

When a state council/local council campaign raises one-half of the cost of purchasing an ultrasound machine for a pro-life pregnancy care center, the Supreme Council will match the other half of the machine's cost.

Since this is a joint state and local council initiative, the state deputy must be informed at the beginning of the process of local and state council efforts. Throughout the campaign the state deputy should be kept informed of local and state council progress.

To qualify for matching funds, a Knights of Columbus state or local council must take the following steps:

1. Locate a pro-life pregnancy care center that is prepared to receive and use an ultrasound machine.
2. Submit the Diocesan Evaluation (Form #9884) to the diocesan pro-life director to determine if the pregnancy care center meets the practical, moral and religious criteria for inclusion in the Ultrasound Initiative.
3. Determine that this pregnancy care center will be able to staff and operate this machine. This will include:
  - a. assuring the center is properly licensed under state and local laws and regulations to operate an ultrasound machine
  - b. assuring that the center is affiliated with a physician who will serve as medical director to oversee the ultrasound machine operations
  - c. assuring that the machine will be staffed with licensed and experienced medical personnel
  - d. assuring the center has adequate insurance for operation of the machine
4. Once each of these criteria have been met, work with the pregnancy care center to choose an ultrasound machine that will fit the center's needs. Contact ultrasound machine manufacturers and get quotes for the purchase price of the machines (not including sales tax, freight, maintenance agreements or other add-on costs). The prices of ultrasound machines to date have reflected discounts negotiated with the vendor. In some cases, the discount has been 55% of the list price.
5. Begin fundraising. While the pregnancy care center may certainly assist in fund raising, if the pregnancy care center raises the funds predominately on its own, without on-going and significant involvement of the local council and the state council, the pregnancy care center will not be eligible for matching funds from the Supreme Council Office. The Knights of Columbus council must be actively involved in raising the funds for half of the purchase price of the ultrasound machine. The state council or the local council leading the drive should designate, or open, a council bank account to receive the funds. Donated checks should be made out to "Knights of Columbus," not to the pregnancy care center, to assure all donations are counted towards the council's share of the funds to be raised and matched.
6. Once the funds for not less than half of the purchase price are raised, submit the Ultrasound Initiative application (#4886), along with the invoice or sales order for the selected ultrasound machine to the state deputy for approval and forwarding to the Supreme Council Office, which will match the other half of the purchase price of the machine.
7. According to the same terms as described above, funds may be raised and matched in order to replace a pregnancy care center's machine that has become less effective because of excessive use or outdated technology.
8. Plan a check presentation or ribbon cutting ceremony to be held when the actual machine arrives or is ready for operation. Be sure to invite the state deputy and determine with the pregnancy center which media to invite.



# ULTRASOUND INITIATIVE

## APPLICATION - FOR STATE COUNCIL AND/OR LOCAL COUNCIL USE

Sponsoring state or local council: \_\_\_\_\_ # \_\_\_\_\_

Council location: \_\_\_\_\_ State/Province \_\_\_\_\_

The council voted to approve proceeding with this fund raising program on (date): \_\_\_\_\_

K of C contact person: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Address: \_\_\_\_\_

Pregnancy Care Center: \_\_\_\_\_ Telephone \_\_\_\_\_

Contact person: \_\_\_\_\_ Title \_\_\_\_\_ Email address: \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Federal Tax Status (check one):  501(c)3  other Center's Federal Tax ID/Regis. Charitable Donation # \_\_\_\_\_

National affiliations: \_\_\_\_\_

Check here (  ) if this pregnancy care center has no policies that are anti-Catholic in any way and does not engage in practices that would tend to lead Catholic women away from their faith.

Check here (  ) if this pregnancy care center does not advocate or refer for birth control.

Does the center require employees, volunteers or patient/clients to sign a Statement of Faith?

Yes  (If yes, please enclose a copy.) No

Please verify each of the following statements and indicate with a checkmark:

The center complies with all state/provincial/local laws/regulations to operate an ultrasound machine.

The center has a medical doctor who will oversee the ultrasound machine operations.

The medical director is: Dr. \_\_\_\_\_

Address: \_\_\_\_\_

The machine will be staffed with trained, licensed, experienced medical personnel.

The center has adequate insurance for operation of the ultrasound machine.

Please list the council number of any other councils which assisted in or contributed to the state council's/ council's fund raising efforts. # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

Please briefly describe anything particularly noteworthy about the pregnancy center (location, services, etc.) and major fundraising programs used by your council to raise the required funds (use additional paper if needed):

Type of ultrasound machine to be purchased:  2-D  3-D  4-D  other \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

List price: \$ \_\_\_\_\_ (check one)  new  refurbished

Actual cost: \$ \_\_\_\_\_ (50% to be paid by the Supreme Council) (attach sales order)

Total amount raised to date by the council (must be at least 50% of the machine's cost): \$ \_\_\_\_\_

Please make check payable, in the amount of \$ \_\_\_\_\_, to (circle one):

State Council  Council # \_\_\_\_\_  Pregnancy care center listed above

Signed: State Pro-life Director or Grand Knight: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Signed: State Deputy: \_\_\_\_\_ Date: \_\_\_\_\_

Mail check to: \_\_\_\_\_

- Enclosures:  Statement of Faith (if one is used by center)  
 Copy of Ultrasound Machine Sales Order  
 Center's Mission Statement  
 Other supporting documents

Submit to: Office of Pro-life, Marriage and Family Values  
Knights of Columbus  
One Columbus Plaza  
New Haven, CT 06510-3326