



**council for life**

## 2010 Beneficiary Application Form

**“The Council for Life exists to empower women, men and youth to make life-affirming choices. The Council is motivated by Christ-like love and responsive compassion.**

**The Council is committed to raising public awareness of the complex issues that surround unplanned pregnancies and to providing financial support to agencies that share our mission.”**

Please complete this form with typed responses and follow all instructions carefully. All information must be accurate. Incomplete requests will not be considered. Should additional space be needed to provide complete answers, please use the same lettering and numbering format as our form. Mail the executed **original** along with **one** additional copy (**two total**, including attachments) of the application to:

Mimi Gilliland  
2010 Beneficiary Chair  
Council for Life  
5853 Dexter Drive  
Dallas, Texas 75230

All applications must be postmarked by **Monday, December 1, 2009**. Please send inquiries to [mimigilliland@yahoo.com](mailto:mimigilliland@yahoo.com)

### A. GENERAL INFORMATION

DATE: \_\_\_\_\_

FULL LEGAL NAME OF ORGANIZATION REQUESTING FUNDS:

\_\_\_\_\_

TAX IDENTIFICATION NUMBER OR EIN NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

MAILING ADDRESS (*if other than above*): \_\_\_\_\_

NAME OF EXECUTIVE DIRECTOR:     \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr.

\_\_\_\_\_

NAME AND TITLE OF CHIEF EXECUTIVE OFFICER, IF APPLICABLE:

\_\_\_\_\_

NAME AND TITLE OF CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

AMOUNT OF FUNDING REQUEST: \_\_\_\_\_ TOTAL PROJECT COST: \_\_\_\_\_

## **B. SUMMARY INFORMATION**

1. Provide an overall description of your agency and its mission.
2. Provide a brief description of your request for funds and how it furthers the mission of the Council for Life.
3. Describe the need that this request addresses.
4. Provide a detailed description of the project and activities for which funds are requested. (Please include a list prioritizing the parts of the project in the order your agency would want them funded in the event the Council determined to partially fund your request.)
5. Describe the goals of this project.
6. Provide the anticipated number and a description of the persons who will be served through this project.
7. Is this project the extension of an existing service, or is it an entirely new project? Please explain.
8. Provide a timeline for implementing this project, including start-up and completion. (Note: Funds will not be distributed until December 2010.)

## **C. FUNDING**

1. Are you presently receiving any funding for this project? If so, from whom?
2. Have you received any funding for this project in the past? If so, from whom?



**council for life**

## **2010 Beneficiary Application Form**

3. Have you requested funding for this project from any other sources? If so, from whom?
  
4. Attach a budget for this request detailing how the funds would be disbursed (See E, Attachment 6).
  
5. Describe any future plans for continuing this project beyond this potential grant and/or funding from other sources.
  
6. Have you previously requested funds from the Council for Life? If so, please list the related project name, amount and year of each such request.
  
7. Have you previously received funds from the Council for Life? If so, please list the related project name and the amount and year received for each such grant.

### **D. EVALUATION/MEASURABLE RESULTS/CONTROLS**

1. Describe the criteria you have defined to evaluate/measure the success of this project at the end of the first year and later years, if applicable.
  
2. Who will be responsible for determining whether these defined criteria have been achieved?
  
3. Who will be responsible for preparing the reports on the execution and success of this grant project as set forth in Paragraph 6 of the Beneficiary Agreement?

**E. REQUIRED ATTACHMENTS (ORIGINAL and ONE copy):**

1. Executed Beneficiary Agreement (signed and dated by Executive Director and President or Chairman of the Board).
2. Financial statements from the most recent tax year. (e.g., If your agency's fiscal year end is June 30th, provide a complete set of financials for the tax year ending June 30, 2008.)
3. 2008 Form 990, YTD income statement through September 30, 2009, a balance sheet dated as of September 30, 2009, the most recent complete auditor's report, if available, and a current annual operational budget.
4. IRS Determination Letter showing your organization's 501(c)(3) status.
5. A list of your organization's Board of Directors, Trustees and principal staff, including addresses and telephone numbers.
6. A detailed line item budget of the project that breaks down item by item exactly how the requested funds will be used.
7. A list of any recent grants received by your organization.
8. A copy of the minutes or the agendas from your organization's two most recent Board meetings.
9. Informative brochures on your agency and an annual report, if available.

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of President or Chairman of the Board

\_\_\_\_\_  
Date