

Assessment Tool

This assessment tool will help to identify what resources may be available to you. Please complete this form on your computer, save it, and upload to link https://fotf.app.box.com/f/d17d2aec813a4dc0b3f2e97f597a5a45 or email to OptionUltrasound@fotf.org. Thank you!

Organization Name: Address - City, State, Zip: Telephone: Website: Your name and position: Email:			
Have yo	Would y ou previ	you be interested in the ously applied for a grawhich grant, when and the grant for which you	cy Help Videos: Yes No e FREE video pocket handouts (3): Yes No nt from Focus on the Family: Yes No what was the result: Sonography Training Abortion Pill Rescue (APR) Medical Conversion Other
YES	NO	External Circumsta	inces: Please check Yes or No
		1. Does your organ	ization directly serve a population of 300,000 or more?
			for abortion available in your state beyond funding for rape, incest, or "life of the nere to check the funding in your state.
		3. Does your service	e area have four or more public abortion providers?
		4. Does your service 26, excluding on	e area have a four-year university with a student body of 15,000 or more (age 18-line students)?
		5. Does your cente	r have a paid nurse manager with a minimum of 20 hours per week?
		6. Does your cente	r offer ultrasound services a minimum of 20 hours per week?
		7. Does your cente	r have a minimum of a \$200,000 operating budget?
		8. Is your center af	filiated with any of the following: CareNet, Heartbeat International, or NIFLA?
YES	NO	Subjective Criteria	- Special circumstances
			a been targeted by a large abortion provider or Planned Parenthood for high- Please include more information in your email.)
YES	NO	Internal Requirem	ents for your organization to consider: Please check Yes or No
		primary mission initiatives? *	p (staff and board) committed to reaching and serving abortion-risk women as your and is this reflected in the mission statement, programs, and client marketing
		*If not, does you	r organization desire to make this shift?
			rship (staff and board) demonstrate a teachable spirit and desire to a your organization by employing standards of excellence in all areas?
		and raised need	ization show evidence of financial stability (i.e. organization has correctly budgeted ed funds for the last two years)? In addition, is your leadership willing to build out a pment plan to raise the funds needed to sustain a medical center?

Please Note: The final determination as to what opportunities a PRC/PMC qualify for will made by the Option Ultrasound Program team at Focus on the Family.

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