AGENCY'S LEGAL NAME A Women's Pregnancy Center

STREET ADDRESS 919 W. Pensacola Street

MAILING ADDRESS same

CITY Tallahassee STATE FL

ZIP 32304

PHONE NUMBER 850 297 1174

FAX NUMBER 850 297 1126

AGENCY CONTACT: Barb Shackelford

E-MAIL ADDRESS barb@awpc.cc

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 # 06-00954-00-47 FEIN

Registration with the Florida Department of Agriculture and Consumer Services, pursuant to Chapter 496. F.S. Registration # CH5809

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., check .

Your organization must be registered as a non-profit corporation with the Florida Department of State pursuant to Chapter 617. F.S. Registration # ~~N06836~~ N06836

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 # 85-8012680300C-7

[signature] 4/28/08
CHIEF VOLUNTEER OFFICER (Board President or Chair Signature Required) DATE

Barbara Shackelford 4/28/08
CHIEF PROFESSIONAL OFFICER (Director, Executive Director or President Signature Required) DATE

FORM TWO: ORGANIZATIONAL REPRESENTATION

Please complete the following grid concerning the composition of your clients, Board of Directors, and staff at the close of the 2006/07 fiscal year.

	Client Composition	Board of Directors	Professional Staff	Support Staff	Total Staff
BY RACE: Caucasian	302	8	3	3	6
African American	816	1	1	0	1
American Indian	2	0	0	0	0
Hispanic	32	0	0	0	0
Asian	24	0	0	0	0
Other	66	0	0	0	0
TOTAL:	1242	9	4	3	7
BY GENDER: Male	80	8	0	0	0
Female	1162	1	4	3	7
BY AGE: Birth-18	310	0	0	0	0
19-35	844	1	1	3	4
36-55	39	5	2	0	2
Over 55	0	3	1	0	1
TOTAL:	1193	9	4	3	7
# persons with disabilities	don't track	Ø	Ø	Ø	Ø

FORM THREE -- ORGANIZATIONAL OVERVIEW

Narratives should be written in a concise manner. If necessary, attach one additional sheet.

1. Please state the agency's overall mission and purpose.

Our mission is to equip women and men with information to make informed and confident decisions.

2. Please identify goals and objectives planned for your 2007/08 fiscal year (or current fiscal year).

- We saw 1,242 clients last year. We would like to expand our volunteer base to be able to see 1,500 clients this year.
- Add a center in Marianna.
- Ensure volunteers are sharing necessary info w/ new moms to ~~healt~~ help them have healthy pregnancy & full term delivery
- Increase awareness of adoption as a viable, valid choice for an unplanned pregnancy.

FORM FOUR: Statement of Activities

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

We network with Florida Baptist Children's Home and Christian Family Services to refer for and educate about adoption. We network with churches to connect with our clients if they so desire. Many local churches have given baby showers to stock our Moms & Babies Room closet. We have spoken to many churches and groups to educate on pregnancy options and/or abstinence. We participate in our communities drive to promote healthy pregnancy to reduce the infant mortality rate by educating our clients.

B. Identify FY 2007-08 fund-raising plans to generate funds to support the agency and its program delivery structure.

annual Walk for Life
appeals to churches & individuals
annual Fundraising Banquet

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

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

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

FORM FIVE: PROGRAM SUMMARY

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

AGENCY NAME:
A Women's Pregnancy Center

PROGRAM NAME:
A Women's Pregnancy Center

PROGRAM SERVICE:

A. PROGRAM RESOURCES

PROGRAM RESOURCE INPUT	2006/07 Actual	2007/2008 Projected
Total Program Budget	$ 323,000	$ 358,000
Program Staff (FTE)	# 4	# 4
Program Volunteers (Value)	$ 30,000	$ 30,000
Program In-Kind Donations	$ 0	$ 0

B. PROGRAM DESCRIPTION

1. 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.

We serve women and men by providing free pregnancy tests, free ultrasounds (non-medical, non-diagnostic), peer counseling to share information on pregnancy options, referrals to appropriate agencies, limited clothing closet (maternity, baby, diapers), post abortion recovery support, abstinence education, male peer counseling.

These services are delivered by approximately 80 volunteers. Anyone who thinks they might be part of an unplanned pregnancy or is trying to recover from an abortion is welcome to receive our services.