

## 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.

Revised 02/24

# 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:

$$\text{Amount awarded to each qualified organization} = \frac{\text{Total funds available for the Choose Life Grants}}{\text{Number of qualified organizations that apply}}$$

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 **application must be received or postmarked on or before May 1, 2024** at Arkansas Right to Life. Send the **original with eight (8) copies** 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 **infants up to 24 months** 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.

Revised 02/24

**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 July 10, 2025, 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.**

*\* 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**

**Name of Organization:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**I certify that the organization for which I am applying complies with each of the following requirements to receive Choose Life Adoption Assistance Program funding (answer yes or no to each question and attach any requested verification):**

1. Does the Internal Revenue Service recognize your organization as a non-profit organization? Yes \_\_\_\_\_ No \_\_\_\_\_ **Are you a new applicant? No Yes**  
**All new applicants must attach the latest IRS letter awarding the organization non-profit status under paragraph 501 (c) 3.**
2. Does your organization discriminate because of race, marital status, gender, religion, national origin, handicap, or age? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Does your organization counsel pregnant women about the option of placing their infant for adoption or facilitate the adoption of **infants up to 24 months** who are, or will become, available for adoption? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Is your organization 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? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Does your organization charge birth mothers for any services provided? Yes\_\_ No \_\_

Revised 02/24

**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? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you understand that you may not use the funds for administrative expenses, any 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 **infants up to 24** 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.

Yes \_\_\_\_\_ No \_\_\_\_\_

The following is a brief description of this organization’s plan for utilizing funds from the Choose Life Adoption Assistance Program: \_\_\_\_\_

---



---



---



---

**AFFIDAVIT**

I certify under penalties for perjury that to the best of my knowledge and belief that each of the above statements is true and correct and reflects the established policies of the organization for which I am applying. I agree to comply with the requirements of Arkansas Code 27-24-101 *et seq* and subsequent requirements of Arkansas Right to Life.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

State of Arkansas  
County of \_\_\_\_\_ Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary 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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

