

PART II CHOOSE LIFE LICENSE PLATE GRANT APPLICATION

FORM ONE; ORGANIZATION INFORMATION

AGENCY'S LEGAL NAME A Women's Pregnancy Center

STREET ADDRESS 919 W. Pensacola Street

MAILING ADDRESS 919 W. Pensacola Street

CITY Tallahassee STATE FL ZIP 32304
PHONE NUMBER (850) 297-1174 FAX NUMBER (850) 297-1126

AGENCY CONTACT: Barb Shackelford

TITLE: Executive Director 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
- 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., initial
- Your organization must be registered as a non-profit corporation with the Florida Department of State pursuant to Chapter 617. F.S. Registration #No6836
- 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

John Rudolph
CHIEF VOLUNTEER OFFICER
(Board President or Chair Signature Required)

05-28-2010
DATE

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

05-28-2010
DATE

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	292	9	5	3	309
African American	887	1	0	0	888
American Indian	2	0	0	0	2
Hispanic	44	0	0	0	44
Asian	18	0	0	0	18
Other	32	0	0	0	32
TOTAL	1275	10	5	3	1293
GENDER					
Male	21	8	0	0	39
Female	1293	2	6	3	1594
AGE					
Birth-18	360	0	0	0	360
19-35	862	0	0	3	865
36-55	55	6	4	0	65
Over 55	0	4	2	0	6
TOTAL	1277	10	6	3	1296
Persons with Disabilities	0	0	0	0	0

Discrepancies in totals are a results of clients who did not provide us with the requested information.

Attachment # 8
Page 3 of 5**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.

To equip women and men with information and resources to make informed and confident decisions regarding their unplanned pregnancies.

2. Please identify goals and objectives planned for your 2010/11 fiscal year. If not yet established, provide for current fiscal year.

To increase awareness of adoption as a valid choice for an unplanned pregnancy.

To increase awareness of our agency and services to the college campuses in Tallahassee.

To increase the number of volunteers to from 64 to 100.

To install a billboard promoting adoption in the Tallahassee area.

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.

We have partnered with Christian Family Services and Florida Baptist Children's Home to educate our volunteers on the best ways to present adoption as a valid choice for handling an unplanned pregnancy.

We are partnered with many churches to provide volunteer services to our clients. They also have generic baby showers so we may provide new baby items in a layette we give the babies when born. In addition, many of their congregants provide gently used baby clothes and equipment that we give our clients through the Moms and Babies room.

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

We have two annual events: a Walk for Life and a Banquet. We have had the Banquet at all three of our locations and a Walk at two of our locations in the past. This year we are adding a Walk to our newest location. We deliver a monthly newsletter to over 4000 homes telling of our services and client stories. This newsletter generates a steady flow of income from individuals.

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

No grants, and we don't track in-kind donations. Our budget is funded entirely by individuals, churches and businesses.

Individuals and Businesses	\$186,770
Churches	\$ 72,612
Walk for Life	\$ 73,064
Banquet	\$182,632

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: PEER COUNSELING

PROGRAM SERVICE: PEER COUNSELING

A. PROGRAM RESOURCES

PROGRAM RESOURCE INPUT	2009/10 Actual	2010/11 Projected
Total Program Budget	\$529,512	\$556,400
Program Staff (FTE)	7	7
Program Volunteers (Value)	\$40,065	\$44,071
Program In-Kind Donations	We don't track this.	
<i>Community Human Services Partnership (CHSP)</i>	\$ 0	\$ 0

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.

- **Individual services provided include pregnancy testing, one non-medical ultrasound for the purpose of seeing a baby's heartbeat, peer counseling on the choices and resources available to a woman experiencing a pregnancy, peer counseling on relationships, access to our Moms and Babies Room once a month for maternity clothes, baby clothes and diapers up through six months after the babies' birth. We also give them any baby furniture donated to us. Group services are provided for women who have experienced an abortion in the form of a 12 week small group.**
- **All our services are free.**
- **All of our services are provided by volunteers.**
- **In order to receive our full range of services clients must not be beyond their 14th week. If someone comes to us beyond their 14th week we will see them one time in order to provide them with a list of referrals and one visit to our Moms and Babies Room. Other than that there are no eligibility requirements.**