

THE GIVING PARTNER

CHECKLIST For NEW Profile Creation

If your organization **is creating a new profile** in The Giving Partner, follow this checklist to ensure you have completed these necessary fields before submitting your profile to our profile review team.

MANAGE ORGANIZATION (Left Sidebar)	
<input type="checkbox"/> Add Administrators – Add users you’d like to authorize to make edits to your organization’s profile <input type="checkbox"/> Edit Information – Organization Name (must be the legal name as appears on your IRS Letter of Determination)	
PROFILE SETUP TAB	
ADD YOUR CAUSES: <input type="checkbox"/> Website <input type="checkbox"/> Causes	ADD YOUR STORY: <input type="checkbox"/> Cover Photo <input type="checkbox"/> Tell Your Story
OVERVIEW TAB	
<input type="checkbox"/> Mission <input type="checkbox"/> Mission Category <input type="checkbox"/> Primary Organization Type & Sub-Type	<input type="checkbox"/> Street Address & Mailing Address <input type="checkbox"/> Geographical Areas Served – Overall Organization
PROGRAMS & RESULTS TAB	
<input type="checkbox"/> Program Name <input type="checkbox"/> Program Description <input type="checkbox"/> Program Type <input type="checkbox"/> Date Program Initially/Originally Began <input type="checkbox"/> Program Costs (Annual) <input type="checkbox"/> \$ Amount of Need <input type="checkbox"/> Program Category & Subcategory <input type="checkbox"/> Top 3 Populations Served	<input type="checkbox"/> Geographical Areas Served by Program <input type="checkbox"/> Projected Number to be Served <input type="checkbox"/> Actual Numbers Served <input type="checkbox"/> Date the Actual Numbers Served was Achieved or Reported <input type="checkbox"/> Number or % that Achieved Intended Results (as of above date) <input type="checkbox"/> Results were Measured/Confirmed By
FINANCIALS TAB	
CURRENT / PROJECTED: <input type="checkbox"/> Your Current Fiscal Period Begins & Ends Dates <input type="checkbox"/> Projected Annual Revenue & Expenses <input type="checkbox"/> Does Total Projected Revenue include “in-kind” contributions?	FINANCIALS – OTHER: <input type="checkbox"/> Organization has Endowment? <input type="checkbox"/> Endowment Value <input type="checkbox"/> Organization has Credit Line? <input type="checkbox"/> Organization has Reserve Fund? CAPITAL CAMPAIGN <input type="checkbox"/> Organization is currently in a Capital Campaign?
IRS FORM 990: <input type="checkbox"/> IRS Form 990 – Upload three most recent years based on Fiscal Year ENDING date. If IRS indicates organization has an Exemption , then skip this section and go to STATEMENTS OR AUDIT section.	

FINANCIALS TAB (Continued)	
FINANCIAL STATEMENTS OR AUDIT: <input type="checkbox"/> Financial Statements or Audit – Upload three most recent years of financials. Required if organization files 990-N, or if a chapter of another organization, or if IRS determines organizations is Exempt from filing 990.	
FINANCIAL DATA: Enter data for three most recent fiscal years available. <input type="checkbox"/> Financial Year ENDING <input type="checkbox"/> Total Revenue <input type="checkbox"/> Total Expenses <input type="checkbox"/> Contributions & Grants Received <input type="checkbox"/> Program Service Revenue <input type="checkbox"/> Investment Income	FINANCIAL DATA – EXPENSE ALLOCATION: <input type="checkbox"/> Expenses – Administration <input type="checkbox"/> Expenses – Program <input type="checkbox"/> Expenses – Fundraising FINANCIAL DATA – ASSETS & LIABILITIES <input type="checkbox"/> Total Assets <input type="checkbox"/> Current Liabilities <input type="checkbox"/> Net Assets
OPERATIONS TAB	
<input type="checkbox"/> Year of Incorporation <input type="checkbox"/> IRS Subsection – Tax Status <input type="checkbox"/> IRS Subsection – Tax Exempt Status <input type="checkbox"/> Federal Employer Identification Number (EIN) <input type="checkbox"/> IRS Letter of Determination	<input type="checkbox"/> State Charitable Solicitations Permit (Example Attached) <input type="checkbox"/> State Charitable Solicitations Permit – Registration Number <input type="checkbox"/> State Charitable Solicitations Permit – Expiration Date <input type="checkbox"/> Whistleblower Policy
STAFF & VOLUNTEERS TAB	
STAFF OVERVIEW <input type="checkbox"/> # of Full-Time Staff <input type="checkbox"/> Retention Rate % (Full-Time Staff) <input type="checkbox"/> # of Part-Time Staff	<input type="checkbox"/> Number of Consultants <input type="checkbox"/> Board Conducts a Formal Written Assessment of CEO/Executive Director
GOVERNANCE TAB	
BOARD MEMBERS: <input type="checkbox"/> Board Chair – Term Begins & Term Ends BOARD OVERVIEW: <input type="checkbox"/> Board Meeting Attendance % <input type="checkbox"/> Board Demographics – The total number for each demographics section must match the total number of overall board members (these must align).	

Tips on Creating Your Profile:

- Login to your account at [GiveGab](https://www.givegab.com) to make edits to your profile in The Giving Partner.
- Detailed instructions can be found within your profile by clicking on the Info Bubbles next to fields.
- After uploading a document and clicking SAVE, a **“Document Uploaded and is Being Reviewed”** message will appear. Certain fields require our review before being finalized.
- After you have fully completed your updates, click **Submit Profile for Review** (top right of profile).
- If you encounter any technology issues, need clarification, or help uploading documents, connect with the Customer Success Team by clicking the **Blue Chat Bubble** at the bottom right corner of your dashboard or reach out via email at CustomerSuccess@GiveGab.com.

Below is an example of a State Charitable Solicitations permit.

1-800-HELP-FLA (435-7352)
www.800helpfla.com
www.freshfromflorida.com



DIVISION OF CONSUMER SERVICES
2005 APALACHEE PKWY
TALLAHASSEE FL 32399-6500

**FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
COMMISSIONER ADAM H. PUTNAM**

June 27, 2016

Refer To: ~~Redacted~~

Redacted

RE: ***Redacted***
REGISTRATION#: ***Redacted***
EXPIRATION DATE: June 27, 2017

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Don Dietrich

Don Dietrich
Regulatory Consultant
850-410-3756
Fax: 850-410-3804
E-mail: don.dietrich@freshfromflorida.com

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