

VEHICLE FUNDING FOR MOBILE UNIT (if not applicable, skip to next section)

Vehicle type: (circle one) Bus RV Truck Van other: _____

Vehicle Manufacturer: _____ Model/Year: _____

Circle one: Purchased: New Used Leased Donated other: _____

Obtained from: (circle one) Manufacturer/Dealership ICU Mobile Save the Storks
Private seller other: _____

Original list price of vehicle/mobile unit: \$ _____

Actual purchase price (after discount, if any) of vehicle (not including registration, fees, taxes, driver costs, maintenance, fuel, etc.): \$ _____

Does vehicle come fully equipped to offer ultrasound services? (Circle) Yes No
If no, describe conversion work done/to be done: _____

Total estimated/actual costs to convert vehicle to mobile medical unit: \$ _____

Total mobile unit costs (vehicle + conversion expenses, if any): \$ _____

Has the council completed fund raising to cover the full cost of purchase/purchase and conversion of the vehicle/mobile unit? (Circle) Yes No

If yes, what is the total amount of funds raised by the council? (Council funds raised + expected Supreme Council grant, must equal or exceed the total cost of purchase/purchase and conversion expenses for the mobile unit, including the cost of the ultrasound machine) \$ _____

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

- _____ The mobile unit complies with all state/provincial/local laws/regulations regarding registration/operation of a mobile medical unit. The vehicle will park on private property and/or fit in intended public parking spaces in compliance with local zoning and parking laws and permitting processes.
- _____ If required, the PCC will seek certification of the mobile unit by health/housing authority inspection
- _____ The mobile unit will be driven by licensed, experienced, insured drivers.
- _____ The mobile unit has adequate motor vehicle insurance.

Briefly describe anything particularly noteworthy about the mobile unit, including how/where it will be used (use additional paper if needed): _____

GRANT AMOUNTS

A. Ultrasound Machine (50% of the actual cost of the machine): \$ _____

B. Mobile unit (if applicable):
(The lesser of: the purchase price of the vehicle, plus conversion expenses (if any), or, 50% of the actual cost of the machine): \$ _____

Total grant amount (Lines A + B) requested from Supreme Council Office: \$ _____

Please make the Supreme Council's check for matching funds payable to: _____ the PCC listed above; or, _____ (State Council Charity) _____ EIN/Charity # _____

Please mail check to (name/address): _____

State Deputy's signature: _____ Date: _____

Submit to: **Culture of Life Activities, Fraternal Mission, Knights of Columbus, 1 Columbus Plaza, New Haven, CT 06510-3326**

- Enclosures: - Ultrasound Machine Price Quote
- Vehicle Price Quote (if applicable)
- Documentation for estimated/actual costs of conversion expenses (if any)