

# Choose Life Grant Expenditure Affidavit Report

## Grant Period August 2018

The Choose Life Grant Expenditures Report provides a glimpse at how the Choose Life Grant was used by your particular agency. It is required by statute.

***Please notarize and submit by July 31, 2019.***

### **General Details of Usage of Choose Life Grant Funds:**

1. At least fifty percent (50%) of the funds will be used 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. These funds may also be expended on infants awaiting placement with adoptive parents.
2. The remaining funds will be used for counseling, training, and providing pregnancy testing, but they will not be used for administrative expenses, legal expenses, or capital expenditures.

Name of Agency: \_\_\_\_\_

Amount allocated by Choose Life Fund: **\$1,750**

Amount of Funds used in relation to #1 from above: \_\_\_\_\_

Amount of Funds used in relation to #2 from above: \_\_\_\_\_

### **Narrative Describing Use of Funds**

*Please provide an attached narrative that describes how the Choose Life Grant Funds awarded to your agency were utilized. Please provide any positive stories in relation to the use of the funds that could be used publicly for promotion of the Choose Life Plate Program. If you would rather them not be used publicly, please indicate.*

### **Certification of Compliance with Abortion Prohibitions**

My signature below certifies all of the Choose Life Grant Funds given to this particular agency were used 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.

*Please sign and notarize on back of this form*

\_\_\_\_\_  
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 \_\_\_\_\_, 2019.

\_\_\_\_\_  
**NOTARY PUBLIC**