

Form \_\_\_\_\_ of \_\_\_\_\_ filed with this application

1. Applicant Name: \_\_\_\_\_
2. Contractor Name: \_\_\_\_\_
3. Contractor Street Address: \_\_\_\_\_
4. Contractor Telephone Number: \_\_\_\_\_
5. Contractor Type: ☐ Coventurer | ☐ Fund-raising Consultant ☐ Solicitor
6. Contract Signing/Execution Date: \_\_\_\_\_
7. Contract services Begin Date: \_\_\_\_\_
8. Contract services End Date: \_\_\_\_\_
9. Is this a continuing or multiyear contract? ☐ YES | ☐ NO
10. Are North Carolina residents solicited for contributions as a direct or indirect result of this contract? ☐ YES | ☐ NO

11. Does contract contain salary, rate, or fee terms? ☐ YES | ☐ NO  
If YES, state terms and conditions below:

12. Does contract contain bonus terms? ☐ YES | ☐ NO  
If YES, state terms and conditions below:

13. Does contract contain commission terms? ☐ YES | ☐ NO  
If YES, state terms and conditions below:

14. Does contract contain expenses terms? ☐ YES | ☐ NO  
If YES, state terms and conditions below:

15. Does contract contain other compensation terms? ☐ YES | ☐ NO  
If YES, state terms and conditions below:

16. Amount of funds received resulting from contract since your last license application filing:  
(For initial applicants: amount of funds received within past fiscal year or past 12 months):

Answer either or both line items: Gross Amount Received: \$ \_\_\_\_\_

Net Amount Received: \$ \_\_\_\_\_

CSL Contact Information:  
Agency Internet Site: [www.sosnc.com](http://www.sosnc.com) Electronic Mail: [csl@sosnc.com](mailto:csl@sosnc.com)  
Telephone: (919) 807-2214 - Toll free for NC residents: 1-888-830-4989  
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Fund-raising Disclosure Form  
for charitable or sponsor organizations

Form Revision: 1  
Effective Date: November 19, 2004