

July 1, _____ through June 30, _____ (1 year)

**Choose Life Fund
Financial Statement Information**

NAME OF ORGANIZATION	TAX ID NUMBER
NAME OF PERSON COMPLETING APPLICATION	PHONE NUMBER

I certify and hereby attest 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.

Financial Documentation Requirements

- Attached to this form is an audited financial statement for the above listed organization.

OR

If your organization does not traditionally have an audited financial statement and obtaining one would be a hardship, the Ohio Department of Health may accept a completed expenditure tracking from in lieu of the audited financial statement.

I certify and hereby attest that it would be a hardship for the organization listed above to submit an audited financial statement by the deadline because:

- The above listed organization does not traditionally have an audited financial statement.
- The above listed organization's audited financial statement will not be prepared by deadline, but will be delivered to ODH later in this SFY.
- Obtaining an audited financial statement would be a financial hardship for the above listed organization.

In order to fulfill the requirements of the Choose Life Fund reporting process, the following documents must be attached to this declaration:

- A completed Expenditure Tracking Form

SIGNATURE OF AUTHORIZED ORGANIZATION
OFFICIAL

TYPED NAME AND TITLE OF ORGANIZATION
OFFICIAL

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

Notary Public

(SEAL)