



**APPLICATION FOR CHOOSE LIFE LICENSE PLATE GRANT
2017 Returning 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: _____

Any changes to questions from your 2016 Grant Application to questions 11-14 (below) require current documentation. Circle the applicable answer at each question. Please be sure to attach any changes.

11) Has your letter of recognition of tax-exempt status issued by the IRS changed?

No Changes

Changes are attached

12) Have your agency's By-Laws and Articles of Incorporation changed?

No Changes

Changes are attached

13) Has your narrative based on La. R.S. 47:463:61(F)(2) changed? 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.

No Changes

Changes are attached

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

No Changes

Changes are attached

Signature: _____ Print Name: _____

Title: _____ Date: _____

Upon completion, please mail this application to:
Choose Life Louisiana | 129 Deloaks Road | Madisonville, LA 70447
Applications must be postmarked by July 31, 2017. www.ChooseLifeLA.org | 1-866-463-5433