Request for Applications

8 Pages

Application Name: Choose Life Adoption Assistance Program Fund

Issue Date: March 1, 2024

Application Due Date: Must be received or postmarked by May 1, 2024

Proposed Grant Period: July 1, 2024-- June 30, 2025

If mailing application send to:

Arkansas Right to Life P.O. Box 1697 Little Rock, AR 72203 Attention: Rose Mimms

If delivering application bring to:

Arkansas Right to Life 1515 South University Avenue Little Rock, AR 72204 501-663-4237 Attention: Rose Mimms

Notice: Arkansas Right to Life determines at its sole discretion what organizations will receive funds; applicants do not have a right to the funds.

Choose Life Adoption Assistance Program Fund Request for Applications

Introduction:

Arkansas Right to Life is requesting applications for funding from the Choose Life Adoption Assistance Program Fund. Qualified applicants are non-profit organizations that provide adoption services to the community that include counseling and meeting the physical needs of pregnant women who are committed to placing their infants for adoption.

Background:

Act 344 of 2003 established a special "Choose Life" motor vehicle license plate for the support of adoption programs in Arkansas. The purpose of the special license plate is to provide support for organizations that encourage adoption as a positive choice for women with unplanned pregnancies. Purchase of the "Choose Life" special license plate requires payment of \$25.00 to the Department of Finance and Administration for use of the plate design. This \$25.00 fee is distributed as follows:

- 94% (\$23.50) of the design use fee for each plate purchased is placed in the Choose Life Adoption Assistance Fund to be used by Arkansas Right to Life to distribute to qualified non-profit organizations.
- 6% (\$1.50) is used by Arkansas Right to Life for expenses to administer the program.

Funds Available:

Funds to be distributed will be the total funds received (plus interest, less the 6% administration expenses) in the Choose Life Adoption Assistance Fund from July 1, 2023 through June 30, 2024. All funds will be distributed on a pro rata basis to qualified non-profit organizations. The amount of funding for each qualified organization receiving an award will be determined by the following formula:

Amount awarded to each qualified organization = Total funds available for the Choose Life Grants
Number of qualified organizations that apply

The amount of funds available is unknown until after June 30, 2024. The actual amount of the grant award is unknown until the number of qualified organizations is determined by August 31, 2024.

Requirements for Eligibility for Funding and Application Process:

To qualify to receive the funds available through the Choose Life Adoption Assistance Program, an organization's <u>application must be received or postmarked on or before May 1, 2024</u> at Arkansas Right to Life. Send the <u>original with eight (8) copies</u> of the Application for Funding and Affidavit of Eligibility (Attachment A) signed by a representative of the organization that states the organization:

- 1. Is a non-profit organization;
- 2. Does not discriminate because of race, marital status, gender, religion, national origin, handicap, or age;
- 3. Counsels pregnant women about the option of placing their infant for adoption or facilitates the adoption of <u>infants up to 24 months</u> who are, or will become, available for adoption;
- 4. Is not involved or associated in any way with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures or pro-abortion advertising;
- 5. Does not charge birth mothers for any services provided;
- 6. Will attend a mandatory training in the use of grant funds in person, zoom or by watching a recording and completing a survey before a grant award is received;
- 7. Will use the funds received only for the purposes and under the restrictions outlined in the training and this document;
- 8. Will use none of the funds for administrative expenses, any legal expenses, or capital expenditures;
- 9. Will return any unused funds of the 2024/2025 grant by July 10, 2025;
- 10. The agency may reimburse itself for any expenses incurred during the period when unused funds are returned and new grant funds are received for expenses that qualify for payment through the grant;
- 11. Will submit to an annual audit of the funds received;
- 12. Will not utilize any of the funds to teach or promote religion.

APPLICATION CONSISTS OF THE FOLLOWING DOCUMENTS:

- 1. Attachment A Application for Funding and Affidavit of Eligibility
- 2. Attachment B Scope of Project/Budget Narrative Form
- 3. *Attachment C IRS W-9 Taxpayer Identification Number & Certification
- 4. *A copy of the most recent IRS 501 (c) 3 authorization letter.
- **5.** The original application plus 8 hard copies.

 Applications must be received or postmarked by May 1, 2024, at the address on the front page of this Request for Applications document. Incomplete affidavits,

faxed affidavits, affidavits in any other electronic format, or affidavits received after this date will not be considered. * Applies to new applicants only.

Restrictions:

- 1) Funds shall not be distributed to any organization that is involved or associated with abortion activities, including counseling for or referral to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising.
- 2) Funds will not be distributed to any organization that charges birth mothers for services received:
- 3) 50% of the funds received by recipient organizations may be used only to provide for the material needs of pregnant women who are committed to placing their infant for adoption or expended on **infants up to 24 months** awaiting placement.
- 4) Material needs of the pregnant woman shall include clothing, housing, medical care, food, utilities, and transportation.50% of the funds may be used only for adoption counseling, training, or advertising, but shall not be used for administrative expenses, any legal or capital expenditures.

Sub-recipient Agreement:

Upon notification of award, Qualified Applicants for the Choose Life Adoption Assistance Program funds must complete and sign an Arkansas Right to Life Sub-recipient Award Agreement.

Audit Requirement:

By <u>July 10, 2025</u>, an organization that received Choose Life Adoption Assistance Program funds must submit an audit report of the funds received to Arkansas Right to Life verifying that the funds received were used in the manner prescribed by this Request for Applications document. Arkansas Right to Life will provide the audit report form including a summary sheet for the 50/50 grant expenditures. This audit report will be reviewed by the Choose Life Review Committee for completeness, accuracy, and compliance with the requirements and restrictions of this Request for Applications (RFA) document. Audit results may factor in the issuance of future grant awards.

Award Criteria:

Applications for Funding and Affidavit of Eligibility will be reviewed for completeness and compliance with this RFA document by the Choose Life Review Committee elected by the board of Arkansas Right to Life. Affidavits determined by the review to be complete and compliant with this RFA will be eligible for an award.

Notification:

Arkansas Right to Life will mail written notification to qualified organizations of eligibility for an award in July. Arkansas Right to Life will make available the amount of the award and sub grant agreements for signature during August.

Check List

COMPLETE APPLICATION CONSISTS OF THE FOLLOWING DOCUMENTS ONLY:

- 1. Attachment A Application for Funding and Affidavit of Eligibility
- 2. Attachment B Scope of Project/Budget Narrative Form
- 3. *Attachment C IRS W-9 Taxpayer ID # & Certification
- 4. *IRS 501 (c) 3 authorization letter
- 5. Original application plus 8 hard copies.

MUST BE HAND DELIVERED/POSTMARKED BY MAY 1ST

^{*} applies to new applicants only

ATTACHMENT A

Arkansas Right to Life

2024/2025

Choose Life Adoption Assistance Program Fund

Application for Funding and Affidavit of Eligibility

. 16	Name of Organization:	
St	Street Address:	
M	Mailing Address (if different):	
Ci	City: State: Zip Code:	
Pr	Primary Contact:	
Γi	Γitle:	
	Геlephone: Fax:	
E-	E-mail:	
fol	following requirements to receive Choose Life Adoption Assistance Progra	
fol (a)	I certify that the organization for which I am applying complies with each of following requirements to receive Choose Life Adoption Assistance Progra (answer yes or no to each question and attach any requested verification): 1. Does the Internal Revenue Service recognize your organization as a non-program of the complex of the compl	m fundin ofit
fol (a)	following requirements to receive Choose Life Adoption Assistance Progra (answer yes or no to each question and attach any requested verification): 1. Does the Internal Revenue Service recognize your organization as a non-proorganization? Yes No <u>Are you a new applicant? No Are you a new applicant?</u>	m fundin ofit <u>Yes</u>
fol (a)	following requirements to receive Choose Life Adoption Assistance Progra (answer yes or no to each question and attach any requested verification): 1. Does the Internal Revenue Service recognize your organization as a non-proorganization? Yes No Are you a new applicant? No All new applicants must attach the latest IRS letter awarding the organ	m fundin ofit <u>Yes</u>
fol (a)	following requirements to receive Choose Life Adoption Assistance Progra (answer yes or no to each question and attach any requested verification): 1. Does the Internal Revenue Service recognize your organization as a non-proorganization? Yes No Are you a new applicant? No All new applicants must attach the latest IRS letter awarding the organ non-profit status under paragraph 501 (c) 3.	m funding ofit Yes nization
fol (a)	following requirements to receive Choose Life Adoption Assistance Progra (answer yes or no to each question and attach any requested verification): 1. Does the Internal Revenue Service recognize your organization as a non-proorganization? Yes No Are you a new applicant? No All new applicants must attach the latest IRS letter awarding the organ non-profit status under paragraph 501 (c) 3. 2. Does your organization discriminate because of race, marital status, gender,	m funding ofit Yes nization
fo] (a) 1.	 Collowing requirements to receive Choose Life Adoption Assistance Progra (answer yes or no to each question and attach any requested verification): Does the Internal Revenue Service recognize your organization as a non-programization? Yes No Are you a new applicant? No All new applicants must attach the latest IRS letter awarding the organization profit status under paragraph 501 (c) 3. Does your organization discriminate because of race, marital status, gender, national origin, handicap, or age? Yes No 	ofit Yes hization religion,
fo] (a) 1.	 Collowing requirements to receive Choose Life Adoption Assistance Progra (answer yes or no to each question and attach any requested verification): Does the Internal Revenue Service recognize your organization as a non-proorganization? Yes No Are you a new applicant? No All new applicants must attach the latest IRS letter awarding the organ non-profit status under paragraph 501 (c) 3. Does your organization discriminate because of race, marital status, gender, national origin, handicap, or age? Yes No Does your organization counsel pregnant women about the option of placing the organ property of the property o	m funding ofit Yes nization religion, g their
fo] (a) 1.	 Collowing requirements to receive Choose Life Adoption Assistance Progra (answer yes or no to each question and attach any requested verification): Does the Internal Revenue Service recognize your organization as a non-proorganization? Yes No Are you a new applicant? No All new applicants must attach the latest IRS letter awarding the organ non-profit status under paragraph 501 (c) 3. Does your organization discriminate because of race, marital status, gender, national origin, handicap, or age? Yes No Does your organization counsel pregnant women about the option of placing infant for adoption or facilitate the adoption of infants up to 24 months when the program in the property of the program in the program in	m funding ofit Yes nization religion, g their
fol (a) 1.	 Collowing requirements to receive Choose Life Adoption Assistance Progra (answer yes or no to each question and attach any requested verification): Does the Internal Revenue Service recognize your organization as a non-programization? Yes No Are you a new applicant? No All new applicants must attach the latest IRS letter awarding the organization profit status under paragraph 501 (c) 3. Does your organization discriminate because of race, marital status, gender, national origin, handicap, or age? Yes No Does your organization counsel pregnant women about the option of placing infant for adoption or facilitate the adoption of infants up to 24 months where will become, available for adoption? Yes No 	ofit Yes ization religion, g their o are, or
fol (a) 1.	 Collowing requirements to receive Choose Life Adoption Assistance Progra (answer yes or no to each question and attach any requested verification): Does the Internal Revenue Service recognize your organization as a non-proorganization? Yes No Are you a new applicant? No All new applicants must attach the latest IRS letter awarding the organ non-profit status under paragraph 501 (c) 3. Does your organization discriminate because of race, marital status, gender, national origin, handicap, or age? Yes No Does your organization counsel pregnant women about the option of placing infant for adoption or facilitate the adoption of infants up to 24 months when the program in the property of the program in the program in	ofit Yes ization religion, g their o are, or tivities,
fol (a) 1.	 Collowing requirements to receive Choose Life Adoption Assistance Progra (answer yes or no to each question and attach any requested verification): Does the Internal Revenue Service recognize your organization as a non-proorganization? Yes No Are you a new applicant? No All new applicants must attach the latest IRS letter awarding the organ non-profit status under paragraph 501 (c) 3. Does your organization discriminate because of race, marital status, gender, national origin, handicap, or age? Yes No Does your organization counsel pregnant women about the option of placing infant for adoption or facilitate the adoption of infants up to 24 months when will become, available for adoption? Yes No Is your organization involved or associated in any way with any abortion according to the property of the pro	ofit Yes ization religion, g their o are, or tivities,

I certify that the organization for which I am applying agrees to each of the following terms and conditions for receiving Choose Life Adoption Assistance Program Funding:

1.	Will you use the funds received only for the purposes and under the restrictions outlined in training and listed below? YesNo							
2. Do you understand that you may not use the funds for administrative expenses,								
	legal expenses, or capital expenditures? Yes No							
3.	Will you return any unused funds of the 2024/2025 grant by July 10, 2025?							
	Yes No							
4.	Will you submit to an annual audit of any funds received from the Choose Life Adoption Assistance Fund? Yes No							
5.	Do you understand that you may not use any Choose Life Adoption Assistance funds to teach or promote religion? Yes No							
6.	I will use any funds received from the Choose Life Adoption Assistance Program as follows:							
	• 50% to provide for the material needs of pregnant women who are committed to placing their infant for adoption or expended on <u>infants up to 24</u> months awaiting placement with adoptive parents.							
	 Material needs of the pregnant woman shall include clothing, housing, medical care, food, utilities, and transportation. 							
	• 50% for adoption counseling, training, or advertising, but not to be used for administrative expenses, any legal expenses, or capital expenditures. YesNo							
	ne following is a brief description of this organization's plan for utilizing funds from the noose Life Adoption Assistance Program:							
I constant	FFIDAVIT ertify under penalties for perjury that to the best of my knowledge and belief that each the above statements is true and correct and reflects the established policies of the ganization for which I am applying. I agree to comply with the requirements of kansas Code 27-24-101 <i>et seq</i> and subsequent requirements of Arkansas Right to Life.							
Sig	gnature:Printed Name:							
	te of Arkansas unty of Subscribed and sworn before me this day of, 20							
No	tary Signature: My commission expires:							

ATTACHMENT B

ARKANSAS RIGHT TO LIFE

Choose Life Adoption Assistance Program 2024/2025

Scope of Project/Budget Narrative Form

Subrecipient Name:
Scope of Project:
Budget
50% for material needs: Clothing, Housing, Medical Care, Food, Utilities, Transportation
Brief Description:
50% for Adoption Counseling, Training, Advertising
Brief Description:

(Rev. December 2014) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Interna	Revenue Service											
MANUFACTOR	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.											
ge 2.												
Print or type See Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate instruction ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ►						exemptions (codes apply only to tain entities, not individuals; see tructions on page 3): The payee code (if any)					
uct.	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for								rting			
nt c	the tax classification of the single-member owner.					1	code (if any)					
P = 0	Other (see ins							pplies to accounts maintained outside the U.S.)				
pecif	5 Address (numbe	r, street, and apt. or suite no.)	Requester's name and address (optional)									
See S	6 City, state, and a	ZIP code										
	7 List account number(s) here (optional)											
Par	tl Tayna	yer Identification Number (TIN)										
	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	propriate box. The TIN provided must match the name	ne given on line 1 to avo	oid S	ocial se	curity	number					
backu	ip withholding. For	r individuals, this is generally your social security nun	nber (SSN). However, fo		TT	\exists	П	7	П	T	T	
		rietor, or disregarded entity, see the Part I instructior yer identification number (EIN). If you do not have a r		ta l		-		-				
	n page 3.	you do not have a t	iditibol, coo i tow to got	OI	r		t		-			
Note.	If the account is i	n more than one name, see the instructions for line 1	and the chart on page	4 for E	mploye	r identi	fication	numi	ber			
guide	lines on whose nu	mber to enter.					П	T				
Par		cation										
	penalties of perju											
		on this form is my correct taxpayer identification num	,									
 I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 												
3. la	3. I am a U.S. citizen or other U.S. person (defined below); and											
4. The	FATCA code(s) e	entered on this form (if any) indicating that I am exemp	ot from FATCA reporting	g is corre	ct.							
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.												
Sign			Da	ite ▶				-				
General Instructions			 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) 									
Section references are to the Internal Revenue Code unless otherwise noted.			Form 1099-C (canceled debt)									
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9 .			 Form 1099-A (acquisition or abandonment of secured property) 									
Purpose of Form			Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.									
		m W-9 requester) who is required to file an information	If you do not return Form W-9 to the requester with a TIN, you might be subject									
return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification			to backup withholding. See What is backup withholding? on page 2. By signing the filled-out form, you:									
number (ITIN), adoption taxpayer identification number (ATIN), or employer			Certify that the TIN you are giving is correct (or you are waiting for a number)									
you.	rication number (EIN) or other amount repoi	, to report on an information return the amount paid to rable on an information return. Examples of information	to be issued),									
returns include, but are not limited to, the following:			Certify that you are not subject to backup withholding, or									

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by
- . Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Form W-9 (Rev. 12-2014)