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)

TO APPLY fill out this form completely **(PRINT OR TYPE)** and return it with all attachments, including the registration application fee, to 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/Other 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, County:**
Telephone: **( )**	**Website:**

Email Address (required)*:*

1. Select One: **Date legally established:** **State:**

☐ **Corporation** ☐ **LLC** ☐ **Partnership** ☐ **Sole Proprietorship** _____ _____

2. Registration Application Type:

Charitable Org _____ **Charitable Org/Parent** _____
Sponsor _____ **Sponsor/Parent** _____

3. Federal Employer ID Number:

_____ -- _____

Contact Person for the Applicant **Contact 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.)*

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? ☐ **Yes** ☐ **No**	**Compensated?** ☐ **Yes** ☐ **No**
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? ☐ **Yes** ☐ **No**	**Compensated?** ☐ **Yes** ☐ **No**

5. List any branch office, chapter or affiliates located in the state of Florida. If you are a parent organization that submits a consolidated financial statement, you may skip this question and list your branches or affiliates on FDACS-10122, Solicitation of Contributions Annual Financial Reporting Form, 11/21. Visit our website for this form at www.FDACS.gov. *(Attach additional sheets as necessary using the same format.)*

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 maintain an office in Florida, provide the name, street address, and telephone number of the person having custody of the financial records. *[s. 496.405(2)(i)1. ~~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 number of every person responsible for the custody and final distribution of contributions:		
Name:	**Street Address:**	**Telephone Number:**
Name:	**Street Address:**	**Telephone Number:**

9. Month/day fiscal year ends: *[s. 496.405(2)(i)3., ~~496.405(2)(g)3.~~ F.S.]* Month_____ Day_____

10. Has your organization been granted tax exempt status by the Internal Revenue Service? *[s. 496.405(2)(h) ~~496.405(2)(f)~~, F.S.]*

☐ **Yes** 501(c) _____ **If yes, *you must attach a copy of the tax exemption determination letter from the IRS.***
(insert number)

☐ **No**

☐ **Pending** *(a copy of such determination must be filed with the department within 30 days after receipt)*

☐ **Revoked**

11. 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.]*

12. What is the purpose for which the contributions to be solicited will be used? *(Briefly and concisely explain how contributions will be used to further your organization's mission. Please attach additional pages if necessary. Do not reference IRS Form 990 or include an attachment.)*
[s. 496.405(2)(b), F.S.]

13. 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)(i)4. ~~496.405(2)(g)4.~~, F.S.]*

14. Does the charitable organization or sponsor employ a professional solicitor or professional fundraising consultant?

☐ **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:**	**Florida Registration Number (FC/SS):**
Street Address:	**City:**	**State/Zip:**
Indicate Contract Type: ☐ Solicitor ☐ Consultant	**Contract Begin Date: Month/Day/Year**	**Contract End Date: Month/Day/Year**

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 www.FDACS.gov

16. Is the charitable organization/sponsor authorized by any other state to solicit contributions? *[s. 496.405(2)(f)1. ~~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)(f)4. ~~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)(f)5. ~~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, *any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated* 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)(f)6. ~~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)(f)2. ~~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)(f)7. ~~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)(f)3. ~~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

Legal Name:

Court or administrative agency rendering the decision, judgment or order:

Governmental agency which brought the action:

Nature of conviction, judgment, order or action:

Date of Action: _____ / _____ / _____

Docket Number: _____

Please attach additional sheets as necessary using the same format.

18. Select the financial statement you are filing for the immediately preceding fiscal year ending _____/_____/_____
Please Note: We do not accept 990-PF or 990-N postcard in lieu of one of the below financial statements.
Please attach one of the following:

☐ IRS Form 990 and all schedules ☐ IRS Form 990-EZ and Schedule O ☐ Budget (newly formed organizations only)

☐ FDACS-10122 Solicitation of Contributions Annual Financial Reporting Form, 11/21 (available online at www.FDACS.gov)

Extension request for financial statement only. To request an extension, you must provide a copy of the submitted IRS form 8868 titled Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans showing the time allowed.

☐ **If your organizations financial statement is not currently due to the IRS at this time, please indicate the date that it is due: _____/_____/_____ Form 8868 is 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.**

Please provide the following financial information (must match the information listed on the immediately preceding fiscal year financial statement): Note: Organizations requesting an extension, must re-submit the following items upon submission of the financial statement.

Total Revenue: $ _____

Program Service Expenses: $ _____

Management & General Expenses: $ _____

Fundraising Expenses: $ _____

Total Expenses: $ _____

19. Charitable organizations or sponsors that receive at least $500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are $1 million or more, then the financial statement must be audited by an independent certified public accountant. If submitting an IRS form 990 or 990 EZ and contributions are $500,000 or more, those IRS forms must be prepared by a certified public account or another professional who prepares such forms or schedules in his or her ordinary course of business.

Attached is a copy of signed CPA review or audit ☐ Yes ☐ No

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:

(a) 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.]

$10 fee: Less than $5,000
$75 fee: $5,000 or more, but less than $100,000
$125 fee: $100,000 or more, but less than $200,000
$200 fee: $200,000 or more, but less than $500,000
$300 fee: $500,000 or more, but less than $1,000,000
$350 fee: $1,000,000 or more, but less than $10,000,000
$400 fee: $10,000,000 or more

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 annual 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: _____ %.

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*

CHECKLIST

☐ FDACS-10124 Attestation Statement of Compliance with Chapter 106, F.S. (Campaign Financing) must be provided with the application. The attestation statement can be accessed at www.FDACS.gov. The attestation statement is provided with the application.

☐ If the charitable organization or sponsor has received a tax exemption determination letter from the IRS, a copy is provided with the application.

☐ If the charitable organization or sponsor employs a professional solicitor or professional fundraising consultant, a copy of the current contract is provided with the application.

☐ If the charitable organization or sponsor utilizes a commercial co-venturer, a copy of the current contract is provided with the application.

☐ If additional information or documentation is required to be completed for question #17, the Criminal and Litigation History section of this application, the information is provided on Exhibit A, or it is provided with the application.

☐ The applicable financial statement is provided, or IRS form 8868 titled Application for Extension of Time to File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans is provided with the application.

☐ If a signed CPA review or audit is required, it is provided with the application.

☐ The Honest Service Registry has been created by the department to provide the residents of this state with the necessary information to make an informed choice when deciding which charitable organizations to support. To participate in this optional registry, visit www.FDACS.gov to apply online or to access FDACS-10123 Attestation Statement of Compliance with Honest Service Registry Requirements.