



**Leon County Choose Life License Plates
Grant Program**

2009/10 GRANT APPLICATION

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PART I

DESCRIPTION OF GRANT PROCESS

SECTION ONE: INTRODUCTION

During the 1999 legislative session, House Bill 1509 was passed effectively creating a specialty license plate entitled *Choose Life*. Each county is eligible to receive funds generated from the sale of the specialty license plate within their respective counties. The Department of Highway Safety and Motor Vehicles shall be responsible for dispersing funds due to each county. Counties receiving funding shall allocate these monies according to provisions set forth in Florida Statute 320.08058. Subsequently, the Department of Highway Safety and Motor Vehicles will be responsible for monitoring counties compliance with the respective legislation.

The statutes mandate that counties distribute funds from *Choose Life* license plate proceeds to non-governmental, not-for-profit agencies that reside within the boundaries of the respective county. Qualifying agencies must provide services that are limited to counseling and meeting the physical needs of pregnant women who are committed to placing their children for adoption. Furthermore, the statute dictates that the County may not distribute funds to any agency that is involved in or associated with any pro-abortion activities. Additionally, funds may not be allocated to any agency that charges women for services received. Finally, Florida Statute 320.08062 requires counties to report on its compliance on an annual basis. The level of reporting is based on the amount of revenue received.

Florida Statute 320.08062 states that all organizational recipients of any specialty license plate annual use fees authorized, not otherwise subject to an annual audit by the Office of Auditor General, shall submit an annual audit of the expenditures of annual use fees and interest earned from these fees. This is to ensure that expenditures are being made in accordance with the specifications outlined by law. The audit shall be prepared by a certified public accountant licensed under chapter 473 at the organizational recipient's expense.

Reporting of compliance, in accordance with Florida Statute 320.08062, in lieu of an annual audit, any organization receiving less than \$25,000 in proceeds, may annually report (in a format previously approved by the Department of Highway Safety and Motor Vehicles) that such proceeds were used in compliance with the governing statutes. At this time, it is expected that Leon County will receive less than \$25,000.

The *Choose Life* legislation did not establish specific procedures for allocating revenue generated by the sale of the specialty license plates. Therefore, each county is responsible for establishing its own process. In addition, each county must bear the burden of providing its own resources to administer processes associated with the receipt of this revenue.

SECTION TWO: DESCRIPTION OF FUND DISTRIBUTION PROCESS

- A notice of funding available for distribution will be advertised in the Tallahassee Democrat for qualifying agencies to apply for grant funding. The advertisement will include an application deadline date.
- An application is provided to all requesting agencies. The application will request documentation to support that the agency meets the criteria outlined for this program.
- Applications will be reviewed by the designated County staff to ensure each agency's eligibility to receive funding.
- Upon approval, a contract will be executed between the County and each eligible Lead Agency.
- Funds will be distributed evenly to agencies that qualify for program funding.

SECTION THREE: FUNDING ELIGIBILITY REQUIREMENTS AND CONSTRAINTS

The statutes mandate that counties distribute funds from Choose Life License Plate proceeds to non-governmental, not-for-profit agencies that reside within the boundaries of the respective county and:

1. Qualifying agencies must provide services that are limited to counseling and meeting the physical needs of pregnant women who are committed to placing their children for adoption.
2. The statute dictates that the County may not distribute funds to any agency that is involved in or associated with any pro-abortion activities.
3. Funds may not be allocated to any agency that charges women for services received.
4. Florida Statute 320.08062 requires counties to report on its compliance on an annual basis. The level of reporting is respective of the amount of revenue received.
5. An annual report and audit (per F.S. 320.08062 and Chapter 473) are due to Leon County within 60 days after the end of the fiscal year.
6. Agencies that receive the funds must use at least 70 percent of the funds to provide for the material needs of pregnant women who are committed to placing their children for adoption, including clothing, housing, medical care, food, utilities, and transportation. Such funds may also be expended on infants awaiting placement with adoptive parents.
7. The remaining funds may be used for adoption, counseling, training, or advertising, but may not be used for administrative expenses, legal, or capital expenditures.

SECTION FOUR: GENERAL INSTRUCTIONS FOR SUBMISSION OF APPLICATION

- No applications will be accepted after **5:00 p.m. on Friday, May 28, 2010.**
- Please make sure your application is date stamped at the time of submission.
- Provide one original and two copies of the completed application.
- If you are applying as a lead agency for a coalition, all agencies in the coalition must also submit an application.
- Return application packets to the following location:

Attn: Lorraine Austin
Leon County Health & Human Services
918 Railroad Avenue
Tallahassee, FL 32310

For questions or additional information contact Lorraine Austin at

Phone: (850) 606-1912

Email: austinl@leoncountyfl.gov

Website: <http://www.leoncountyfl.gov/HHS>

SECTION FIVE: SPECIFIC INSTRUCTIONS FOR COMPLETING THE APPLICATION

Please note: All information presented in Forms 1 through 5 should be based on fiscal year.

A. Form One (1) Organization Information

This is the cover page for your application. This form includes overall agency contact information, the legal (corporate) name of your agency, applicable legal requirements and corporate signatures.

B. Form Two (2) Organizational Representation

List the agency's clients, Board of Directors, and professional and support staff demographic composition.

C. Form Three (3) Organizational Overview

List the overall mission of the agency. Identify goals and objectives accomplished during the agency's current fiscal year as well as goals and objectives your agency projects to accomplish during the upcoming fiscal year.

D. Form Four (4) Statement of Activities

Please highlight successful collaborative efforts that your agency has conducted or is presenting participating in during this current fiscal year. Identify agency fund-raising plans such as various activities to generate funds to support the agency and its program delivery structure. Please list all formal grants and in-kind donations.

E. Form Five (5) Program Summary

Describe the program that will utilize these funds, including types of services provided, how and by whom (staff, volunteers, etc.) they are provided, and any eligibility requirements for clients.

PART II CHOOSE LIFE LICENSE PLATE GRANT APPLICATION

FORM ONE: ORGANIZATION INFORMATION

AGENCY'S LEGAL NAME _____

STREET ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ FAX NUMBER () _____

AGENCY CONTACT: _____

TITLE: _____ E-MAIL ADDRESS _____

The following are the minimum legal requirements. An agency must meet these criteria to qualify for funding. Please provide the requested information below:

- Registration with the U. S. Department of Treasury, Section 501 (c) (3), Internal Revenue Service Code, for exempt status. Tax Exempt # _____
- Registration with the Florida Department of Agriculture and Consumer Services, pursuant to Chapter 496. F.S. Registration # _____
- If your organization is exempt, as provided for in section 496.406, F.S., a copy of your exemption letter must be attached to this application.
- If your organization is automatically excluded, pursuant to Section 496.403, F.S., initial ____
- Your organization must be registered as a non-profit corporation with the Florida Department of State pursuant to Chapter 617. F.S. Registration # _____
- If your organization has a physical presence in Florida, you must be registered with the Florida Department of Revenue pursuant to Chapter 212.08. F.S. State Sales Tax Exempt # _____

CHIEF VOLUNTEER OFFICER
(Board President or Chair Signature Required)

DATE

CHIEF PROFESSIONAL OFFICER
(Director, Executive Director or President Signature Required)

DATE

FORM TWO: ORGANIZATIONAL REPRESENTATION

Please complete the following organizational composition grid representing your clients, Board of Directors, and Staff at the close of FY 2008/09.

CATEGORY	CLIENT COMPOSITION	BOARD OF DIRECTORS	PROFESSIONAL STAFF	SUPPORT STAFF	TOTAL
RACE/ETHNICITY					
Caucasian					
African American					
American Indian					
Hispanic					
Asian					
Other					
TOTAL					
GENDER					
Male					
Female					
AGE					
Birth-18					
19-35					
36-55					
Over 55					
TOTAL					
Persons with Disabilities					

FORM FOUR: STATEMENT OF ACTIVITIES

A. Please highlight successful collaborative efforts that your agency has conducted or is presently participating in during this current fiscal year.

B. Identify FY 2010/11 fund-raising plans to generate funds to support the agency and its program delivery structure.

C. List all formal grants and in-kind donations for your most recent completed fiscal year.

D. Do you participate in any pro-abortion activities? Yes _____ No _____

E. Do you charge women for services received? Yes _____ No _____

FORM FIVE: PROGRAM SUMMARY

(Complete Form 5 for each program for which you are requesting funding)

AGENCY NAME: _____

PROGRAM NAME: _____

PROGRAM SERVICE: _____

A. PROGRAM RESOURCES

PROGRAM RESOURCE INPUT	2009/10 Actual	2010/11 Projected
Total Program Budget	\$	\$
Program Staff (FTE)	#	#
Program Volunteers (Value)	\$	\$
Program In-Kind Donations	\$	\$
<i>Community Human Services Partnership (CHSP)</i>	\$	\$

B. PROGRAM DESCRIPTION: Narrative Description of Program. Succinctly describe the program including types of services provided, how and by whom (staff, volunteers, etc.) they are provided, and any eligibility requirements for clients.