



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

SOLICITATION OF CONTRIBUTIONS SMALL CHARITABLE ORGANIZATIONS/SPONSORS APPLICATION

NICOLE "NIKKI" FRIED
COMMISSIONER

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

1-800-HELP-FLA (435-7352) • (850) 410-3800

Return completed application to:

charities@FDACS.gov

or

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

IMPORTANT: This form is only permitted for use by organizations/sponsors that have less than \$25,000 in total revenue (including contributions); have no paid volunteers, officers or members; and do not utilize a professional fundraising consultant, solicitor or commercial co-venturer. If the organization does not meet all of above criteria, the Solicitation of Contributions Registration Application (FDACS-10100) must be submitted. The form is accessible online at www.FDACS.gov. Online registration is also available for your convenience. All documents and attachments submitted with this application may be subject to public review pursuant to chapter 119, Florida Statutes (F.S.).

Select one: [] New Application [] Renewal CH# _____ DTN# _____ (listed on the renewal application)

TO APPLY fill out this form completely (PRINT OR TYPE) and return it with all attachments.

Legal Name of Organization: Fictitious Name/Other Name Soliciting As:
Physical Address: Mailing Address (if different):
City, State, Zip, County: City, State, Zip, County:
Telephone: Website:
()

Email Address (for issuance of renewal notifications):

1. Select One: [] Corporation [] LLC [] Partnership [] Sole Proprietorship Date legally established: State:

2. Federal Employer ID Number: 3. Month/Day fiscal year ends:
_____ - _____ _____ / _____

4. Has the organization been granted tax exempt status by the Internal Revenue Service?
[] Yes 501(c)_____ [] No [] Pending

5. Select the financial statement you are filing for the immediately preceding fiscal year: (must be attached)
[] IRS form 990 and all attached schedules [] 990-EZ and Schedule O [] Budget (new organizations only)
[] FDACS-10122 Solicitation of Contributions Annual Financial Reporting Form (available online at www.FDACS.gov)

6. Charitable purpose for which the charitable organization 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.) [s. 496.406(2)(a), F.S.]
7. What is the purpose for which the contributions to be solicited will be used? (Please attach additional pages if necessary.) [s. 496.406(2)(a), F.S.]

8. List all names, address, and telephone numbers of the individuals or officers who have responsibility for the final distribution of contributions: 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.
Note: A charitable organization or sponsor, or an officer, director, trustee, or employee thereof, may not knowingly allow an officer, director, trustee, or employee of the charitable organization or sponsor to solicit contributions on behalf of such charitable organization or sponsor if such officer, director, trustee, or employee has, in any state, regardless of adjudication been convicted of, or been found guilty of or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or been found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years or any crime within the last 10 years 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, or has been enjoined in any state from violating any law relating to a charitable solicitation. The aforementioned prohibitions also apply to a misdemeanor in another state which constitutes a disqualifying felony in this state. **If you answered YES to the criminal history question, you must provide a copy of the court disposition and submit an explanation of the charge for review.** (Attach additional sheets as necessary using the same format.)

Name:	Name:
Title:	Title:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Telephone Number:	Telephone Number:
Compensated? <input type="checkbox"/> Yes <input type="checkbox"/> No Criminal History? <input type="checkbox"/> Yes <input type="checkbox"/> No	Compensated? <input type="checkbox"/> Yes <input type="checkbox"/> No Criminal History? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Name:
Title:	Title:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Telephone Number:	Telephone Number:
Compensated? <input type="checkbox"/> Yes <input type="checkbox"/> No Criminal History? <input type="checkbox"/> Yes <input type="checkbox"/> No	Compensated? <input type="checkbox"/> Yes <input type="checkbox"/> No Criminal History? <input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION

I certify the following: (Please check all that apply)

- I certify that I am authorized to complete this application and the information provided is true and accurate.
- I certify that the above-named charitable organization or sponsor received **less than \$25,000 in total revenue** (including contributions).
- I certify that the fundraising activities of the above-named charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above-named charitable organization or sponsor.
- I certify that the above-named charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

If all of the above are not certified, FDACS-10100, Solicitation of Contributions Registration Application, Rev. 11/21 must be completed.

_____ Signature

_____ Printed Name

_____ Title

_____ Date

_____ Telephone Number

_____ Email Address