



## E2 Grant Application Form Worksheet

This complimentary worksheet is for the express purpose of gathering information that will be needed to complete the online E2 Grant Application. This worksheet will NOT be accepted as application for the E2 Grant.

### General Information:

- Know your Heartbeat International username and password. Contact [username@HeartbeatInternational.org](mailto:username@HeartbeatInternational.org) if you need assistance.
- Make sure your Heartbeat International affiliation status is current by checking your renewal date on your dashboard located at [www.HeartbeatServices.org](http://www.HeartbeatServices.org) (you will need to log into the site with your username and password to gain access to your dashboard.) Update contact information if necessary.
- Confirm that you are listed on Option Line – go to [www.optionline.org](http://www.optionline.org) enter your zip code and then search.
- Log into [www.HeartbeatServices.org](http://www.HeartbeatServices.org) *prior* to filling in the online E2 Grant Application.
- Your organizational information will auto-populate to the online form from your current contact information as listed on your dashboard.
- Have information available (location, hours of operation) for all satellite/branch locations and mobile units (if applicable).
- You will be asked to list up to three key staff members (paid or volunteer). Be prepared to supply: title, tenure in current position, tenure with the organization.
- Make sure you have an electronic version of your most recent IRS 990. Provide explanation if your most recent 990 available is not for the immediate past calendar (2019) or fiscal year (2018/2019). If your organization is not required to file an IRS 990, please upload an explanation letter in place of the IRS 990. Contact Heartbeat International if you need help uploading your IRS 990 form.
- It is important to have each of the requested information entered into all required fields. Your online E2 Grant Application cannot be submitted without doing so.
- Review the Commitment of Care and Competence (CCC). You will be asked to affirm your compliance with CCC and affirm that you agree with the statement on birth control including any hormonal contraception such as the pill, found within the CCC.
- Have a copy of your organization's Statement of Faith available.

**Financial Metrics: estimated actuals/budgeted financials for current fiscal year:**

- **Total Revenue:** Includes all monies received by the organization (i.e. Donations, grants, income-generating activities such as a thrift store, etc.)
- **Total Expenses:** all expenditures made by the organization (i.e. rent/mortgage, utilities, salaries, supplies, etc.)
- **Total Liabilities:** combined debt the organization owes (i.e. mortgage, loans for equipment or mobile unit, etc.)
- **Expenses for Programs:** total expenses spent to provide direct client services (i.e. EWYL costs, medical supplies, salaries of staff providing direct client care, etc.)

<b>Total Revenue:</b>
<b>Total Expenses:</b>
<b>Total Liabilities:</b>
<b>Expenses for Programs:</b>
<b>Comment on net gain/loss of revenue v. expenses. Comment on increase in liabilities (especially debt) in current and previous three year period (per IRS 990)</b>

<b>Date of Next Heartbeat Affiliation Renewal:</b>
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<b>Gospel Orientation:</b> <i>“Along with life-saving efforts affirming the Gift of Life, the Gospel of Christ – specifically sharing the redemptive power of Christ with clients – is an explicit part of our PHC mission and actively presented to clients when there is an opportunity.”</i> Review the above statement and indicate whether you feel this statement is true. Provide an explanation:

**Client Impact Metrics:** Use [LAPCO's Abortion Risk Framework](#)

\*\*All client impact metrics numbers are to reflect the totals for the entire organization (main location + all satellite/branch + mobile - if your organization has multiple locations.)

	2019	2018	2017
# of Pregnancy Test Clients (PT)			
# of Abortion Minded Clients (AM)			
# of Abortion Vulnerable Clients (AV)			
<b>Total At-Risk Clients (AM + AV)</b>			

**Comments on Client Intervention Trends:**

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Based on your **Total At-Risk clients** from the previous chart – please provide the following breakdown of decisions:

	2019	2018	2017
# Life Decisions			
# Abortion Decisions			
# Unknown Decisions			
# Other Decisions			

*Note: For each year, the # Life Decisions + # Abortion Decisions + # Unknown Decisions + # Other Decisions = Total At-Risk Clients (AM+AV).*

**Comments :**

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