

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

**Choose Life Fund
Audited Financial Statement Waiver Request**

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 form in lieu of the audited financial statement.

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

I certify and hereby attest that:

- The above listed organization does not traditionally have an audited financial statement.
- Obtaining an audited financial statement would be a hardship for the above listed organization.
- Attached to this waiver request is a completed expenditure tracking form.
- Attached to this waiver request is a financial statement verifying 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.

SIGNATURE OF AUTHORIZED ORGANIZATION
OFFICIAL

TYPED NAME AND TITLE OF ORGANIZATION
OFFICIAL

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

Notary Public

(SEAL)