

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM
COMMISSIONER**

SMALL CHARITABLE ORGANIZATIONS/SPONSORS APPLICATION

Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

Small Charitable Organizations/Sponsors Filing Instructions

REGISTRATION AND RENEWALS

All charitable organizations and sponsors must register with the Florida Department of Agriculture and Consumer Services (FDACS) prior to engaging in solicitation activities in Florida, and renew annually thereafter on a form provided by the department. The department will annually provide a renewal statement to each registrant by mail at least forty-five (45) days before the renewal date. Charitable organizations and sponsors that meet all of the following requirements are eligible to fill out the following form in lieu of registration. [s. 496.406(1)(d), F.S.]

- The charitable organization or sponsor has less than \$25,000 in **TOTAL REVENUE** (including *contributions*). The fundraising activities of the 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 charitable organization or sponsor.
- The charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

NOTE: If circumstances change and the organization or sponsor no longer satisfies any one of the above criteria (requirements), the organization or sponsor must register with the department as required by s. 496.405, F.S. within 30 days.

INSTRUCTIONS AND CHECKLIST FOR COMPLETING THE EXEMPTION APPLICATION

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

When filing an application, be certain that the application 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 organization's name or registration number and the number of the corresponding question.

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 additional sheets as necessary using the same format. **Note: Corporate, LLC, and Fictitious Names are verified with the Florida Department of 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. **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 email address and website 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 and Specialty Tax Line (1-800-829-4933).

Item #5

Indicate the month and day your accounting or bookkeeping period ends each year.

Item #6

Answer by checking appropriate box.

Item #7

List the representatives as directed with complete street addresses and telephone numbers for each. All documents and attachments submitted with this application are subject to public records review pursuant to Chapter 119, F.S. However, exemptions apply to certain employees. If you qualify under these exemptions, you can request that certain information be redacted from the public records available through the department. Exemptions may apply to:

- Current or former law enforcement officers and their families;
- Current or former judges and their families;
- Current or former prosecutors and their families;
- Current or former firefighters and their families;
- Current or former human resources managers and their families; and
- Current or former code enforcement officers and their families.

This is not a comprehensive list. For a complete list, see Section 119.071(4), F.S. If you qualify for one of the public records exemptions and wish to have your information exempted from public review, please check the appropriate box.

Item #8

Briefly explain the purpose for which your organization was created. It is best to summarize this information in your own words.

Item #9

Briefly explain the purpose for which contributions will be used.

Financial Statement

Indicate by checking the appropriate box on the application 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 page 3 may be used to prepare a budget. **ONLY THE FOLLOWING WILL BE ACCEPTED FOR ALL OTHER ORGANIZATIONS:**

- IRS form 990 with all attached schedules
- IRS form 990-EZ and Schedule O
- the financial statement on this form.

We cannot accept the 990-PF, 990-N, E-Postcard 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 three acceptable financial reports mentioned above. **If sending multiple financial forms, they must be consolidated prior to submission on the department's financial report.**

Certification Statement

Provide the name and contact information for the person responsible for completing the application.

SEND COMPLETED APPLICATION TO:

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

IMPORTANT: Every charitable organization or sponsor that is required to register under s. 496.405, F.S., or is exempt under s. 496.406(1)(d), F.S., shall conspicuously display the following statement on every solicitation, confirmation, receipt, or reminder of a contribution: "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE." The statement must include a toll-free number and website for the division which can be used to obtain the registration information. When the solicitation consists of more than one piece, the statement must be displayed prominently in the solicitation materials. If the solicitation occurs on a website, the statement must be conspicuously displayed on any webpage that identifies a mailing address where contributions are to be sent, identifies a telephone number to call to process contributions, or provides for online processing of contributions. **The toll-free number of the department is 1-800-HELP-FLA (435-7352) – calling from within the state of Florida, or (850) 410-3800 – calling from outside of Florida. The department's website is www.800helpfla.com.**



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

SMALL CHARITABLE ORGANIZATIONS/SPONSORS APPLICATION

ADAM H. PUTNAM 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 Calling Outside Florida
www.800helpfla.com • (850) 410-3804 Fax

Return completed application to:

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

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 using the same format. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question.

Business Information

Form fields for Business Information: New Application, Renewal, CH, DTN (as listed on the preprinted renewal application)

1. Legal Name of Organization:

* Fictitious (DBA) Name:
*If you are a Florida organization, all fictitious names must be registered with the Florida Department of State, Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations.

Other Names Soliciting As:

2. Street Address (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations):

City: State: Zip Code:

Mailing Address (if different from above):

City: State: Zip Code:

3. Telephone Number: Fax Number:

Email Address for Organization: Website:

4. Federal Employer ID Number: [s. 119.092, F.S.]

5. Month/Day fiscal year ends: [s. 496.406(2)(c), F.S.]

6. Has organization been granted tax exempt status by the Internal Revenue Service? [s. 496.406(2)(b), F.S.]
Yes 501(c) (insert number) No Pending

7. List the names, street addresses, and telephone numbers of the individuals or officers who have final responsibility for the final distribution of contributions: [s. 496.406(2)(d), F.S.] (attach additional sheets as necessary using the same format)

NOTE: Pursuant to s. 496.405(8), F.S., no 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, 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 prohibitions in this subsection also apply to a misdemeanor in another state which constitutes a disqualifying felony in this state.

Exemptions from public records apply to certain personal information about current or former law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers and guardians ad litem and their families. For a complete list of exemptions, see Section 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your home address and phone number below.

Name: <hr/> Title: <hr/> Street Address: <hr/> City: <hr/> State: Zip Code: <hr/> Telephone Number: () - Compensated: <input type="checkbox"/> Yes <input type="checkbox"/> No Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <hr/> Title: <hr/> Street Address: <hr/> City: <hr/> State: Zip Code: <hr/> Telephone Number: () - Compensated: <input type="checkbox"/> Yes <input type="checkbox"/> No Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name: <hr/> Title: <hr/> Street Address: <hr/> City: <hr/> State: Zip Code: <hr/> Telephone Number: () - Compensated: <input type="checkbox"/> Yes <input type="checkbox"/> No Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <hr/> Title: <hr/> Street Address: <hr/> City: <hr/> State: Zip Code: <hr/> Telephone Number: () - Compensated: <input type="checkbox"/> Yes <input type="checkbox"/> No Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. What is the purpose for which the organization is organized? [s. 496.406(2)(a), F.S.]

9. What is the purpose for which the contributions will be used? [s. 496.406(2)(b), F.S.]

Financial Statement

FOR ORGANIZATIONS HAVING UNDER \$25,000 TOTAL REVENUE FOR FISCAL YEAR ENDING ____ / ____ / ____

Organization Name _____ CH _____ DTN _____
(as issued by the department) (as listed on the preprinted renewal application)

NOTE: In lieu of completing the following financial statement, you may send the IRS form 990 and all attached schedules or the IRS form 990-EZ and Schedule O.

IRS form 990N – ePostcard or IRS 990-PF are NOT acceptable financial statements.

- Yes No If newly formed, is this to be considered a budget?
 Yes No Is this a consolidated financial statement for chapters, branches and affiliates?
 Yes No Did anyone receive pay or benefits (member, officer or employee)?

REVENUE

- | | | |
|---|-----------|-----------|
| 1. Contributions, gifts, grants, and similar amounts received | | 1. _____ |
| 2. Government grants (must list sources and amounts) | | 2. _____ |
| 3. Inventory sales | | |
| a. Gross Revenue | 3a. _____ | |
| b. Less costs | 3b. _____ | |
| c. Net Income | | 3c. _____ |
| 4. Special fundraising events | | |
| a. Gross revenue | 4a. _____ | |
| b. Less expenses | 4b. _____ | |
| c. Net Income | | 4c. _____ |
| 5. In-kind contributions and services | | 5. _____ |
| 6. Federated campaigns (must list sources and amounts) | | 6. _____ |
| 7. Program service revenue | | 7. _____ |
| 8. Membership dues and assessments | | 8. _____ |
| 9. Other revenue (must list sources and amounts) | | 9. _____ |
| 10. TOTAL REVENUE (add lines 1 through 9) | | 10. _____ |

EXPENSES

- | | |
|--|----------|
| 1. Program services (including payments to affiliates) | 1. _____ |
| 2. Management and general | 2. _____ |
| 3. Fundraising | 3. _____ |
| 4. TOTAL EXPENSES (add lines 1 through 3) | 4. _____ |

Certification

I, _____ am the _____ of _____
Name Title Name of Organization or Company

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

- I certify that I am authorized to complete this application and the information provided is true and accurate. The above information is provided for the purpose of complying with the provisions of Chapter 496, Florida Statutes.
- I certify that the above named charitable organization or sponsor has 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, then FDACS-10100, Solicitation of Contributions Registration Application, Rev. 01/15 must be completed.

Signature

Print or Type Name

Date

(_____) _____ - _____
Telephone Number

Email Address