

Mini-Makeover Application

Please answer all questions and email your responses to
joseph.schmidt@savethestorks.com

Name:

Title:

Phone Number:

Email:

Address:

Street Address:

City:

State/ Province/ Region:

Zip/ Postal Code:

Name Of Pregnancy Center:

Center Website:

Name of Executive Director:

How many years has your organization been in operation?

How many paid staff are a part of your organization?

What is your organization's annual budget?

Please list contact information of three churches or ministries that have experience working with your organization that could serve as a reference:

What services does your center currently provide? (ultrasound, pregnancy test, baby clothes, etc)

What is your 3-5 year plan for your organization?

What is your leadership philosophy?

Community Questions

What is the population size of the community you serve?

How many abortion-vulnerable clients do you see monthly?

How many abortion clinics are in your city?

How close in proximity are the abortion clinics to your location?

How many abortions take place in your community every year?

Mini-Makeover Questions

What would you use a mini-makeover grant to accomplish? Please attach any photos that may be relevant.

How will this mini-makeover grant help your center achieve its vision and goals?

How will this mini-makeover help you to reach more abortion-vulnerable women?