

County _____

**Grant Application Annual Renewal Form
Support Adoption License Plate Funds
Attention: Robby Tingle, P.O. Box 360627
Birmingham, AL 35236
e-mail: chooselifealabama@yahoo.com**

Name of Agency/Center _____

Street Address _____

Mailing Address (if different than street address) _____

City: _____ State _____ Zip Code: _____

County in which the Agency is Located _____

Officer or Director: _____

Title: _____

Office Phone _____ Cell Phone
_____ Fax# _____

E-mail
Address _____

1) County in which your agency is incorporated _____

2) If this has changed since your last application, briefly state the mission of the organization:

3) How many women facing unplanned pregnancy did the agency assist last year?

4) Does this agency involve itself in any way with abortion activities, does anyone representing this agency refer for abortion procedures, or does anyone representing this agency refer for **“morning after pill”**?

5) Does this agency agree to designate at least 70% of received funds for direct assistance to women facing unplanned pregnancy? _____

6) What % of the staff and board are currently purchasing the “Support Adoption”/”Choose Life” license tags? _____

We affirm and understand the following to be true:

- That that qualified Agencies or Centers are defined as non-governmental, not-for-profit, tax-exempt 501 (c) (3) Agencies or Centers within this county? Do you understand that the Agencies’ or Centers’ services must include counseling and meeting the needs of women in an unplanned pregnancy who are committed to parenting their children, or placing their children for adoption.
- That funds may not be distributed under any circumstances to any Agency or Center that is involved or associated with abortion advocacy or activities, including, but not limited to, counseling for, or referrals to, abortion clinics, medical abortions, or abortion advocacy or advertising.
- That funds may not be distributed to any Agency or Center that charges women for services received.
- That Agencies or Centers receiving funds must use at least seventy percent (70%) of the funds to provide for the needs of women in an unplanned pregnancy who are committed to keeping or placing their children for adoption, including clothing, housing, medical care, counseling, food, utilities, and transportation and that such funds may also be expended on infants awaiting placement with adoptive parents and that the remaining funds (thirty percent 30%) may be used by the Agencies and Centers for adoption expenses, counseling, training, or advertising, but may not be used for administrative expenses, legal expenses, or capital expenditures.
- That each Agency or Center must enter into and abide by this written application with the Alabama Pro-Life Coalition Education Fund, Inc. (d/b/a “Choose Life Alabama”).
- That each Agency or Center that receives such funds must submit to an annual modified audit of the disposition of the funds. That expenditures of these funds must be verified by a Certified Public Accountant.
- That any funds that are not used during the year after their receipt by an Agency or Center and which exceed ten percent (10%) of the funds received by that Agency or Center must be returned to Choose Life Alabama, which shall redistribute them to other qualified Agencies or Centers within the County.
- That it is the sole responsibility of each Agency or Center to submit annual reports and applications, and that those reports be correct.
- That once the deadline for applications and reports are past, the Agency or Center must wait until the following year to re-apply and receive funds.

I and the above-named Agency or Center agree to comply with the requirements of the Alabama Legislative Oversight Committee regarding the “Support Adoption” distinctive license plate, and further certify that the statements above are true and correct are the established policies of my agency, to the best of my knowledge, information and belief. In addition, I and the above-named agency or center agree to abide by the terms of this application as set forth herein and agree to maintain these established policies so that a breach of this application will not occur.

Name of Agency or Center: _____

By: (Signature of Officer) _____

(Printed Name of Officer) _____

Its: (Printed Title of Officer) _____

Date: _____

Be sure and attach the annual modified audit of last year's funds on CPA letterhead.