

Application For Funding

Date: _____

Legal Name of Agency _____

DBA Name _____ CL Agency Code _____

Mailing Address _____

Physical Address _____

Telephone _____ Hotline _____ Business Line _____

Fax _____ Email address: _____

Agency Director

Name _____

Address _____

Cell Phone _____ Email address: _____

Board of Directors

President _____ Cell _____ Email _____

Vice _____ Cell _____ Email _____

Secretary _____ Cell _____ Email _____

Treasurer _____ Cell _____ Email _____

Board Member _____ Cell _____ Email _____

Board Member _____ Cell _____ Email _____

(Please attach additional Board Members)

Tax-Exempt Status:

Are you a 501 © 3 status non-profit organization?

Yes No

Has there been a change in your tax-exempt status?

Yes No

TAX ID NUMBER _____

Religious Status:

Signed Agreement with Choose Life Mississippi Statement of Faith

Yes No

Statement of Faith, Sanctity of Human Life, Marriage, Sexuality and Gender

Please provide agency Statement of Faith

Yes No

NON-Discrimination Policy – Agree to help all women choose life regardless of their race, color, religion, national origin, age, or physical disability.

Yes No

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

Yes No

Agency Hours of Operation

What are your walk in hours- Open From: _____ To: _____

What days are you open? _____

Total hours per week: _____ Must be a minimum of 20 Hours per week

Yes No

Phone Greeting identifies agency

Yes No

New Clients per Quarter _____ Minimum of 15

Yes No

Number of Staff: _____ Number of Volunteers: _____

Services Provided

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Is your agency qualified to receive PRCO Tax Credits by the Dept of Revenue? Yes No

Have you received Tax Credits for Pregnancy Resource Center (PRCO) donations? Yes No

Amount received _____

Advertising Choose Life and Adoption Tags

Agency Director is required to have a Choose Life or Adoption Tag Yes No

Agency agrees to promote the Choose Life Tags in social media, newsletters and website Yes No

Agency agrees to promote the Choose Life Tags at fundraising events Yes No

Compliance Statement: If your agency is approved, you agree that any funds received from Choose Life MS and/or Tax Credits available through the MS Department of Revenue (DOR) will be spent wisely. Your agency will report accurate quarterly statistics to Choose Life MS as required.

Date: _____ Signature of Executive Director: _____

Date: _____ Signature of Board President: _____

Submit this completed application for Choose Life Mississippi funding with all required accompanying documents to ChooseLifeMississippi@Gmail.com.

CHOOSE LIFE MISSISSIPPI

STATEMENT OF FAITH

WE BELIEVE

In the Holy Scriptures as originally given by God. They are divinely inspired, infallible, entirely trustworthy and the supreme authority in all matters of faith and conduct.

There is One God, eternally existent in three persons, Father, Son, and Holy Spirit.

In our Lord Jesus Christ, God manifest in the flesh, born of a virgin, lived a sinless human life, performed divine miracles, atoned for our sin was resurrected, ascended into heaven, He is our mediator, and will personally return in power and glory.

The Salvation of lost and sinful man through the shed blood of the Lord Jesus Christ by faith apart from works, and regeneration by the Holy Spirit.

The indwelling of the Holy Spirit enables every believer to live a holy life, to witness and work for the Lord Jesus Christ.

In the Unity of the Spirit of all true believers, the Church, the Body of Christ.

In the Resurrection of the Saints unto eternal life through Jesus Christ.

That Marriage has only one meaning - the uniting of one biological man and one biological woman in a single, exclusive union. We believe that God intends sexual intimacy to occur only between a man and woman who are married to each other.

The Sanctity of Human Life should be protected from conception to natural death. As described in Psalm 139, we believe that God is involved in the creation of each new life at conception, intricately knitting each person together in their mother's womb.

As a Choose Life Mississippi grant recipient, we confirm our agreement with the **CHOOSE LIFE STATEMENT OF FAITH**.

Director

Date

DOCUMENTS TO INCLUDE WITH APPLICATION FOR CHOOSE LIFE FUNDS

TAX ID - Copy of tax-exempt letter from IRS Yes No

Federal Form 990 Yes No

If an extension has been filed please send a copy of the extension and then submit a copy of 990 when completed.

Estimated Date _____

Certificate of Registration Copy of most recent confirmation of registration certificate from Secretary of State's office Yes No

Copy of New Year Budget Yes No

Financial Statement INCLUDING Yes No
Financial Review if over \$250,000
Financial Audit if over \$500,00

Signed Choose Life MS Statement of Faith Acknowledging agreement Yes No

Copy of Organization's Statement of Faith Yes No

Board Members Information Yes No

Qualified for Pregnancy Resource TAX CREDITS by Department of Revenue include documents Yes No
PRCO Tax Credit Revenue _____