



ARIZONA *life*  
COALITION

# Arizona Life Coalition Grant Application

**Applications Due by May 1, 2020**

Arizona Life Coalition will accept one application per organization. Grant disbursements must directly provide services which support life affirming abortion alternatives or foster/adoptive care programs. Please send this completed application and related materials in ONE-SINGLE Email to:

Email: [contact@chooselifeaz.org](mailto:contact@chooselifeaz.org)

<b>Legal Name of Organization:</b>		
<b>Mailing Address:</b>		
<b>Office Phone:</b>		
<b>Application Contact:</b>	Name:	Title:
	Phone:	Email:
<b>Executive Director:</b>		
<b>Organization's current Primary and Secondary funding sources:</b>		
<b>Website:</b>		
<b>Social Media Pages:</b>	Facebook:  Instagram:  Twitter:	
<b>Date Established:</b> When was your organization started?		
<b>Tax Exempt Status:</b> Are you a 501(c)(3) organization?	YES _____	NO _____ *If not, please describe.
<b>Sites:</b> How many sites does your organization operate? Please describe.		

4633 N. 54th Street, Phoenix, AZ 85018  
602-730-5004  
[www.chooselifeaz.org](http://www.chooselifeaz.org)



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<b>Staff:</b> How many paid employees do you have?	<b>Full-time:</b>	<b>Part-time:</b>	
<b>Volunteers:</b> Approximately how many volunteers do you have?	<b>Board Members:</b>	<b>Medical:</b>	<b>Other:</b>
<b>Mission Statement of Organization:</b>			
<b>Describe your organization and affirmation of life:</b>			
<b>Description of Use of Grant Funding and Why it is a Need:</b> (ALC prefers specific requests. For example, Grant \$ is one month of rent, or will purchase a new computer and printer or is 10% of the funding for our part-time counselor etc.)			



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<b>Population served or Service Area:</b>		
<b>Abortion:</b> Do you acknowledge that your agency is NOT associated with abortion activities, including options counseling with abortion as an option or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising?	YES _____	NO _____
<b>Compliance Statement:</b> If your agency is approved for funding, do you agree that any money received from ALC will be spent on services that your organization will report requested information to the AZ Life Coalition?	YES _____	NO _____

## Single Requested Grant Amount:

- \$500
- \$1,000
- \$1,500
- \$2,000
- \$2,500

Signature of Executive Director: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_