



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**PROFESSIONAL FUNDRAISING CONSULTANT
REGISTRATION APPLICATION**

Solicitation of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.009, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800
www.FDACS.gov • Charities@FDACS.gov

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

Select one: ☐ New Application ☐ Renewal FC# _____ DTN# _____
(as listed on the renewal application)

TO APPLY fill this form out completely (**PRINT OR TYPE**) and return it with all attachments, including the \$300 license application fee, to the Bureau of Compliance at the address in the upper right-hand corner. All documents and attachments submitted with this application may be subject to public review pursuant to chapter 119, Florida Statutes (F.S.).

Legal Name of Organization:	Fictitious Name:
Street Address:	Mailing Address (if different):
City, State, Zip, County:	City, State, Zip, County:
Telephone: ()	Website:

1. Email Address: <i>(Required)</i>	2. Federal Employer ID Number: _____--_____
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3. Select One <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	Date legally established: _____	State: _____
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4. List all other offices located in the state of Florida. *(attach additional sheets as necessary using the same format)*

Name:	Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Telephone No:	Telephone No:
Email Address:	Email Address:

F&A Use Only

Org Code: 42 10 06 25 000
EO: A2
Object Code: 001133 \$300.00

5. List all principals of the applicant, including all officers, directors, and owners. Exemptions from public records apply to certain individuals, 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 street address and phone number. (Attach additional sheets as necessary using the same format) [s. 496.409(2)(c), F.S.]

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

6. Has the professional fundraising consultant or any of its officers, directors, trustees, or employees, in any state, regardless of adjudication, been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last ten (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, or misappropriation of property*, or any crime arising from the *conduct of a solicitation* for a charitable organization or sponsor within the last ten (10) years? [s. 496.409(2)(e), (f), F.S.]

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

Name:	Nature of offense:	Date:
_____	_____	____/____/____ Month Day Year
Court or agency having jurisdiction:	Disposition of offense:	Date:
_____	_____	____/____/____ Month Day Year

7. Has the professional fundraising consultant or any of its officers, directors, trustees, or employees been enjoined from violating any law relating to a charitable solicitation? [s. 496.409(2)(g), F.S.]

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

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

8. Has the professional fundraising consultant or any of its officers, directors, or trustees, had the right to solicit contributions revoked in any state or been ordered by a court or governmental agency to cease soliciting contributions within any state? [s. 496.409(10), F.S.]

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

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

9. Answer Yes or No to the following questions: [s. 496.409(2)(d), F.S.]

a. Are any of the owners, directors, officers, or employees of the applicant related as parent, child, spouse, or sibling to any other directors, officers, owners, or employees of the applicant?

☐ Yes ☐ No

If yes, please provide the names and relationship:

b. Are any such persons related to any owner, director, officer, or employee of a charitable organization or sponsor with whom you hold a contract?

☐ Yes ☐ No **If yes,** please provide the names and relationship:

c. Are any such persons related to any suppliers or vendors of a charitable organization or sponsor with whom you hold a contract?

☐ Yes ☐ No

If yes, please provide the names and relationship:

10. List all current contracts and agreements with charitable organizations or sponsors soliciting in the state of Florida and include the registration (CH) number of each. (attach a separate sheet if necessary using the same format) [s. 496.409(4), F.S.]

Name: _____

Street Address: _____

(include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop)

City: _____ **State:** _____ **Zip Code:** _____ - _____

Telephone Number: (____) _____ - _____ **Registration Number:** CH _____

Contract Beginning Date: _____ **Ending Date:** _____

Name: _____

Street Address: _____

(include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop)

City: _____ **State:** _____ **Zip Code:** _____ - _____

Telephone Number: (____) _____ - _____ **Registration Number:** CH _____

Contract Beginning Date: _____ **Ending Date:** _____

CERTIFICATION

11. I certify the following:

☐ The information furnished in this application and all supplemental forms, reports, documents and attachments are true and correct to the best of my knowledge.

Signature

Printed Name

Title

Date

Telephone Number

Email Address

If providing a contract, please complete and submit the following Professional Fundraising Consultant Contract Checklist.

PROFESSIONAL FUNDRAISING CONSULTANT CONTRACT CHECKLIST

Organization Name _____ DTN# _____

CH# _____ FC# _____

A professional fundraising consultant may enter into a contract or agreement with a charitable organization or sponsor only if the charitable organization or sponsor has complied with all applicable provisions of chapter 496, F.S. No solicitation may occur prior to the filing of the contract or agreement with the department. Complete this checklist with the contract page number(s) and paragraph where it can be found within the contract. (*Example: pg. 7, par. 3*) *Attach contract.*

Section 496.409(5), Florida Statutes. The contract must contain the following provisions:

Page Number(s) of Item

- _____ 1. A statement of the charitable or sponsor purpose for which the solicitation campaign is being conducted.
- _____ 2. A statement of the respective obligations of the professional fundraising consultant and the charitable organization or sponsor.
- _____ 3. A clear statement of the fee that will be paid to the professional fundraising consultant.
- _____ 4. The effective and termination dates of the contract.
- _____ 5. A statement that the professional fundraising consultant will not, at any time, have control or custody of contributions.
- _____ 6. A contract or agreement between a professional fundraising consultant and a charitable organization or sponsor must be in writing, signed by two authorized officials of the charitable organization or sponsor.

THE DEPARTMENT'S REVIEW OF CONTRACTS OR SCRIPTS AS PART OF THE APPLICATION PROCESS DOES NOT CONSTITUTE APPROVAL OR ENDORSEMENT OF THE LANGUAGE INCLUDED THEREIN. IT IS RECOMMENDED YOU SEEK LEGAL COUNSEL TO ENSURE THESE DOCUMENTS ARE IN COMPLIANCE WITH FLORIDA STATUTES.

I certify that the above required items are included in the contract:

Signature of Authorized Person for Applicant

Print Name & Title of Authorized Person for Applicant