APPLICATION FOR CHOOSE LIFE LICENSE PLATE GRANT
2012 New Grant Applicant

Name of Agency/Center:_____

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Officer or Director: _____ Title: _____

E-mail Address: _____

Please answer **yes** or **no** to the following questions, then complete the certification at the end.

1) Do you understand that qualified Agencies or Centers are defined as non-governmental, not-for-profit, tax-exempt 501(c)(3) Agencies or Centers within the state of Louisiana, which Agencies' or Centers' services include counseling and meeting the needs of women in a crisis pregnancy who are considering placing their children for adoption? Do you also understand 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, providing medical abortion-related procedures, or abortion advocacy or advertising? _____

2) Is your agency or center owned in part or whole by an organization involved or associated with abortion advocacy or activities, including, but not limited to, counseling for, or referrals to, abortion clinics, providing medical abortion-related procedures, or abortion advocacy or advertising? _____

3) Does your agency or center employ abortionists? _____

4) Do any of the principals, officers or directors of your agency or center serve as an officer, director of, or are employed by, an organization providing abortions? _____

5) Does your agency or center provide funds to an organization involved or associated with abortion advocacy or activities, including, but not limited to, counseling for, or referrals to, abortion clinics,

providing medical abortion-related procedures, or abortion advocacy or advertising? _____

6) Do you understand that Agencies or Centers receiving funds must DESIGNATE at least fifty percent (50%) of the funds to provide for the needs of women in a crisis pregnancy who are considering 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 they may use the remaining fifty percent (50%) for counseling, training, and pregnancy testing, but not for administrative expenses, legal expenses, or capital expenditures? _____

7) Do you understand that each Agency or Center must enter into and abide by this written application. Do you understand that each Agency or Center that receives such funds must submit an annual report explaining the disposition of the funds, sharing how they were spent in accordance with this agreement? _____

8) Does your Agency or Center have a place of business in the state of Louisiana? _____.

9) Does your agency or Center provide qualified services (as outlined in question 1) within the state of Louisiana? _____

10) Is your Agency or Center in compliance with the prohibition against involvement or association with abortion advocacy or activities, including, but not limited to, counseling for, or referrals to, abortion facilities, providing medical abortion-related procedures, or abortion advocacy or advertising? _____

11) Have you attached a copy of your letter of recognition of tax-exempt status issued by the Internal Revenue Service? _____

12) Have you attached a copy of your By-laws and Articles of Incorporation as submitted to the Louisiana Secretary of State? _____

13) Have you attached (on a separate sheet), a narrative based on La. R.S. 47:463:61(F)(2)? This narrative should describe your qualifications to provide counseling and other services intended to meet the needs of expectant mothers considering adoption for their unborn child. _____

14) Have you attached a list of your current officers, directors, and other principals? _____

15) Do you understand that if you breach the terms of this Application you will be required to return all of the funds that were distributed to you on the last distribution date and you will be ineligible to receive any funds until the period of non-compliance ends? _____.

I, and the above-named Agency or Center, agree to comply with the requirements of the LA R.S. 47:462:61 regarding the "Choose Life" specialty license plate, and further certify under penalty of perjury that the statements above are true and correct and 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

Its: _____
PRINTED NAME OF OFFICER

Date: _____

_____
WITNESS

_____
WITNESS

Sworn to and subscribed before me, on this

_____ day of _____, 2012

_____
NOTARY PUBLIC

Upon completion, please mail this application to:

Choose Life Louisiana
129 Deloaks Road | Madisonville, Louisiana 70447

Applications must be postmarked by July 25, 2012

www.ChooseLifeLA.org | 1-866-463-5433 | info@prolifelouisiana.org