

Florida Department of Agriculture and Consumer Services



ADAM H. PUTNAM, COMMISSIONER

Solicitation of Contributions Notice of Commencement of Solicitation

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

Instructions

1. Complete the form and attach a separate sheet if needed. 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. [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. 07/13. [s. 496.410(8), F.S.]

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

FDACS
Solicitations of Contributions
Terry Lee Rhodes Building
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



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COMMISSIONER

**NOTICE OF COMMENCEMENT
OF SOLICITATION**

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

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Return completed form to:

FDACS
Solicitations of Contributions
Terry Lee Rhodes Building
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. A separate form must be completed for each campaign. [s. 496.410(6), F.S.]
Attach additional pages if more space is needed.

Name of Professional Solicitor:

Florida Registration #:

SS - _____

Street Address:

City:

State:

Zip Code:

Telephone Number:

Email:

Name of Charitable Organization or Sponsor for Which the Solicitation is Being Conducted:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Florida Registration Number:

CH- _____

Describe the solicitation campaign or event to be conducted:

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

Start Date: _____ / _____ / _____
Month Day Year

End Date: _____ / _____ / _____
Month Day Year

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.]

List the areas of the state that will be targeted by the campaign: [s. 496.410(6)(a), F.S.]

Will the professional solicitor, at any time have custody of the contributions?

Yes No

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): _____

Required Attachments – Please Initial by Each:

- _____ Attached is a list of the legal names and residence addresses of each person responsible for directing and supervising the campaign. [s. 496.410(6)(c), F.S.]
- _____ 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 list of address(es) and telephone number(s) from which the solicitation is to be conducted. [s. 496.410(6)(b), F.S.]
- _____ Attached is a copy of the contract. [s. 496.410(6)(h), F.S.]
- _____ Attach a list of the names of all persons in charge of any solicitation activity. [s. 496.410(2)(i), (14), F.S.] (including all employees responsible for solicitations)

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 am the individual who has completed the foregoing Notice of Commencement of Solicitation form;
- I have read the foregoing notice and know the contents thereof; and
- This notice is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes; the Solicitation of Contributions Act.

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 *Date*

(_____) _____ - _____
Telephone Number *Email Address*