

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

2008/09 GRANT APPLICATION

FORM ONE: ORGANIZATIONAL INFORMATION

AGENCY=LEGAL NAME Florida Baptist Children's Homes

STREET ADDRESS 8415 Buck Lake Road

MAILING ADDRESS 8415 Buck Lake Road

CITY Tallahassee STATE Florida

ZIP 32317

PHONE NUMBER (850) 878-1458

FAX NUMBER (850) 942-9981

AGENCY CONTACT : Zoila Huston

E-MAIL ADDRESS : zhuston@fbchomes.org

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 # 590657326

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

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 # 704679

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 # 85-8012646597C-9

Bobby J. Muschelkrite 10/31/08
CHIEF VOLUNTEER OFFICER (Board President or Chair Signature Required) DATE



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

10-31-08

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 2007/08 fiscal year.

	Client Composition	Board of Directors	Professional Staff	Support Staff	Total Staff
BY RACE:					
Caucasian	42	21	15	2	17
African American	42	2	0	1	1
American Indian	2	0	0	0	0
Hispanic	4	0	1	0	1
Asian	1	0	0	0	0
Other	9	0	0	0	0
TOTAL:	100	23	16	3	19
BY GENDER:					
Male	49	14	8	0	8
Female	51	9	8	3	11
BY AGE:					
Birth-18	96	0	0	0	0
19-35	4	0	5	1	6
36-55		11	9	2	11
Over 55		12	2	0	2
TOTAL:	100	23	16	3	19

persons with disabilities

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.

Florida Baptist Children's Homes' mission is to provide Christ-centered services to children and families in need. We are a faith-based, nonprofit organization that provides safe, stable, Christian homes for boys and girls who have been neglected, misdirected, abandoned, abused, or caught up in family turmoil. We ensure that children and families get good medical care, nourishing food, proper clothes, and education. We provide them with counseling, lots of love, attention and a positive lifestyle. Most importantly though, we teach them about Jesus Christ and how he died for them so they can have everlasting life. In short, we provide for their physical, emotional and spiritual needs.

The agency provides maternity care services through the Maternity Care Program, designed to meet the immediate needs of unwed pregnant adolescents and women who are experiencing an unplanned pregnancy and need guidance with parenting or making an adoption plan. Services to significant others such as family members and birth fathers are also offered. These services are designed to meet the needs of the client through three different avenues: counseling and referral, foster care, and assistance for the client and her infant through the postpartum period. This may involve agency foster care for the infant, for herself and for her infant. The Maternity Care Program supports birth parents through the many decisions which they must face during pregnancy and after delivery.

2. Please identify goals and objectives planned for your 2008/09 fiscal year (or current fiscal year).

Please see attached SOAR brochure.

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.

1. Hold the annual Sound the Call Pregnancy Center Conference at Lake Yale
2. Assisting in beginning new pregnancy centers.
3. Training MAPP Leaders around the state of Florida.
4. Providing foster care services to local Community Based Care.
5. Assisting in Special Needs adoptions with Community Based Care agencies around the state.

B. Identify FY 2008-09 fund-raising plans to generate funds to support the agency and its program delivery structure.

1. Continued support from Florida Baptist churches.
2. Increased Wills and Estates.
3. Continued a "live on income" posture.
4. Friends of Children Contribution

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

We do not receive in-kind donations.
Businesses and Foundations: \$157,152

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:

Florida Baptist Children's Homes

PROGRAM NAME:

Maternity Care Counseling

PROGRAM SERVICE:

Counseling, referral, foster care, and adoption

A. PROGRAM RESOURCES

PROGRAM RESOURCE INPUT	2007/08 Actual	2008/2009 Projected
Total Program Budget	\$ 26,024 *	\$ 27,975 *
Program Staff (FTE)	# 2	# 2
Program Volunteers (Value)	\$ 30,000	\$ 30,000
Program In-Kind Donations	\$ n/a	\$ n/a

* This budget is only for maternity care and adoption for the Tallahassee Campus

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.

As a positive alternative to abortion:

The agency provides Maternity Care Services through the Maternity Care Program. This program is designed to meet the immediate needs of unwed pregnant teens who need guidance with parenting or making an adoption plan. In addition, women who are experiencing unplanned pregnancies and are also seeking guidance for parenting or making an adoption plan. Services to significant others such as family or birth fathers are also offered.

These services are designed to meet the needs of the client and her infant through three defined programs: counseling and referral, foster care, and assistance for the client and her infant through the post partum period. This may involve agency foster care for the infant, while the parent considers and/or finalizes plans to parent or plans for adoption and other services which assist the client to reach goals for herself and for her infant. The Maternity Care Program supports birth parents through the many decisions which they must face during pregnancy and after delivery.

The Maternity Care Program is staffed with a social worker who is supervised by the Director of Community Ministries.

Eligibility Criteria: Client must be a Florida resident. Client must furnish proof of pregnancy from a licensed physician or clinic.

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: July 14, 2000

Person to Contact:
Jeremy L. Vogelpohl 31-03888
Customer Service Representative

Florida Baptist Children's Home, Inc.
P.O. Box 8190
Lakeland, FL 33802-8190

Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500

Fax Number:
513-263-3756

Federal Identification Number:
59-0657326

Required to File Form 990
No

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in July 1958 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(3).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Attachment # 5
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Florida Baptist Children's Home, Inc.
59-0657326

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

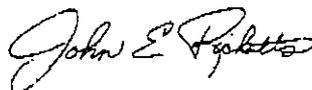
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services