



**APPLICATION FOR CHOOSE LIFE LICENSE PLATE GRANT  
2025 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 2024 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?

Change    No Change

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

Change    No Change

13) Has your narrative based on La. R.S. 47:463:61(E)(2) changed? This narrative should describe your qualifications to provide counseling and other services intended to meet the needs of expectant mothers considering adoption and/or parenting for their unborn child.

Change    No Change

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

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 **Oct. 31st, 2025** | [www.ChooseLifeLA.org](http://www.ChooseLifeLA.org) | 1-866-463- 5433