PROJECT LIFE4TN
MOBILE ULTRASOUND UNIT APPLICATION

PREGNANCY RESOURCE CENTER/ORGANIZATION

PRC:_____ Telephone _____
Contact person:_____Title_____Email address: _____
Address_____City/Town_____State/Province_____Zip Code _____
U.S. - Tax Status:___501(c)3___other:_____ PRC's U.S. Tax ID # (EIN): _____
National affiliations: (circle) NIFLA Care Net Heartbeat Int. ICU Mobile other _____

Check here (_____) to confirm that this PRC does not advocate or refer for abortions.

Please submit a copy of the PRCs bylaws, description of services provided by the PRC and any statements of faith required for employees, volunteers and/or clients.

LETTER OF RECOMMENDATION

Inquiring Pregnancy Resource Center (PRC) must present Letter of Recommendation from at least one church or reputable outreach ministry in area local to PRC.

Letter of Recommendation from:_____
Contact person:_____Title_____Date: _____
Telephone #:_____Address: _____

EVIDENCE OF NEED

Briefly describe the particular attributes of your center which support the need for mobile ministry (location, geography, population served, etc.)

BUSINESS PLAN FOR MOBILE MINISTRY

Provide a copy of your business and marketing plans for the first year of the mobile ministry, including critical success factors, services to be provided, market analysis, targeted volumes and locations and operating budget.

FINANCIAL PLAN

Provide information about the amount of funding raised for mobile ministry to date and the fund-raising plan for on-going support of mobile ministry.

Has the PRC already purchased ultrasound equipment for the mobile unit? If not, describe funding plans for ultrasound equipment.

Does the PRC currently have adequate funding to staff and operate the mobile unit for a minimum of three months?

Will the PRC have adequate funding to establish a $5000 deposit with Tennessee Action Council upon receipt of a mobile unit? (The deposit will be refundable upon termination of the lease, assuming the unit is returned in

the same condition as it was at the commencement of the lease, ordinary wear and tear accepted.)

MOBILE ULTRASOUND OPERATIONS

Please indicate those statements which accurately reflect the PRC with a checkmark:

_____ The PRC currently offers medical ultrasonography
_____ The PRC complies with all state/provincial/local laws/regulations to operate an ultrasound machine.

_____ The PRC's medical director is: Dr. _____
Address: _____
_____ The Mobile Ultrasound Unit will be staffed with trained, licensed, experienced medical personnel.
_____ The Mobile Ultrasound Unit will be staffed with a trained pregnancy counselor.
_____Staffing the mobile unit will not negatively impact staffing the PRC.
_____ The PRC will offer limited diagnostic medical services, not non-diagnostic/boutique services
_____ The PRC currently carries at least $1,000,000 coverage in general liability insurance, as well as malpractice insurance
_____The PRC has adequate funds to provide liability and collision coverage for vehicle insurance for the mobile unit.
_____ The PRC will affiliate with ICU Mobile, if practicable, or will develop an alternate plan for strategic development, staff training and implementation of mobile ministry and submit the plan to TAC for review and approval. The intent of training and implementation planning is to utilize experience from other pregnancy centers and/or industry leaders to operationalize mobile ministry in the most effective manner possible.
_____ The Mobile Ultrasound Unit 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 PRC will seek certification of the Mobile Ultrasound Unit by health/housing authority inspection
_____ The Mobile Ultrasound Unit will be driven by licensed, experienced, insured drivers.
_____ The PRC does not currently charge for services and does not plan to charge for medical ultrasounds.

Provide any additional information you believe will be helpful in describing both the need and your PRC's commitment to mobile ministry.

Submit to: **May Bennett, Secretary, Tennessee Action Council PO Box 4011 Brentwood, TN 37024**