

Application For Funding

Legal Name of Agency _____

DBA Name _____ Agency Code _____

Mailing Address _____

Physical Address _____

Telephone: _____ Hotline _____ Business Line _____

Fax _____ Email address: _____

Board of Directors: Please provide Name, Address, Telephone for each member.

President _____

Vice President _____

Secretary _____

Treasurer _____

Executive Director _____

Member _____

Member _____

Member _____

Member _____

Member _____

Member _____

Discrimination Policy: Does your agency comply with the requirement that recipients of services not be discriminated against for any reason, including, but not limited to race, family status, color, religion, national origin, handicap or age? Yes No

Tax Exempt Status: Has there been a change in your tax exempt status? Yes No

Religious Status: Are you a ministry of a religious organization? If so, please list name, address, phone and contact at organization. Yes No

Hours Open: What are your hours of operation? _____

Alternate Phone Contact: If available, please list a number besides the office where the director can be reached after hours. Yes Number _____ No

Volunteers: How many volunteers do you have? _____

Training: How often do you have volunteer and board training? _____

Types of Services: What services do you provide? _____

Abortion: Do you acknowledge that your agency is not associated with abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising?
 Yes No

Compliance Statement: If your agency is approved, will you agree that any money received from the Choose Life Advisory Committee will be spent wisely and that your agency will report quarterly to the Choose Life Advisory Committee the statistics that are required? I realize that statistics submitted late will result in loss of funds based on client numbers.

Date: _____ Signature of Executive Director: _____

Date: _____ Signature of Board President: _____

Additional Information: Use space below to include any additional information you would like to share about your agency.

Documents to Attach:

Checklist:

Federal Form 990 (most recent). If extension has been filed please send copy of extension then submit copy of 990 when completed.

Yes No Not Applicable

Copy of most recent confirmation of registration certificate from Secretary of State's office

Yes No Not Applicable

If religious organization copy of letter of exemption from registration from Secretary of State

Yes No Not Applicable

If you fall under the umbrella of a local church and are not required to register with the Secretary of State's office, please send letter from church stating you are part of their ministry and not required to register if you do not have a letter of exemption

Yes No Not Applicable

Copy of New Year budget

Yes No Not Applicable

Financial Statement (Audited copy if receipts over \$500,000.00)

Yes No Not Applicable

Copy of tax exempt letter from IRS

Yes No Not Applicable