

VOLUNTARY CONTRIBUTION
REVENUE, EXPENDITURE, AND COMPLIANCE AFFIDAVIT

- 1. PLEASE PROVIDE THE NAME OF YOUR ORGANIZATION, THE COUNTY OR COUNTIES OF OPERATION, AND THE TYPE OF VOLUNTARY CONTRIBUTION THAT GENERATES ITS REVENUE.**

(Voluntary Contribution)

- 2. PLEASE IDENTIFY YOUR ORGANIZATION'S FISCAL/CALENDAR YEAR ANNUAL ACCOUNTING PERIOD DATES.**

_____ through _____ **PLEASE INCLUDE YOUR CSFA NUMBER HERE**_____

3. PLEASE IDENTIFY THE BEGINNING BALANCE OF CONTRIBUTION FUNDS. \$ _____

4. PLEASE IDENTIFY THE DEPOSIT/CHECK DATES AND MONEY AMOUNTS RECEIVED BY YOUR ORGANIZATION FROM THE VOLUNTARY CONTRIBUTION PROGRAM DURING THE MOST RECENT ACCOUNTING PERIOD.

[illegible]

Additional deposits/checks can be shown on page 2. Please circle yes or no to indicate whether or not some or all voluntary contribution funds are placed in an endowment fund.		YES	NO
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- 5. PLEASE PROVIDE A CATEGORICAL LIST OF EXPENDITURES FOR THE FISCAL/CALENDAR YEAR.**

PURPOSE OF EXPENDITURE		\$ AMOUNT OF EXPENDITURE
	Total Expenditures	\$
	Ending Balance	\$

[illegible]

UNDER PENALTY OR PERJURY I DO HEREBY SWEAR OR AFFIRM THAT NO FEES RECIEVED FROM THE VOLUNTARY CONTRIBUTION PROGRAM, OR INTEREST FROM THE INVESTMENT OF THOSE FEES HAVE BEEN EXPENDED FOR COMMERICAL OR FOR-PROFIT ACTIVITES NOR FOR GENERAL OR ADMINISTRATIVE EXPENSES EXCEPT AS AUTHORIZED BY s. 320.023(5), F.S. AND s. 322.081(5), F.S. OR TO PAY THE COST OF THE AUDIT OR REPORT REQUIRED BY s. 215.97, F.S. AND THAT THE INFORMATION DISCLOSED IN THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT THE ORGANIZATION DID NOT MEET THE AUDIT THRESHOLD OF \$750K WITHIN THE FISCAL YEAR OR CALENDAR YEAR OF THE REPORTING PERIOD.

(Signature of organization head)

(Date)

(Printed name)

(Title)

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____,
_____, BY _____
(Year) (Name of person making statement)

WHO

(Check one)

_____ IS PERSONALLY KNOWN TO ME, OR

_____ PRODUCED IDENTIFICATION _____

(Type of ID produced)

(Signature of notary public)

(Print, Type, or Stamp commissioned name of notary public)

Return-Address:

Department of Highway Safety and Motor Vehicles
Specialty License Plate Unit and Voluntary Contribution Unit
2900 Apalachee Parkway
Room A334 Mail Stop 68
Tallahassee, Florida 32399-0500
Phone Number (850) 617-3870

**INSTRUCTIONS FOR THE COMPLETION OF THE VOLUNTARY
CONTRIBUTION REVENUE, EXPENDITURE, AND COMPLIANCE
AFFIDAVIT**

The following is a list of instructions to be followed when completing the Voluntary Contribution Revenue, Expenditure, and Compliance Affidavit.

- A. Identify the name of your organization.
- B. Enter the name of the county or counties where your organization operates.
- C. Identify the type of voluntary contribution that generates the organization's revenue. (i.e. Motor Vehicle or Driver's License).
- D. Identify the organization's fiscal year or calendar year. (i.e. 01/01/99 through 12/31/99, or 07/01/99 through 06/30/00, etc) and please include the CSFA number for your organization.
- E. Enter the beginning balance of funds in the voluntary contribution account. This amount will equal the ending balance reported on the previous year's affidavit. If it does not equal the previous year's ending balance, include a note stating why the amount on last year's affidavit is incorrect or needs adjusting.
- F. Enter the date the deposit/check was received. (Use additional pages as needed).
- G. Enter the corresponding money amount of each deposit/check. (Use additional pages as needed).
- H. Enter the interest income earned from the investment or deposit of voluntary contribution revenues through the year.
- I. Both affidavits will automatically calculate the Total Revenue on page 1 and 2.
- J. If any portion of voluntary contribution money exists in an endowment fund, please circle yes or no. Please see additional instructions for Endowment Fund Reporting.
- K. Identify the general categories of the expenditures. It is not necessary to identify each expenditure. (For instance, if several grants were made by the organization, add the dollar amounts of the grants and enter the purpose, as "GRANTS" and the total dollar amount on the same line). Expenditures will be those made with voluntary contribution funds only. (Use additional pages as needed).
- L. Enter the corresponding money amount of the expenditure. (Use additional pages as needed).
- M. Both affidavits will automatically add the beginning balance, interest income, and total revenue. The expenditures will be subtracted.
- N. The ending balance will appear at the bottom of the page.
- O. The head of the organization will sign the form. The head of the organization will be the "President", "Chairman", "Director", "Chief Executive Officer", etc.

The affidavit(s) must be notarized.

IMPORTANT NOTE: Effective July 1, 2016, the audit threshold changed to \$750K. Please keep in mind that voluntary contribution funds are considered state financial assistance. Entities receiving state financial assistance are required to follow the non-audit portions of Section 215.97, Florida Statute, regardless of the amount of funds received or expended. Additionally, Section 215.97(7), Florida Statute also requires entities to provide the CSFA number and other information to sub recipient entities as part of any grant, award, agreements, etc.

Revised: November 2017

1. PLEASE PROVIDE THE NAME OF YOUR ORGANIZATION, THE COUNTY OR COUNTIES OF OPERATION, AND THE TYPE OF VOLUNTARY CONTRIBUTION THAT GENERATES ITS REVENUE.

2. PLEASE IDENTIFY YOUR ORGANIZATION'S FISCAL YEAR/ANNUAL ACCOUNTING PERIOD DATES.

_____ (D) through _____ (D) **PLEASE INCLUDE YOUR CSFA NUMBER HERE** _____ (D)

3. PLEASE IDENTIFY THE BEGINNING BALANCE OF CONTRIBUTION FUNDS. \$_____ (E)

4. PLEASE IDENTIFY THE DEPOSIT/CHECK DATE AND MONEY AMOUNTS RECEIVED BY YOUR ORGANIZATION FROM THE VOLUNTARY CONTRIBUTION PROGRAM DURING THE MOST RECENT ACCOUNTING PERIOD.

[illegible]

Additional deposits/checks can be shown on page 2. (J) Please circle yes or no to indicate whether or not some or all voluntary contribution funds are placed in an endowment fund. YES NO

5. PLEASE PROVIDE A CATEGORICAL LIST OF EXPENDITURES FOR THE FISCAL YEAR.

PURPOSE OF EXPENDITURE		\$ AMOUNT OF EXPENDITURE
(K)		(L)
Please attach additional sheet if necessary for the expenditures.	Total Expenditures	\$ (M)
	Ending Balance	\$ (N)

[illegible]

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(O)

(Signature of organization head)

(Date)

(Printed name)

(Title)

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____,
_____, BY _____
(Year) (Name of person making statement)

WHO

(Check one)

_____ IS PERSONALLY KNOWN TO ME, OR

_____ PRODUCED IDENTIFICATION _____

(Type of ID produced)

(Signature of notary public)

(Print, Type, or Stamp commissioned name of notary public)

Return-Address:

Department of Highway Safety and Motor Vehicles
Specialty License Plate and Voluntary Contribution Unit
2900 Apalachee Parkway
Room A334 Mail Stop 68
Tallahassee, Florida 32399-0500
Phone Number (850) 617-3870

*Supplemental to the Voluntary Contribution Revenue,
Expenditure, and Compliance Affidavit*

Fiscal Year from _____ to _____

Does this endowment account include funds other than voluntary contribution funds? (m)

_____ YES _____ NO

ENDOWMENT FUND REPORTING

If any portion of voluntary contribution money exists in an endowment fund, additional reporting is required. Please complete and attach the “ENDOWMENT FUND SCHEDULE” as part of the filing of the annual affidavit (indicate the fiscal year of the affidavit). The schedule requires three years of endowment information, unless the endowment was created within the last two years. If voluntary contribution funds are mingled with funds from other sources in one combined endowment account, please contact the Department of Highway Safety and Motor Vehicles for assistance.

Instructions:

- a. Enter the appropriate fiscal year for each column (i.e. FY 2014 if the fiscal year ended in 2014).
- b. Enter the balance of voluntary contribution funds in the endowment account at the **beginning** of the fiscal year.
- c. Enter the amount of voluntary contribution money **transferred to** the account during the fiscal year.
- d. Enter the amount of **realized/unrealized gain or loss**. (Realized and unrealized gains/losses may be netted together or reported separately.)
- e. Enter the amount of **dividends** related to endowment investments.
- f. Enter the amount of **interest income** related to endowment investments.
- g. Enter the amount of any **other type of income** related to endowment investments (and describe the nature of the income).
- h. Enter the amounts of **fees** associated with the endowment account (i.e. investment advisory fees, brokerage fees, load fees, management fees, license fees, foreign taxes, or similar fees). These should be entered as deductions.
- i. Add lines for fee types not included on the form. Please provide an adequate description of the fee.
- j. Sum amounts from d-h.
- k. Enter amount of funds **transferred out** of the endowment account to fund voluntary contribution operations.
- l. Enter the balance in the endowment account at the **end of the fiscal year**. This will be the INVESTMENTS BEGINNING BALANCE (b) plus FUNDS TRANSFERRED INTO ENDOWMENT (c), plus TOTAL RETURNS ON INVESTMENT (j), minus FUNDS TRANSFERRED TO VOLUNTARY CONTRIBUTION OPERATIONS (k).
- m. Indicate whether the endowment account included funds other than voluntary contribution funds.

NOTE: If this is the first year of endowment fund reporting, please call the Department of Highway Safety and Motor Vehicles for additional guidance in preparing the Endowment Fund Schedule.