	
18.		re filing for the immediately preceding fiscal year ending/// PF or 990-N postcard in lieu of one of the below financial statements.	
	IRS Form 990 and all schedules	□ IRS Form 990-EZ and Schedule O □ Budget (newly formed organizations only)	
	FDACS-10122 Solicitation of Contribu	utions Annual Financial Reporting Form, 11/21 (available online at <u>www.FDACS.gov</u> )	
		ement <u>only</u> . To request an extension, you must provide a copy of the submitted IRS ension of Time To File an Exempt Organization Return or Excise Taxes Related to ne time allowed.	
		ement is not currently due to the IRS at this time, please indicate the date that it is due: a not required if you are not requesting an extension with the IRS.	
	*FDACS will grant an extension date that matches the date allowed by the IRS.		
		cial information (must match the information listed on the immediately preceding fiscal ganizations requesting an extension, must re-submit the following items upon ent.	
	Total Revenue:	\$	
	Program Service Expenses:	\$	
	Management & General Expenses:	\$	
	Fundraising Expenses:	\$	
	Total Expenses:	\$	
19.	reviewed or audited by an independ financial statement must be audited contributions are \$500,000 or more,	s that receive at least \$500,000 in annual contributions must have their financial statement dent certified public accountant. If annual contributions are \$1 million or more, then the by an independent certified public accountant. If submitting an IRS form 990 or 990 EZ and those IRS forms must be prepared by a certified public account or another professional who his or her ordinary course of business.	

### 20. Calculation of Registration Fee:

Amount of contributions received in the immediately preceding fiscal year: \$\_\_\_\_

"Contribution" means the promise, pledge, or grant of money or property, financial assistance, or any other thing of value in response to a solicitation. The term includes, in the case of a charitable organization or sponsor offering goods and services to the public, the difference between the direct cost of the goods and services to the charitable organization or sponsor and the price at which the charitable organization or sponsor or a person acting on behalf of the charitable organization or sponsor resells those goods or services to the public. The term does not include:

- Bona fide fees, dues, or assessments paid by members if membership is not conferred solely as consideration for making a contribution in response to a solicitation;
- (b) Funds obtained by a charitable organization or sponsor pursuant to government grants or contracts;

\$

- (c) Funds obtained as an allocation from a United Way organization that is duly registered with the department; or
- (d) Funds received from an organization duly registered with the department that is exempt from federal income taxation under s. 501(a) of the Internal Revenue Code and described in s. 501(c) of the Internal Revenue Code. [s. 496.404(5) F.S.]

\$75 fee: \$125 fee: \$200 fee: \$300 fee: \$350 fee:	ee:       Less than \$5,000         \$5,000 or more, but less than \$100,000         fee:       \$100,000 or more, but less than \$200,000         fee:       \$200,000 or more, but less than \$500,000         fee:       \$500,000 or more, but less than \$1,000,000         fee:       \$1,000,000 or more, but less than \$10,000,000         fee:       \$1,000,000 or more, but less than \$10,000,000         fee:       \$10,000,000 or more, but less than \$10,000,000		
Calculated Registration Fee: \$			
Calculation of Late Fee (Renewals Only): + \$(\$25 per month or any portion of a month following expiration date)			

Total Fee Amount Enclosed:

### MAKE CHECK OR MONEY ORDER PAYABLE TO: FDACS

\*Submit your completed application along with the above registration fee and your financials with all attachments to:

FDACS Solicitation of Contributions Post Office Box 6700 Tallahassee, FL 32314-6700

# ONLY SPONSORS NEED TO ANSWER THE FOLLOWING QUESTIONS:

"Sponsor" means a group or person who is or holds herself or himself out to be soliciting contributions by the use of a name that implies that the group or person is in any way affiliated with or organized for the benefit of emergency service employees or law enforcement officers and the group or person is not a charitable organization. The term includes a chapter, branch, or affiliate that has its principal place of business outside the state if such chapter, branch, or affiliate solicits or holds itself out to be soliciting contributions in this state. *[s. 496.404(25), F.S.]* 

The organization must 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 <u>annual</u> membership of not less than \$10 a member.

#### a. Total number of sponsor's members:

### **b.** Total number of members actively employed as law enforcement or emergency service employees:

c. Percentage of total net contributions (defined as the total amount of all contributions raised in Florida minus the total cost of expenses incurred in raising contributions solicited), which are disbursed in the state on behalf of its members in furtherance of its stated purpose

or programs: \_\_\_\_\_%.

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# CERTIFICATION

### I certify the following:

- □ The organization has adopted a policy regarding conflict of interest transactions, and I certify that all directors, officers, and trustees of the charitable organization are in compliance with the adopted policy.
- □ The information furnished in this application and all supplemental forms, reports, documents and attachments are true and correct to the best of my knowledge. [s. 496.405(2) F.S.]

Printed Name

Date

Signature

Title

Telephone Number

Email Address