

OHIO DEPARTMENT OF HEALTH
CHOOSE LIFE FUND APPLICATION INSTRUCTIONS

Attached is an application for funding from the Choose Life Fund. Applicants shall be notified of any distribution of funds on or before July 31, 2006.

The application includes five steps of completion.

- Step 1: Fill in all of the basic identifying information in the table at the top of the application, including the name and address of the organization, the county of location, name of the person completing the application and the date of the application submission.
- Step 2: To be eligible for Choose Life funds, the applicant must certify compliance with the criteria identified next to the first two check-off boxes on the application. Check the boxes as appropriate. Applications not containing check marks in both of these boxes will be disapproved.
- Step 3: Check the third box only if applicant wishes to apply for Choose Life funds that may be available for contiguous counties. If checking this box, indicate in the space provided the names of the contiguous counties for which the applicant requests Choose Life funds. Choose Life funds from contiguous counties will only be distributed to applicant if there are no distributions of funds to an eligible organization located within the county of collection.
- Step 4: Sign completed application with signature being notarized.
- Step 5: Submit application to the Ohio Department of Health no later than June 1, 2006. Completed applications shall be submitted to:

Ohio Department of Health
Choose Life Fund
246 N. High St.
Columbus, OH 43215

Choose Life funds for approved, eligible organizations shall be distributed no later than July 31, 2006.

If you have any questions regarding the application process, please contact the Gary Sieg at (614) 644-8329.