



City of Jacksonville Finance Department

Public Service Grant

Alternative Financial Disclosure Form

INSTRUCTIONS AND CHECKLIST FOR COMPLETING THE FINANCIAL DISCLOSURE FORM

COMPLETING THE FORM

When completing this disclosure form, 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 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.

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: <hr/> Title: <hr/> Street Address: <hr/> City: <hr/> State: Zip Code: <hr/> Telephone Number: Compensated? () - <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 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 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 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 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 Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No
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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

[remainder of page intentionally left blank]

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:
<i>(must provide a list of sources and amounts)</i> | | 1. _____ |
| 2. Government grants:
<i>(must provide a list of sources and amounts)</i> | | 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: <i>(Must provide a list of sources and amounts)</i> | | 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
<i>(Add lines 1,2, 3, 4, 5, 6, 7c, 8, 9, 10, 11, 12c, 13c, 14c & 15)</i> | | 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 employees				
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:

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

(A) Beginning of Year	(B) End of Year
(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:
<i>(must provide a list of sources and amounts)</i> | | 1. _____ |
| 2. Government grants:
<i>(must provide a list of sources and amounts)</i> | | 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: <i>(Must provide a list of sources and amounts)</i> | | 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
<i>(Add lines 1,2, 3, 4, 5, 6, 7c, 8, 9, 10, 11, 12c, 13c, 14c & 15)</i> | | 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 employees				
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:

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

(A) Beginning of Year	(B) End of Year
(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:
<i>(must provide a list of sources and amounts)</i> | | 1. _____ |
| 2. Government grants:
<i>(must provide a list of sources and amounts)</i> | | 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: <i>(Must provide a list of sources and amounts)</i> | | 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
<i>(Add lines 1,2, 3, 4, 5, 6, 7c, 8, 9, 10, 11, 12c, 13c, 14c & 15)</i> | | 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 employees				
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. _____
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- 19. Fundraising (Total of column C) 19. _____
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NET ASSETS:

- 21. Excess (or deficit) for the year (line 16 less line 20) 21. _____
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BALANCE SHEET:

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

(A) Beginning of Year	(B) End of Year
(From Line 22)	(From Line 23)

[end of financial report for fiscal year 3]

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