SPECIALTY LICENSE PLATE REVENUE, EXPENDITURE, AND COMPLIANCE AFFIDAVIT

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

(Name of orga	anization)			(Coun	nty)			(Specialty Licens	e Plate)	
. PLEASE I	DENTIFY YOUR	/CALE	NDAR YEAR	ACCOUNTING	PE	RIOD DATES.				
	through	F	PLEASE IN(CLUDE	YOUR CSFA	NUMBER HE	RE_			
. PLEASE II	DENTIFY THE BE									
	DENTIFY THE DE								ATION	
FROM THE DATE OF	E SPECIALTY LIC	CENSE PLATE F	PROGRAM I		G THE MOST DATE OF	RECENT ACC		TING PERIOD.	DEPOSIT	
DEPOSIT	AMOUNT	DEPOSIT	AMOUNT		DEPOSIT	AMOUNT		DEPOSIT	AMOUNT	
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		++				+				
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		1				-				
						<u> </u>		Interest Income		
								Total Revenue \$		
late funds are	psits/checks can be placed in an endo	wment fund.	YES	-	NO			me or all special	ty license	
. PLEASE PRO	OVIDE A CATEGOR	RICAL LIST OF EX PURPOSE OF EX			THE FISCAL/CA	LENDAR YEAR				
			5				\$ AMOUNT OF EXPENDITURE			
							_			
							–			
							┢			
'lease attach ad	lease attach additional sheet if necessary for the expenditures.									
					Ending Balance			\$		

DATE OF DEPOSIT	DEPOSIT AMOUNT		DATE OF DEPOSIT	DEPOSIT AMOUNT	DATE OF DEPOSIT	DEPOSIT AMOUNT	DATE OF DEPOSIT	DEPOSIT AMOUNT
		_						
		_						
							Total Revenue	\$

UNDER PENALTY OF PERJURY I DO HEREBY SWEAR OR AFFIRM THAT NO FEES RECIEVED FROM THE SPECIALTY LICENSE PLATE PROGRAM, OR INTEREST FROM THE INVESTMENT OF THOSE FEES HAVE BEEN EXPENDED FOR COMMERICAL OR FOR-PROFIT ACTIVITIES NOR FOR GENERAL OR ADMINISTRATIVE EXPENSES EXCEPT AS AUTHORIZED BY s. 320.08056. F.S. AND s. 320.08058. F.S. OR TO PAY THE COST OF THE AUDIT OR REPORT REQUIRED BY s. 320.08062, F.S. EXCEPT AS AUTHORIZED BY s. 320.08058, F.S. NOR FOR LOBBYING PURSUANT s. 320.08056, F.S. AND 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 ACKNOWLEDGE, BY(Year) (Name of person making statement)	D BEFORE ME THISDAY OF, (Month)
WHO (Check one) IS PERSONALLY KNOWN TO ME, OR PRODUCED IDENTIFICATION	ype of ID produced)
· · · · · · · · · · · · · · · · · · ·	(Print, Type, or Stamp commissioned name of notary public)
Paturn Address:	

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

INSTRUCTIONS FOR THE COMPLETION OF THE SPECIALTY LICENSE PLATE REVENUE, EXPENDITURE, AND COMPLIANCE <u>AFFIDAVIT</u>

The following is a list of instructions to be followed when completing the Specialty License Plate 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 license plate that generates the organization's revenue. (i.e. Arts, Collegiate, Education, etc).
- D. Identify the organization's fiscal year or calender 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 license plate 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 specialty license plate revenues through the year.
- I. Both affidavits will automatically calculate the Total Revenue on page 1 and 2.
- J. If any portion of specialty license plate 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 specialty license plate funds <u>only</u>. (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 SLP 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.

SPECIALTY LICENSE PLATE REVENUE, EXPENDITURE, AND COMPLIANCE AFFIDAVIT

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

(Name of organization)			(0	(B) ounty)	(C) (Specialty License Plate)		
		R ORGANIZATIO	N'S FISCAL/CA			PERIOD DATES.	
(Ľ)through _	_ (D)	PLEASE INCLU	DE YOUR CSFA N	NUMBER HER	RE(D)	_
				NSE PLATE FUN		<u> </u>	
						YOUR ORGANIZA	
DEPOSIT	AMOUNT	DEPOSIT	AMOUNT	DEPOSIT	AMOUNT	DEPOSIT	AMOUNT
(F)	(G)	(F)	(G)	(F)	(G)	(F)	(G)
						Interest Income	(H)
						Total Revenue \$	(I)
cense plate fu	unds are placed	in an endowment f	und.		0	or not some or all spe	
K)		PURPOSE OF E	XPENDITURE			\$ AMOUNT OF EXP	ENDITURE
-							(-)
lease attach a	dditional sheet if r	necessary for the ex	rpenditures	Total E	xpenditures	\$	(M)
icase allden d		iccessary for the ex			Balance	\$	(N)
				Linuing		T	(11)

DATE OF DEPOSIT	DEPOSIT AMOUNT						
(F)	(G)	(F)	(G)	(F)	(G)	(F)	(G)
				<u> </u>			
							<u> </u>
						Total Revenue	\$

UNDER PENALTY OF PERJURY I DO HEREBY SWEAR OR AFFIRM THAT NO FEES RECIEVED FROM THE SPECIALTY LICENSE PLATE PROGRAM, OR INTEREST FROM THE INVESTMENT OF THOSE FEES HAVE BEEN EXPENDED FOR COMMERICAL OR FOR-PROFIT ACTIVITIES NOR FOR GENERAL OR ADMINISTRATIVE EXPENSES EXCEPT AS AUTHORIZED BY s. 320.08056, F.S. AND s. 320.08058, F.S. OR TO PAY THE COST OF THE AUDIT OR REPORT REQUIRED BY s. 320.08062, F.S. EXCEPT AS AUTHORIZED BY s. 320.08058, F.S. NOR FOR LOBBYING PURSUANT s. 320.08056, F.S. AND 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.

(O)	
(Signature of organization head)	(Date)
(Printed name)	(Title)
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGE	D BEFORE ME THISDAY OF, (Month)
WHO (Check one) IS PERSONALLY KNOWN TO ME, OR PRODUCED IDENTIFICATION	ype of ID produced)
· · ·	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

ENDOWMENT FUND REPORTING

If any portion of specialty license plate 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 specialty license plate 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 specialty license plate funds in the endowment account at the **beginning** of the fiscal year.
- c. Enter the amount of specialty license plate 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 specialty license plate operations.
- 1. 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 SPECIALTY LICENSE PLATE OPERATIONS (k).
- m. Indicate whether the endowment account included funds other than specialty license plate 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.

Endowment Fund Schedule

Supplemental to the Specialty License Plate Revenue, Expenditure, and Compliance Affidavit

SLP Name:_____

Fiscal Year from ______ to _____

	FY (a)	FY (a)	FY (a)
Endowment Investments, Beginning Balance	(b)	(b)	(b)
Funds transferred into Endowment	(c)	(c)	(c)
Investment Returns:			
Realized gain/(loss) on sale of investment	(d)	(d)	(d)
Unrealized gain/(loss)	(d)	(d)	(d)
Net realized/unrealized gain/(loss)			
in lieu of the two lines above	(d)	(d)	(d)
Dividend income	(e)	(e)	(e)
Interest income	(f)	(f)	(f)
Other investment income (describe)	(g)	(g)	(g)
Fees (these should be shown as deductions):			
Investment advisory fee	(h)	(h)	(h)
Brokerage fees	(h)	(h)	(h)
Management fees	(h)	(h)	(h)
Load fees	(h)	(h)	(h)
License Fees	(h)	(h)	(h)
Foreign Taxes	(h)	(h)	(h)
(i)	(h)	(h)	(h)
(i)	(h)	(h)	(h)
(i)	(h)	(h)	(h)
Total Returns on Investment	(j)	(j)	(j)
Funds transferred out of Endowment for specialty license			
plate operations	(k)	(k)	(k)
Endowment Investments, Ending Balance	(I)	(I)	(1)

Does this endowment account include funds other than specialty license plate funds?

(m)

____ YES ____ NO