City of Jacksonville
Finance Department

Public Service Grant

Alternative Financial Disclosure Form

INSTRUCTIONS AND CHECKLIST FOR COMPLETING THE FINANCIAL DISCLOSURE FORM

COMPLETING THE FORM
Please be certain the form 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. Any attachments should reflect the organization's name, or Federal Employer ID number (FEIN), 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. ***The use of a mail drop is not acceptable.*** If the mailing address (i.e. a generally used post office box) is different from the organization's street address, provide that address as well. ***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 the email address and website if used to provide information to or communicate with the public.

☐ **Item #4**
Select the type of organization (or legal form of business) and state when and where the organization was legally established.

☐ **Item #5**
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 #6**
List the representatives as directed with complete street addresses and telephone numbers for each. (The street address may be the address of the charitable organization or sponsor.) Charitable organizations and sponsors must indicate whether or not each representative receives compensation. All documents and attachments submitted with this application are subject to public records review pursuant to Chapter 119, Florida Statutes. 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
- Current or former code enforcement officers and their families

This is not a comprehensive list. For a complete list, see s. 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 do not list your residence address and phone number.

☐ **Item #7**
You must disclose the person(s) who exercises control of funds. (i.e. the person(s) who collects the money, makes deposits, writes checks, or has custody and responsibility for the final distribution of the contributions, etc.) (The street address may be the address of the charitable organization or sponsor.)

☐ **Item #8**
Indicate the month and day your accounting or bookkeeping period ends each year (fiscal year end date).

☐ **Item #9**
Provide the name and contact information for the person responsible for completing the application.

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 Federal Employer ID Number (FEIN), and the number of the corresponding question.

BUSINESS INFORMATION

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; do not use a mail drop):*

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. Form of organization:
☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship
☐ Other *(please describe)*:

Date incorporated or legally established: **State:**
/ /
Month *Day* *Year*

5. Federal Employer ID Number
-

6. List all officers, directors, trustees, and principal salaried executive personnel: Exemptions from public records apply to certain personal information about current or former - law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers, guardians ad litem and their families. For a complete list of exemptions, see s. 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your residence address and phone number.

Name:

Title:

Street Address:

City:

State: **Zip Code:** -

Telephone Number: **Compensated?**
( ) - ☐ Yes ☐ No

Exempt from public records *[s. 119.071(4), F.S.]* ☐ Yes ☐ No

Name:

Title:

Street Address:

City:

State: **Zip Code:** -

Telephone Number: **Compensated?**
( ) - ☐ Yes ☐ No

Exempt from public records *[s. 119.071(4), F.S.]* ☐ Yes ☐ No

Name:

Title:

Street Address:

City:

State: **Zip Code:** -

Telephone Number: **Compensated?**
( ) - ☐ Yes ☐ No

Exempt from public records *[s. 119.071(4), F.S.]* ☐ Yes ☐ No

Name:

Title:

Street Address:

City:

State: **Zip Code:** -

Telephone Number: **Compensated?**
( ) - ☐ Yes ☐ No

Exempt from public records *[s. 119.071(4), F.S.]* ☐ Yes ☐ No

Name:

Title:

Street Address:

City:

State: **Zip Code:** -

Telephone Number: **Compensated?**
( ) - ☐ Yes ☐ No

Exempt from public records *[s. 119.071(4), F.S.]* ☐ Yes ☐ No

Name:

Title:

Street Address:

City:

State: **Zip Code:** -

Telephone Number: **Compensated?**
( ) - ☐ Yes ☐ No

Exempt from public records *[s. 119.071(4), F.S.]* ☐ Yes ☐ No

7. List the name, address, and telephone number(s) of person(s) responsible for the custody and final distribution of contributions:

Name:	Street Address:	Telephone Number:
Name:	**Street Address:**	**Telephone Number:**

8. Month/Day fiscal year ends: _____ / _____
Month *Day*

CONTACT PERSON

9. Contact person for the charitable organization or sponsor:

Name: **Title:**

Telephone Number:
(_____) _____ - _____

Email Address:

CERTIFICATION

I, _____, am the _____,
Name *Title*
completing the application for _____
Name of Organization or Company

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.

_____ _____ _____
Signature *Printed Name* *Date*

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

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Fiscal Year 1

FOR FISCAL YEAR ENDING _____ / _____ / _____ ____

(Please use department material change form if your organization's fiscal year ending changes.)

FINANCIAL STATEMENT

REVENUE

1. Federated campaigns: *(must provide a list of sources and amounts)*		1. _____
2. Government grants: *(must provide a list of sources and amounts)*		2. _____
3. Program service revenue:		3. _____
4. Membership dues:		4. _____
5. Income from interest, dividends, etc.		5. _____
6. Income from investments & tax-exempt bond proceeds:		6. _____
7. Sale of assets other than inventory:		
a. Gross sales	7a. _____	
b. Less sales expenses	7b. _____	
c. Net gain or (loss) from sale of assets		7c. _____
8. In-kind contributions (non-cash contributions):		8. _____
9. Royalties:		9. _____
10. Related organizations: *(Must provide a list of sources and amounts)*		10. _____
11. Net rental income:		11. _____
12. Sales of inventory:		
a. Gross sales	12a. _____	
b. Less: costs of goods sold	12b. _____	
c. Net income or (loss) from inventory sales		12c. _____
13. Income from fundraising events:		
a. Gross	13a. _____	
b. Less: direct expenses	13b. _____	
c. Net income or (loss) from fundraising events		13c. _____
14. Income from gaming activities:		
a. Gross	14a. _____	
b. Less: direct expenses	14b. _____	
c. Net income or (loss) from gaming activities		14c. _____
15. All other contributions, gifts, grants & similar amounts:		15. _____
16. TOTAL REVENUE *(Add lines 1,2, 3, 4, 5, 6, 7c, 8, 9, 10, 11, 12c, 13c, 14c & 15)*		16. _____

Statement of Functional Expenses for _____

(Organization Name)

ITEMS	(A) Program Services	(B) Management & General	(C) Fundraising	TOTAL for A,B, C
Grants & allocations Cash_____ Non Cash_____ Attach schedule				
Assistance to individuals				
Benefits to or for members				
Compensation to officers, etc.				
Other salaries, wages, etc.				
Fees for service non employee				
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Investment management fees				
Accounting fees				
Management				
Legal fees				
Lobbying				
Office supplies				
Telephone				
Postage & shipping				
Equipment rental				
Occupancy				
Printing				
Travel				
Conferences & meetings				
Interest				
Insurance				
Advertising & promotions				
Information technology				
Royalties				
Payments to affiliates				
Depreciation, depletion & amortization				
Other (List Item)				
Other (List Item)				
Other (List Item)				
TOTAL EXPENSES	(A)	(B)	(C)	TOTAL

EXPENSES:

17. Program services expenses, including payments to affiliates (Total of column A) 17. _____

18. Management & general (Total of column B) 18. _____

19. Fundraising (Total of column C) 19. _____

20. TOTAL EXPENSES (add lines 17, 18 & 19) 20. _____

NET ASSETS:

21. Excess (or deficit) for the year (line 16 less line 20) 21. _____

22. Net assets of fund balance at beginning of year 22. _____

23. Net assets or fund balance at end of year (add lines 21 & 22) 23. _____

BALANCE SHEET:	(A) Beginning of Year	(B) End of Year
Cash, savings and investments		
Land and building		
Other assets (describe on separate sheet)		
Total assets		
Total liabilities (describe on separate sheet)		
Total assets or fund balance	(From Line 22)	(From Line 23)

[end of financial report for fiscal year 1]

Fiscal Year 2

FOR FISCAL YEAR ENDING _____ / _____ / _____ ____

(Please use department material change form if your organization's fiscal year ending changes.)

FINANCIAL STATEMENT

REVENUE

1. Federated campaigns: *(must provide a list of sources and amounts)*		1. _____
2. Government grants: *(must provide a list of sources and amounts)*		2. _____
3. Program service revenue:		3. _____
4. Membership dues:		4. _____
5. Income from interest, dividends, etc.		5. _____
6. Income from investments & tax-exempt bond proceeds:		6. _____
7. Sale of assets other than inventory:		
a. Gross sales	7a. _____	
b. Less sales expenses	7b. _____	
c. Net gain or (loss) from sale of assets		7c. _____
8. In-kind contributions (non-cash contributions):		8. _____
9. Royalties:		9. _____
10. Related organizations: *(Must provide a list of sources and amounts)*		10. _____
11. Net rental income:		11. _____
12. Sales of inventory:		
a. Gross sales	12a. _____	
b. Less: costs of goods sold	12b. _____	
c. Net income or (loss) from inventory sales		12c. _____
13. Income from fundraising events:		
a. Gross	13a. _____	
b. Less: direct expenses	13b. _____	
c. Net income or (loss) from fundraising events		13c. _____
14. Income from gaming activities:		
a. Gross	14a. _____	
b. Less: direct expenses	14b. _____	
c. Net income or (loss) from gaming activities		14c. _____
15. All other contributions, gifts, grants & similar amounts:		15. _____
16. TOTAL REVENUE *(Add lines 1,2, 3, 4, 5, 6, 7c, 8, 9, 10, 11, 12c, 13c, 14c & 15)*		16. _____

Statement of Functional Expenses for _____

(Organization Name)

ITEMS	(A) Program Services	(B) Management & General	(C) Fundraising	TOTAL for A,B, C
Grants & allocations Cash_____ Non Cash_____ Attach schedule				
Assistance to individuals				
Benefits to or for members				
Compensation to officers, etc.				
Other salaries, wages, etc.				
Fees for service non employee				
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Investment management fees				
Accounting fees				
Management				
Legal fees				
Lobbying				
Office supplies				
Telephone				
Postage & shipping				
Equipment rental				
Occupancy				
Printing				
Travel				
Conferences & meetings				
Interest				
Insurance				
Advertising & promotions				
Information technology				
Royalties				
Payments to affiliates				
Depreciation, depletion & amortization				
Other (List Item)				
Other (List Item)				
Other (List Item)				
TOTAL EXPENSES	(A)	(B)	(C)	TOTAL

EXPENSES:

17. Program services expenses, including payments to affiliates (Total of column A) 17. _____

18. Management & general (Total of column B) 18. _____

19. Fundraising (Total of column C) 19. _____

20. TOTAL EXPENSES (add lines 17, 18 & 19) 20. _____

NET ASSETS:

21. Excess (or deficit) for the year (line 16 less line 20) 21. _____

22. Net assets of fund balance at beginning of year 22. _____

23. Net assets or fund balance at end of year (add lines 21 & 22) 23. _____

BALANCE SHEET:	(A) Beginning of Year	(B) End of Year
Cash, savings and investments		
Land and building		
Other assets (describe on separate sheet)		
Total assets		
Total liabilities (describe on separate sheet)		
Total assets or fund balance	(From Line 22)	(From Line 23)

[end of financial report for fiscal year 2]

Fiscal Year 3

FOR FISCAL YEAR ENDING _____ / _____ / _____ ____

(Please use department material change form if your organization's fiscal year ending changes.)

FINANCIAL STATEMENT

REVENUE

1. Federated campaigns: *(must provide a list of sources and amounts)*		1. _____
2. Government grants: *(must provide a list of sources and amounts)*		2. _____
3. Program service revenue:		3. _____
4. Membership dues:		4. _____
5. Income from interest, dividends, etc.		5. _____
6. Income from investments & tax-exempt bond proceeds:		6. _____
7. Sale of assets other than inventory:		
a. Gross sales	7a. _____	
b. Less sales expenses	7b. _____	
c. Net gain or (loss) from sale of assets		7c. _____
8. In-kind contributions (non-cash contributions):		8. _____
9. Royalties:		9. _____
10. Related organizations: *(Must provide a list of sources and amounts)*		10. _____
11. Net rental income:		11. _____
12. Sales of inventory:		
a. Gross sales	12a. _____	
b. Less: costs of goods sold	12b. _____	
c. Net income or (loss) from inventory sales		12c. _____
13. Income from fundraising events:		
a. Gross	13a. _____	
b. Less: direct expenses	13b. _____	
c. Net income or (loss) from fundraising events		13c. _____
14. Income from gaming activities:		
a. Gross	14a. _____	
b. Less: direct expenses	14b. _____	
c. Net income or (loss) from gaming activities		14c. _____
15. All other contributions, gifts, grants & similar amounts:		15. _____
16. TOTAL REVENUE *(Add lines 1,2, 3, 4, 5, 6, 7c, 8, 9, 10, 11, 12c, 13c, 14c & 15)*		16. _____

Statement of Functional Expenses for _____

(Organization Name)

ITEMS	(A) Program Services	(B) Management & General	(C) Fundraising	TOTAL for A,B, C
Grants & allocations Cash_____ Non Cash_____ Attach schedule				
Assistance to individuals				
Benefits to or for members				
Compensation to officers, etc.				
Other salaries, wages, etc.				
Fees for service non employee				
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Investment management fees				
Accounting fees				
Management				
Legal fees				
Lobbying				
Office supplies				
Telephone				
Postage & shipping				
Equipment rental				
Occupancy				
Printing				
Travel				
Conferences & meetings				
Interest				
Insurance				
Advertising & promotions				
Information technology				
Royalties				
Payments to affiliates				
Depreciation, depletion & amortization				
Other (List Item)				
Other (List Item)				
Other (List Item)				
TOTAL EXPENSES	(A)	(B)	(C)	TOTAL

EXPENSES:

17. Program services expenses, including payments to affiliates (Total of column A) 17. _____

18. Management & general (Total of column B) 18. _____

19. Fundraising (Total of column C) 19. _____

20. TOTAL EXPENSES (add lines 17, 18 & 19) 20. _____

NET ASSETS:

21. Excess (or deficit) for the year (line 16 less line 20) 21. _____

22. Net assets of fund balance at beginning of year 22. _____

23. Net assets or fund balance at end of year (add lines 21 & 22) 23. _____

BALANCE SHEET:	(A) Beginning of Year	(B) End of Year
Cash, savings and investments		
Land and building		
Other assets (describe on separate sheet)		
Total assets		
Total liabilities (describe on separate sheet)		
Total assets or fund balance	(From Line 22)	(From Line 23)

[end of financial report for fiscal year 3]

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