



ARIZONA *life*
COALITION

4633 N 54th Street, Phoenix, AZ 85018
602-730-5004 www.chooselifeaz.org

Arizona Life Coalition 2021 Grant Application

Application Due by October 15, 2021

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.

Arizona Life Coalition will award \$50,000 total on October 30, 2021, in the following amounts:

1 - \$10,000 maximum 1 - \$5,000 maximum 14 or more - \$500 - 2,500

Please send this completed application and related materials in ONE-SINGLE e-mail to:

finance@chooselifeaz.org

Legal Name of Organization:		
Mailing Address:		
Office Phone:		
Application Contact:	Name:	Title:
	Phone:	Email:
Executive Director:		
Organization's current Primary and Secondary funding sources:		
Website:		
Social Media Pages:	Facebook:	
	Instagram:	
	Twitter:	

Date Established: When was your organization started?			
Tax Exempt Status: Are you a 501(c)(3) organization?	YES _____	NO* _____	*Please describe and attach Form W-9 Request for Taxpayer ID number and certification
Staff: How many paid employees do you have?	Full-time:	Part-time:	
Volunteers: Approximately how many volunteers do you have?	Board Members:	Medical:	Other:
Mission Statement of Organization:			
Describe your organization and affirmation of life:			
Description of Use of Grant Funding and Why it is a Need: (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.)			

Population served or Service Area:		
Abortion: 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 _____
Compliance Statement: If your agency is approved for funding, do you agree that any money received from Arizona Life Coalition (ALC) will be spent on your organization's services and that you will report on how the funds were used to ALC by July 31, 2022?	YES _____	NO _____

Single Requested Grant Amount:

- \$500
- \$1,000
- \$1,500
- \$2,000
- \$2,500
- \$5,000
- \$10,000

Signature of Executive Director: _____

Print Name: _____

Date: _____