



Application

(To be completed by **CEO, Executive Director or Board Chair**)

About You (Who is filling out this application)	
Name	Title
Email	Cell



Application Form

We encourage you to share any relevant information that would help The Obria Group get to know your center.

About Your Organization		
Legal Name	DBA Name	
Administrative Street Address		
City	State	Zip
Administrative Phone	Client Website	
CEO/Exec Director Name	Cell Number	
CEO Email	Best time to call?	
Operations / Medical Services		
How many medical sites does your organization have?		
What medical services does your organization provide?		
Please indicate how many hours/week each site provides ultrasound services:		
How often are your ultrasound scans read?	How often do your policies state they are to be read?	How often do you meet with your medical director?
Describe the current positions you currently have filled in your clinic (e.g., Clinic Mgr, Nurse Mgr.):		
Does your organization have a mobile unit?		

YTD Numbers/Reporting (Per year)

# of Babies Saved	Please describe method for determining saves	
# of Pregnancy Tests	# of Ultrasounds (total performed)	# of STD Tests
# of Patients Seen (individual patients)	# of Patient Interactions	
# of Website Visits	# of Donors	

Financials (All information provided is strictly confidential and will be treated as such)

Please attach the following financial documents when submitting your application:

1. Current **Annual Budget**
 - a. Current Balance Sheet showing assets and liabilities
 - b. Current fiscal year Profit & Loss Statement showing income and expenditures
2. Most recent **990**
3. **Income breakdown** – Funds raised from fundraising broken out by category (eBlasts, appeal letters, banquet/gala, grants, other)

Does the organization receive state or federal grants or contracts?

If yes, please describe:

Is the organization registered with your state's charitable solicitation act?

Board, Governance, Licensure and Legal

Board Chair Name	Cell Number
Email	Best time to call?
Vice Chair Name	Cell Number
Email	Best time to call?
Secretary Name	Cell Number
Email	Best time to call?
Treasurer Name	Cell Number
Email	Best time to call?

When was the last time your organization's operational bylaws were updated?		Is your organization registered with the IRS as a "religious" organization?
Does your organization file an annual 990?	When was your initial license earned?	When does it expire?
Is every site licensed independently?	If no, how many sites operate under the organization's umbrella license?	
Has the organization ever had any legal action made against it?		
If so, please tell us about it:		
Public Relations		
Has the organization experienced client complaints?		
If so, please describe:		
Has the organization had allegations made against it related to false advertising?		
If so, please describe:		
What are the relationships like between your organization and surrounding pregnancy clinics?		

Other Information

Is there anything you would like for us to know about your organization?

Are you involved, or have you been involved in business activities that may restrict you from affiliating with Obria? ____
Yes ____ No ____ If Yes, please explain.

Why do you think an Obria Medical Clinic affiliation will enable you to reach your organization's goals?

What questions do you have about this opportunity?



I represent and warrant that all of the statements made by me in the above application are true and correct. I understand that if I make a false statement, such action will terminate my application for consideration. I agree that this application shall be and remain the property of the Obria Foundation whether or not this application is approved. I also agree to provide a background check or allow Obria to conduct a background check of the CEO and/or any other key staff.

I understand that this application does not obligate either party to engage in a business transaction in any manner.

CEO/Executive Director Signature

CEO/Executive Director Name

Date

Board Chair Signature

Board Chair Name

Date

The information you provide will be held in the strictest confidence and completion of this form in no way constitutes a commitment to The Obria Group Inc.