



In His Image Ultrasound

Grant Application and Budget Form

Form 40-DL

For Office Use Only

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1. Contact Information.

Application Date	Type of Grant (select one) <input type="checkbox"/> Medical Start-up <input type="checkbox"/> Replacement _____ age of current machine	Date PRC Opened (month, year)	
Organization Name		Executive Director / CEO Name	
Address 1		Executive Director / CEO Email	
Address 2		Phone Number	Mobile Number
City	State	Zip Code	Federal Tax ID #
			State Tax ID #

2. Personnel and Board Members. (use additional sheet if necessary)

Name	Position	Length of Service	Church Membership
<input type="checkbox"/> Personnel <input type="checkbox"/> Board Member			
<input type="checkbox"/> Personnel <input type="checkbox"/> Board Member			
<input type="checkbox"/> Personnel <input type="checkbox"/> Board Member			
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<input type="checkbox"/> Personnel <input type="checkbox"/> Board Member			
<input type="checkbox"/> Personnel <input type="checkbox"/> Board Member			
<input type="checkbox"/> Personnel <input type="checkbox"/> Board Member			

3. PRC Statistics.

Number of Employees		Number of Board Members		Number of Clients Served Last Year	
Number of Volunteers		Number of Clients Served This Year			

4. Budget and Financial Data,			
Previous Year		Current Year	
Annual Budget	\$	Annual Budget	\$
Annual Operating Expenses	\$	Annual Operating Expenses	\$
Annual Donations	\$	Annual Donations	\$
Annual Grants	\$	Annual Grants	\$
Annual Salary Expenses	\$	Annual Salary Expenses	\$
5. Hours of Operation,		6. Services Offered,	
<p>Total hours of operation per week _____</p> <p>Weekly Schedule:</p> <p>Monday _____</p> <p>Tuesday _____</p> <p>Wednesday _____</p> <p>Thursday _____</p> <p>Friday _____</p> <p>Saturday _____</p>		<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Pregnancy Testing</div> <div><input type="checkbox"/> Pregnancy Counseling</div> <div><input type="checkbox"/> Material Needs</div> <div><input type="checkbox"/> Parenting Classes</div> <div><input type="checkbox"/> Maternity Home Referral</div> <div><input type="checkbox"/> Post-Abortive Counseling</div> <div><input type="checkbox"/> Adoption Referral</div> <div><input type="checkbox"/> STD Testing</div> <div><input type="checkbox"/> Ultrasound/Sonography</div> <div><input type="checkbox"/> Men Mentoring</div> <div><input type="checkbox"/> Abstinence Education</div> <div><input type="checkbox"/> Other: _____</div> </div>	
7. General questions.			
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Does one church or person have the authority to appoint board members?</div> </div> <div style="margin-top: 5px;">If yes, name and contact information: _____</div>			
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Does PRC currently or has PRC ever given referrals for abortion, abortifacients, birth control or sterilization?</div> </div>			
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Does PRC currently have or will PRC obtain Sonogram Diagnostic Insurance coverage?</div> </div> <div style="margin-top: 5px;">Company: _____ Policy Number: _____</div>			
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Does PRC currently have or is PRC currently seeking a Medical Director?</div> </div> <div style="margin-top: 5px;">Name: _____ Address: _____</div> <div style="margin-top: 5px;">_____</div>			
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Does PRC currently have funds that are designated for, or can be designated to, the purchase of ultrasound equipment and /or professional sonogram training?</div> </div> <div style="margin-top: 5px;">If yes, current balance \$ _____</div>			
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>If this is a replacement grant, is PRC willing to donate current ultrasound equipment for use by an international PRC?</div> </div>			
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Does PRC currently, or is PRC willing to operate in compliance with all state and local laws and regulations regarding the operation of ultrasound equipment?</div> </div>			

7. General questions cont.

☐ Yes ☐ No PRC currently receives financial support from Knights of Columbus council(s)?

Council Name(s) and Number(s). *Please include Knights of Columbus member's name and contact information.*

8. List all major fundraising events/efforts.

- ☐ Banquet
- ☐ Walk
- ☐ Golf Tournament
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

9. List of Certifications and Affiliations

- ☐ CLIA Certification
- ☐ Heartbeat International Affiliate
- ☐ Care Net Affiliate
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

10. Additional submission instructions required for grant consideration.

Mail grant application and the following documentation to:

*For assistance, please contact Jane Dalton @ (573) 341-5263
jane.dalton@ihiu.org*

**In HIS Image Ultrasound
P O Box 12
Rolla, MO 65402
(573) 368-5438 fax
www.ihiu.org**

- ☐ A copy of Statement of Faith.
- ☐ A copy of Mission Statement.
- ☐ A complete copy of most recently filed 990.
- ☐ A current year to date Profit and Loss Statement.
- ☐ A current year to date Balance Sheet.
- ☐ A copy of State and Federal Tax Exempt letters.
- ☐ A copy of Notice of Privacy Practices.
- ☐ A copy of Medical Director's license.
- ☐ Job descriptions of all personnel including Executive Director/CEO, Client Services Director, etc.
- ☐ A detailed description of facilities. Please include square footage, total number of rooms, number of bathrooms, offices, counseling rooms, entryways and parking. Pictures are helpful, if available.
- ☐ A letter of recommendation from a Knights of Columbus member which should include personal contact information and Council name and number.
- ☐ A short summary about organization. It should be suitable for release to the general public upon grant approval.



11. Statement of Christian Unity.

☐ Yes ☐ No PRC is welcoming of all Christians, which includes Catholics as employees, board members, volunteers and clients and is respectful of the beliefs and faith practices of those Christian individuals. Additionally; PRC has no official policies or office climate that discriminates against Catholics or that would encourage Catholic employees, board members, volunteers or clients to leave their Catholic faith.

<p>12. Additional information for consideration.</p>

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature and Legal Disclaimer

I understand that completion and submission of this grant application does not imply or guarantee final grant approval. I certify to the best of my knowledge that all information provided, expressed, or implied is accurate. I acknowledge that this form and the contents thereof will be held in the strictest of confidence by all parties including, but not limited to, the grantor and applicant. Any violation of the above statements may disqualify the grant application from the approval process.

Executive Director/CEO

Date