High Abortion Community Assessment Tool

This assessment tool will help you to identify if your organization is in a high abortion community. Please complete this form on your computer, save it, and ***email to*** **OptionUltrasound@fotf.org**. Thank you!

Organization Name:	
Address - City, State, Zip:	
Telephone:	
Website:	
Your name and position:	
Email:	

Do you currently receive booklets from Focus on the Family's Benevolent Resource Program: ☐ Yes ☐ No

Have you previously applied for a grant from Focus on the Family: ☐ Yes ☐ No

If yes, which grant, when and what was the result: _____

Please indicate the grant for which you are applying: ☐ Ultrasound Machine ☐ Sonography Training ☐ Abortion Pill Reversal (APR) ☐ Medical Conversion

Please check yes or no on the following questions:

YES	NO	**External Circumstances:** Please check Yes or No
		1. Does your organization directly serve a population of 300,000 or more?
		2. Is public funding for abortion available in your state beyond funding for rape, incest, or "life of the mother"? Click here to check the funding in your state.
		3. Does your service area have four or more public abortion providers?
		4. Does your service area have a four-year university with a student body of 15,000 or more (age 18- 26, excluding online students)?
		5. Does your clinic have a paid nurse manager with a minimum of 20 hours per week?
		6. Does your clinic have a minimum of a $150,000 operating budget?
		7. Is your clinic affiliated with any of the following: CareNet, Heartbeat International, or NIFLA?
YES	**NO**	**Subjective Criteria - Special circumstances**
		Has your service area been targeted by a large abortion provider or Planned Parenthood for high-volume abortions? (*Please include more information in your email.)*
YES	**NO**	**Internal Requirements for your organization to consider:** Please check Yes or No
		1. Is your leadership (staff and board) committed to reaching and serving abortion-risk women as your primary mission and is this reflected in the mission statement, programs, and client marketing initiatives? *
		**If not, does your organization desire to make this shift?*
		2. Does your leadership (staff and board) demonstrate a teachable spirit and desire to grow/strengthen your organization by employing standards of excellence in all areas?
		3. Does your organization show evidence of financial stability (i.e. organization has correctly budgeted and raised needed funds for the last two years)? In addition, is your leadership willing to build out a proactive development plan to raise the funds needed to sustain a medical clinic?

Please Note: The final determination as to whether or not an organization meets the High Abortion Community Criteria will made by the Option Ultrasound Program team at Focus on the Family.

FOCUS ON THE FAMILY®