



**Arizona Life Coalition Grant Application:
Disbursement of the Choose Life License Plate Funds
Due by Sep. 12th, 2014**



The Arizona Life Coalition will accept one application per organization. Per usage of License Plate Funds, all grant disbursements must provide direct service to abortion-vulnerable women. All applications and checklist materials are to be sent as email attachments to Jason Walsh, azrtl@azrtl.org

Name of Organization:			
Mailing Address:			
Phone:			
Main Contact:	Name:	Title:	
	Phone:	Email:	
Website:			
Address for Facebook page:			
Twitter Page:			
Date Established: When was your organization started?			
Tax Exempt Status: Are you a 501(c)(3) organization?		YES ____	NO ____ *If not, please describe.
Sites: How many sites does your organization operate? Please describe.			
Faith-Based: Are you legally affiliated with a religious organization? If so, please list the religious organization?		YES ____	NO ____
Hours Open: On average, how many hours per week are you open?			
Clients: On average, how many clients do you serve per week?			
Staff: How many paid employees do you have?		Full-time:	Part-time:
Volunteers: Approximately how many volunteers do you have?		Board Members:	Medical: Other:

Types of Services: What services do you directly provide?		
Pregnancy Test	YES ___	NO ___
Ultrasound	YES ___	NO ___
Option Counseling	YES ___	NO ___
Sexual Integrity Counseling	YES ___	NO ___
Post-abortion Counseling	YES ___	NO ___
Parenting Classes	YES ___	NO ___
Rewards Program	YES ___	NO ___
Adoption Placements	YES ___	NO ___
Medical Services for non-pregnant Women	YES ___	NO ___
Hotline number	YES ___	NO ___
Housing for pregnant women	YES ___	NO ___
Outreach to Men	YES ___	NO ___
Other:		
Service Area: What county are you located in? What counties do you serve? List in order of greatest client number.		
Strengths: What aspect of your program is a key strength of your organization? (i.e. If the contact person was asked to give a presentation, what topic would be the best fit?)		
Marketing: In the last six months, what has been the best marketing method that you've used? How have people heard about your work?		
Abortion: Do you acknowledge that your agency is not associated with abortion activities, including options counseling with abortion as an option or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising?	YES ___	NO ___
Compliance Statement: If your agency is approved for funding, do you agree that any money received from the AZ Life Coalition will be spent on services as outlined below and that your organization will report requested information to the AZ Life Coalition?	YES ___	NO ___

Testimony: If your agency is approved for funding, do you agree to supply ALC with written communication as to how the funds have helped your mission?	YES ____	NO ____
Choose Life Plates: If your agency is approved for funding, do you agree to help promote Choose Life Plates on your website and periodically in your newsletters and email blasts?	YES ____	NO ____

Grant Request:

- \$750

General Use of Funding:

- General Operating Funds (i.e. Utilities, Salaries, Rent, etc)
- Capital Request / Purchase of Equipment
- Programmatic Expense

Description of Use of Funding and Why it is a Need: (The ALC prefers specific requests. For example, Grant \$ is one month of rent, or will purchase a new computer and printer or is 10% of the funding for our part-time counselor).

Signature of Executive Director **Date**

Checklist:

- Scanned Application
- Scanned copy of IRS Exemption Letter (or, if not exempt, supporting letter from Umbrella Org)
- Org. Logo file (for website promotion through ALC)
- Screen shot of Choose Life Plate promotion on your organization’s website (if you need plate logo, please contact us)