

Florida Department of Agriculture and Consumer Services



WILTON SIMPSON, COMMISSIONER

Solicitation of Contributions Notice of Commencement of Solicitation

**Chapter 496, Florida Statutes
Rule 5J-7.011, Florida Administrative Code**

Instructions

If you have any questions or need assistance in completing this document, please contact the department at 1-800-HELP-FLA (435-7352) or (850) 410-3800.

1. When filing the notice, be certain that it is completely filled out, that all questions are answered truthfully and that all the information requested is provided. Please type or print in ink. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the solicitor's name and registration number and the number of the corresponding question. A separate form must be filed for each campaign.
2. The form **must** be filed by the Professional Solicitor with the Department of Agriculture and Consumer Services (FDACS) no less than 15 days before commencing a solicitation campaign or event. *[s. 496.410(6), F.S.]*

In the spaces provided you must list the legal name of the professional solicitor and the legal name of the charitable organization **exactly** as they appear in any articles of incorporation or organizational documents. If the solicitor or charitable organization is using any fictitious name(s) (DBA) and/or 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 Florida Department of State, Division of Corporations and must match both with Division of Corporations records and records filed with this department.**

3. Attach a copy of the signed contract between the professional solicitor and the charitable organization or sponsor, as identified in s. 496.410(7), F.S.
4. The notice must be signed under oath by the contracting officers of the professional solicitor. *[s. 496.410(6), F.S.]*
5. Within 45 **days** after the solicitation campaign has been completed and within 45 days of the anniversary of the commencement of a solicitation campaign lasting more than 1 year, the professional solicitor must provide to the charitable organization or sponsor and to the department FDACS-10106, Professional Solicitors Financial Report of Campaign, Rev. 11/14, as incorporated in Rule 5J-7.012, F.A.C. *[s. 496.410(8), F.S.]*
6. **Submit a Material Change Form** within seven (7) days of any changes made to the information filed with the department. A sample material change form can be found online at www.FDACS.gov or by calling 800-HELP-FLA (435-7352) or (850) 410-3800. *[s. 496.410(13), F.S.]*

Send information no less than 15 days prior to commencing a solicitation campaign to:

FDACS
Solicitation of Contributions
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



WILTON SIMPSON
COMMISSIONER

**NOTICE OF COMMENCEMENT
OF SOLICITATION**

Solicitation of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.011, Florida Administrative Code

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

Return completed form to:

FDACS
Solicitation of Contributions
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

All professional solicitors must provide a Notice of Commencement of Solicitation to the department no less than 15 days before commencing a solicitation campaign or event. PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the solicitor's name or registration number and the number of the corresponding question. A separate form must be completed for each campaign. [s. 496.410(6), F.S.]

1. Name of Professional Solicitor:

Florida Registration Number:

SS - _____

Street Address:

City:

State:

Zip Code:

Telephone Number:

Email:

(_____) _____ - _____

2. Legal name of charitable organization or sponsor (as registered with the department) for which the solicitation is being conducted:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Florida Registration Number:

(_____) _____ - _____

CH- _____

3. Describe the solicitation campaign or event to be conducted: [s. 496.410(6)(a), F.S.]

4. What are the beginning and end dates of the solicitation campaign? [s. 496.410(6)(l), F.S.]

Begin Date: _____ / _____ / _____
Month Day Year

End Date: _____ / _____ / _____
Month Day Year

5. Describe the charitable or sponsor program for which the campaign is being conducted as provided in the contract between the solicitor and the charitable organization or sponsor: [s. 496.410(6)(f), F.S.]

6. If there is a guaranteed minimum percentage of the gross receipts from contributions or the percentage of the purchase price from the sale of goods, services, or tickets to be remitted to the charity please state below? [s. 496.410(6)(i), F.S.]

_____ %

7. What percentage of a contribution may be deducted as a charitable contribution under federal income tax law by the contributor? [s. 496.410(6)(j)], F.S.]

_____ %

8. Is any owner, director, officer, trustee, or employee of the professional solicitor related as a parent, spouse, child, sibling, grandparent, grandchild, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law to: [s. 496.410(6)(k), F.S.]

a. Another officer, director, owner, trustee, or employee of the professional solicitor?

Yes No If yes, please explain: _____

b. An officer, director, owner, trustee, or employee of a charitable organization or sponsor under contract with the professional solicitor?

Yes No If yes, please explain: _____

c. A supplier or vendor providing goods or services to a charitable organization or sponsor under contract with the professional solicitor?

Yes No If yes, please explain: _____

9. Are solicitation aids used to solicit contributions? [s. 496.410(6)(m), F.S.]

Yes No If yes, please attach a copy of all scripts, outlines, presentations, or other aids used to solicit contributions.

10. Is sales information or literature provided to a donor or potential donor by the solicitor in connection with the campaign? [s. 496.410(6)(n), F.S.]

Yes No If yes, please provide a copy of each item.

11. Will the professional solicitor, at any time have custody of the contributions? [s. 496.410(6)(d), F.S.]

Yes No

12. Check the fundraising method(s) to be used: [s. 496.410(6)(g), F.S.]

Please check all that apply:

Direct mail Telephone appeal Sale of goods or services Door to door solicitation

Other (please describe): _____

13. Provide the following information for each location which solicitation activities are being conducted:
(attach additional sheets as necessary using the same format) [s. 496.410(6)(b), F.S.]

Physical street address:

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

Telephone numbers used to solicit contributions from this location: *(attach additional sheets as necessary using the same format)*

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____

Legal name of person(s) responsible for directing and supervising the campaign at this location:

Residence address: *(Do not list if the residence address is exempt from public records. See s. 119.071(4), F.S. for exemption criteria)*

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

Name, birthdate and identifying numbers on or associated with a valid government-issued identification card of all person(s) responsible for or engaged in solicitation activity (except those individuals required to obtain an individual license pursuant to s. 496.4101): *[s. 496.410(2)(i), F.S.]*

Legal Name: _____ **Date of Birth:** _____ / _____ / _____

Government Issued ID Number: _____ **State of Issue:** _____
Type of government ID: _____

Legal Name: _____ **Date of Birth:** _____ / _____ / _____

Government Issued ID Number: _____ **State of Issue:** _____
Type of Government ID: _____

Legal Name: _____ **Date of Birth:** _____ / _____ / _____

Government Issued ID Number: _____ **State of Issue:** _____
Type of Government ID: _____

Legal Name: _____ **Date of Birth:** _____ / _____ / _____

Government issued ID Number: _____ **State of Issue:** _____
Type of Government ID: _____

Required Attachments – Please Initial by Each:

_____ Attached is a list of the account number(s) and location(s) of each bank account where the receipts from the campaign are to be deposited. [s. 496.410(6)(e), F.S.]

_____ Attached is a copy of the contract. [s. 496.410(6)(h), F.S.]

Additional Notices and Certification

All contributions must be **solely** in the name of the charitable organization or sponsor on whose behalf the contribution was solicited. **No later than two days after receipt**, the professional solicitor must deposit the entire amount in an account at a bank or other financial institution in the name of the charitable organization or sponsor. [s. 496.410(9), F.S.]

The Professional Solicitor shall submit to the charitable organization or sponsor and the Department a financial report of the campaign **within 45 days of the completion** of the campaign **and within 45 days of the anniversary** of a campaign lasting more than one year. [s. 496.410(8), F.S.]

I, _____, am the _____
Name Contracting Officer of the Professional Solicitor
of _____
Name of Professional Solicitor

and further state as follows: (Please check all that apply)

- I have read the foregoing notice and know the contents thereof;
- This notice is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes; the Solicitation of Contributions Act; and
- All contributions will be in the name of the charitable organization and deposited into the charitable organization's bank account within two days of receipt.

I certify that I am authorized to complete this Notice of Commencement of Solicitation and that the information provided is true and accurate.

Signature Printed Name _____ / _____ / _____
Month Day Year

(_____) - _____
Telephone Number Email Address