

CHOOSE LIFE FUND

NAME OF ORGANIZATION			COUNTY	
NAME OF PERSON COMPLETING APPLICATION		EMAIL ADDRESS		
STREET ADDRESS	CITY	STATE	ZIP CODE	
AREA CODE/PHONE NUMBER		DATE OF APPLICATION SUBMISSION		

Please check all that apply:

- I certify and hereby attest that the above listed organization meets the criteria below and, therefore, is eligible to receive Choose Life funds as described in section 3701.65 of the Revised Code and rule 3701-74-01 of the Ohio Administrative Code.
- Is a private, nonprofit organization;
 - Is committed to counseling pregnant women about the option of adoption;
 - Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
 - Does not charge pregnant women for any services received;
 - Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
 - Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and
 - Is aware of and compliant with all relevant ethics provisions including Sections 102.13, 103.04, 121.60, 151.69, 121.23, 2921.42, and 3517.B of the Ohio Revised Code.
- I further certify that if awarded funding the organization shall:
- Use not more than sixty percent of the funds received for the material needs of pregnant women planning to place their children for adoption or for infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities and transportation;
 - Use not more than forty percent of the funds received for counseling, training, or advertising;
 - Not use any of the funds received for administrative expenses, legal expenses, or capital expenses;
 - Return to the Department of Health no later than July 1, 2007 any unused money that exceeds ten percent of the money received during the previous year; and
 - Submit to the Department of Health no later than July 1, 2007 an audited financial statement verifying compliance with the rules regarding the use of funds received during 2006.
- By checking this box, I am also applying for Choose Life funds that may be available for contiguous counties. I certify that this organization provides services to pregnant women residing in the below listed counties. I further understand that this organization will only be considered for distribution of Choose Life funds from the below listed counties if there are no distributions of funds to an eligible organization located within the counties.

Contiguous Counties: _____

SIGNATURE OF AUTHORIZED ORGANIZATION OFFICIAL

TYPED NAME AND TITLE OF ORGANIZATION OFFICIAL

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

Notary Public

(SEAL)

CHOOSE LIFE FUND

CHOOSE LIFE FUND Application for _____
Name of Organization

For ODH Use Only:

Application APPROVED in the amount of:*

_____ for _____ County;

_____ for _____ County;

_____ for _____ County.

Application NOT APPROVED for:

_____ County;

_____ County;

_____ County.

- Insufficient funds for designated county
- Applicant not an "eligible organization"
- Audited financial statement not attached (only applicable to organizations that received Choose Life Fund financial support during the previous year)
- Other _____

J. Nick Baird, M.D., Director of Ohio Department of Health

Date

* No funds shall be distributed until the Director of the Office of Budget and Management certifies, pursuant to section 126.07 of the Ohio Revised Code, that there is a balance in the appropriation not already encumbered to pay existing obligations.