

CHOOSE LIFE FUND SFY11

July 1, 2010-June 30, 2011

NAME OF ORGANIZATION	TAX ID NUMBER	COUNTY OF LOCATION (one application per location)		
NAME OF PERSON COMPLETING APPLICATION		EMAIL ADDRESS		
STREET ADDRESS		CITY	STATE	ZIP CODE
AREA CODE/PHONE NUMBER		DATE OF APPLICATION SUBMISSION		
CONTIGUOUS COUNTIES OF SERVICE (this location serves women from the following counties)				

Please check all that apply:

- I certify and hereby attest that the above listed organization meets the criteria below and, therefore, is eligible to receive Choose Life funds as described in section 3701.65 of the Revised Code and rule 3701-74-01 of the Ohio Administrative Code.
 - Is a private, nonprofit organization;
 - Is committed to counseling pregnant women about the option of adoption;
 - Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
 - Does not charge pregnant women for any services received;
 - Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
 - Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and
 - Is aware of and compliant with all relevant ethics provisions including Sections 102.13, 103.04, 121.60, 151.69, 121.23, 2921.42, and 3517.B of the Ohio Revised Code.

- I further certify that if awarded funding the organization shall:
 - Use not more than sixty percent of the funds received for the material needs of pregnant women planning to place their children for adoption or for infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities and transportation;
 - Use not more than forty percent of the funds received for counseling, training, or advertising;
 - Not use any of the funds received for administrative expenses, legal expenses, or capital expenses;
 - Return to the Department of Health no later than July 1, 2011 any unused money that exceeds ten percent of the money received during the previous year; and
 - Submit to the Department of Health no later than July 1, 2011 an audited financial statement verifying compliance with the rules regarding the use of funds received during state fiscal year 2010.

- By checking this box, I am also applying for Choose Life funds that may be available for contiguous counties. I certify that this organization provides services to pregnant women residing in the above listed counties. I further understand that this organization will only be considered for distribution of Choose Life funds from the above listed counties if there are no distributions of funds to an eligible organization located within the counties.

SIGNATURE OF AUTHORIZED ORGANIZATION OFFICIAL

TYPED NAME AND TITLE OF ORGANIZATION OFFICIAL

Signed and attested to me this _____ day of _____, 20_____.

Notary Public

(SEAL)

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Please attach one of each form per organization or Tax ID Number (if your organization has multiple locations, please choose the location where you would prefer a check to be mailed):

- [Declaration Regarding Material Assistance/No Assistance to a Terrorist Organization \(DMA\) form](#) with each application submitted.
- A signed [Choose Life Fund Applicant Certifications Form](#);

New applicants only:

- One original, signed [W-9 form](#) per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed.
- A completed [Vendor Information Form](#);
- A completed [Direct Deposit Form](#) (optional).

Previously funded applicants only:

- A completed [Vendor Information Form](#) (only if the organization has moved);

If your organization received funds for state fiscal year 2010: July 1, 2009-June 30, 2010, then the following must also be attached:

- A completed and notarized [Financial Statement Form](#);
- [A check for any unspent funds](#) (only if you have unspent funds in excess of 10% of the SFY10 award);
- ONE** of the following:
 - [An Audited Financial Statement](#). This option is required if the applicant organization traditionally has an audited financial statement that is available at the time of application.

The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. The statement must verify that the Choose Life funds were used as follows:

- Not more than sixty per cent of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;
- Not more than forty per cent of the funds were used for counseling, training, or advertising;
- None of the funds were used for administrative expenses, legal expenses, or capital expenditures.

OR

- A completed [Expenditure Tracking Form](#).