

Choose Life Funding Recipient Criteria Checklist

I. APPLICATION PLUS ACCOMPANYING REQUIRED DOCUMENTS

- Completed Application or Renewal Application
- Current year IRS Form 990
- Valid Charities Registration Certificate from the Secretary of State or copy of application
- Copy of IRS Tax Exemption Letter under 501 © (3)
- Annual Financial Statement
- Copy of Letter stating operation under religious organization, if applicable
- Complies with non-discriminatory policy to help all women choose life regardless of their race, color, religion, national origin, age, familial status or physical disability
- Does not promote, advocate or perform abortions
- Agency Director must have a Choose Life tag on his/her vehicle.

II. MONTHLY AND ANNUAL REQUIRED FORM SUBMISSION

- Completed Quarterly Statistic Reports by deadline date in order to receive statistics credit. Failure to submit a quarterly statistics report will result in a forfeit of the full quarterly distribution check.
- Special Need Request can be submitted for “a special need” item that wasn’t budgeted for contingent on quarterly statistics report has been submitted. Special Needs Request must be submitted by deadline date to be considered. Two can be approved in one year at the Boards discretion. No Special Needs Request can be applied for unless other criteria have been met.

III. AGENCY OPERATING REQUIREMENTS

- Phone greetings must identify the name of the agency.
- Agencies will have open door walk in hours of no less than 15 per week.
- Agencies will promote the Choose Life tags on their Facebook page, in newsletters and on website.
- Agencies will play the 30 second Choose Life video and/or include a message that they receive funding grants from the purchase of Choose Life tags at fundraising events.
- Agencies will offer free services to pregnant women and families to help them choose life for their preborn children.

****Approved agencies will receive \$2,500 startup grant.**

****Compliance of the above will result in agency receiving county tag sales credit towards funding, statistics credit towards funding, and at the discretion of the Choose Life MS board’s discretion, funding for special needs requests.**

To acknowledge understanding of the above Choose Life Funding Recipient Criteria, please sign and return to chooselifemississippi@gmail.com.

Director Signature _____

Agency Name _____ Agency Code _____

Date: _____