

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 the Name, Email, and Telephone for each member.

President_____

Vice President_____

Secretary_____

Treasurer_____

Executive Director_____

Member_____Email_____Telephone_____

Member_____Email_____Telephone_____

Member_____Email_____Telephone_____

Member_____Email_____Telephone_____

Member_____Email_____Telephone_____

Member_____Email_____Telephone_____

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 your name, address, phone and contact at the organization. Yes No

Hours Open: What are your hours of operation? _____

Alternate Phone Contact: If available, please list a number beside 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 the 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 an extension has been filed please send a copy of the extension and then submit a 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 the 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 a 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