

Ultrasound Initiative

Diocesan Evaluation

Section to be completed by the Knights of Columbus sponsoring unit

Name of sponsoring Knights of Columbus Unit (Council, Assembly, Chapter, etc.): _____

Unit number: _____ Contact name: _____

Email: _____ Phone number: _____

Section to be completed by the pregnancy center and provided to the sponsoring unit

Pregnancy center name: _____

Address (physical location): _____ City: _____

State/province: _____ Zip/postal code: _____

Mailing Address (if different from physical address): _____

City: _____ State/province: _____ Zip/postal code: _____

Contact name: _____ Email: _____

Phone: _____ EIN number: _____

Type of Ultrasound Initiative (choose one):

Ultrasound Machine ☐ Ultrasound Machine and Vehicle (Mobile Unit) ☐

Pregnancy center hours of operation:

Monday _____

Friday _____

Tuesday _____

Saturday _____

Wednesday _____

Sunday _____

Thursday _____

Expected number of clients per week: _____

Name of medical doctor who will be overseeing ultrasound machine:

Dr. _____



The pregnancy center has the finances and other resources to justify and support the purchase and continued operation of an ultrasound machine/mobile unit. Yes ☐ No ☐

Date Last KofC-Funded Ultrasound Machine Purchased (if applicable) _____

Please attach a completed and signed [W9 form](#).

Please provide the Knights of Columbus with your center's policies and statement of faith (if applicable) to assist in the evaluation process, especially with regard to questions 1 and 2 on page 2 of this document. The Knights of Columbus should provide these documents and page 1 of this form to the arch/diocese.

Section to be completed by the Respect Life Director (or equivalent representative) of the arch/diocese and returned to the Knights of Columbus sponsoring unit

To assist the Knights of Columbus in qualifying the pregnancy center for participation in the Ultrasound Initiative, please respond to each statement below based on your evaluation, knowledge, and experience with this pregnancy center.

1. The pregnancy center does not promote, refer for, or provide abortions, abortifacients, contraception, IVF, or other practices inconsistent with Catholic moral and ethical principles.

Yes ☐ No ☐

2. The pregnancy center is welcoming of Catholics and is respectful of the beliefs and faith practices of those Catholics.

Yes ☐ No ☐

I recommend this pregnancy center for participation in the Ultrasound Initiative.

Yes ☐ No ☐

Additional comments:

Print name: _____ Signature: _____ Title: _____

Date: _____ Name of arch/diocese: _____

Phone number: _____ Email address: _____

The Knights of Columbus sponsoring unit should email completed form and accompanying documents to fraternalmission@kofc.org