

Aid and Support After Pregnancy (ASAP)

ASAP GRANT REQUEST APPLICATION 20____-20____

Money or items donated to each qualifying organization must be donated between July 1 and June 30 within the fraternal year applied for. Please submit this form within 1 month of your donation, or as soon as possible.

IMPORTANT: PLEASE COMPLETE THIS BOX

Council Assembly Council/Assembly No. _____ State/Province _____

FORM MUST BE COMPLETED TO BE ELIGIBLE FOR THE GRANT

PLEASE REVIEW THE GUIDELINES ON PAGE 2 OF THIS DOCUMENT
BEFORE COMPLETING THE APPLICATION.

GRANT INFORMATION:

Applications will not be accepted without supporting documentation. Provide either a copy of a canceled check drawn on the council/assembly account (front and back) or an ASAP Donation Receipt Letter. A W-9 (U.S.) from the pregnancy center or maternity home must also be provided as an attachment to this form.

List the total amount collected (\$500 minimum) by the council/assembly and donated to the pregnancy center or maternity home. If items were donated, list the estimated value of the items (\$500 minimum).

TYPE OF QUALIFYING ORGANIZATION:

Pregnancy Resource Center Maternity Home

Name of Organization _____

AFFILIATIONS:

Heartbeat International Catholic Charities/Diocese Past K of C Ultrasound Initiative Participant N/A

Mailing Address of Organization _____

Organization EIN # / CRN _____

DATE OF DONATION	AMOUNT OF FUNDS DONATED	VALUE OF ITEMS DONATED

Please attest to the following:

The organization qualifies for a grant in accordance with the guidelines on page 2 of this form.

I affirm the above to be accurate: _____ / _____ / _____
Grand Knight/Faithful Navigator Member Number Date

Email a copy of this document to: fraternalmission@kofc.org
(Councils should also retain a copy of this completed form for their files)

Checks from Supreme will be made payable to the pregnancy center or maternity home indicated above. They will be mailed to the council Financial Secretary or Faithful Comptroller for delivery to the pregnancy center or maternity home.



(See other side for instructions)

Aid and Support After Pregnancy (ASAP)

GRANT REQUEST INSTRUCTIONS

Please review these guidelines before completing the application.

For every \$500 a council or assembly donates to a qualifying non-profit pregnancy resource center or maternity home (up to \$2,000), Supreme will issue a \$100 grant to the same qualifying organization. The most a council or assembly can earn as an additional grant from Supreme for a pregnancy center or maternity home is \$400 per center or home supported, per year. There is no cap on the number of pregnancy centers or maternity homes a council or assembly can support. Qualified donations can be through a monetary donation (e.g. cash, check etc.) or by donating items such as maternity or baby supplies purchased by the council or donated through collection drives. Money or items donated to each qualifying organization must be donated between July 1 and June 30 within the fraternal year applied for, and must amount to at least \$500.

Guidelines for Qualifying Organizations

The following organizations qualify to receive a grant:

- Non-profit (U.S. 501c3 or Canadian Registered Charities) pregnancy resource centers offering a variety of services to pregnant women, new moms and babies, such as counseling about the alternatives to abortion; abstinence education; referrals for legal, medical, housing, and social services resources; prenatal and parenting education; maternity/baby clothes, diapers and other support.
- Non-profit (U.S. 501c3 or Canadian Registered Charities) maternity homes providing housing services or post-birth transitional housing to pregnant women, new mothers and their children aged infant up to toddler (<5 years old).

The following do not qualify to receive a grant:

- Organizations not mentioned in the categories of qualifying organizations listed above.
- For-profit organizations.
- Organizations outside of the United States or Canada.
- Individuals or families.
- Donations made for the purchase of ultrasound machines do not qualify for a grant through ASAP.
- Organizations that provide or refer for abortion, abortifacients, contraception or other associated practices inconsistent with Catholic moral and ethical principles.
- Organizations that have a mission statement which is inconsistent with the teachings of the Catholic Church, or are not welcoming of Catholics.

Please note: Pregnancy resource centers and maternity homes who are affiliated with Heartbeat International, Catholic Charities or dioceses, or are past participants of K of C Ultrasound Initiatives automatically meet the criteria for participation per the two bullet points above. Identify affiliates by searching the database available at heartbeatinternational.org or through the Ultrasound Initiative map available at kofc.org/asap. If a center or home is not an affiliate, a member of the council or assembly should contact the center or home's director to confirm it meets the requirements above. When in doubt, consult with your parish pastor or local diocesan Respect Life Office.

QUICK REMINDER CHECKLIST BEFORE SUBMITTED ASAP GRANT REQUESTS

Please assure all these items are completed before submitting applications.

- Fill out council information completely.
- Ensure all fields are completed.
- Obtain and attach all supporting documentation corresponding with each entry (i.e. copy of canceled check or Donation Receipt Letter, and W-9 (U.S. only).
- Obtain signature of Grand Knight or Faithful Navigator. If submitting a Donation Receipt Letter, you must also obtain the signature of the qualifying organization that received the donation.

Donation Receipt Letter

_____ acknowledges receipt of the below donation(s) from
(Name of Organization)

Knights of Columbus Council _____ on _____
Council Name or Number (Date)

Value of Items Donated _____

or

Funds Donated _____

Organization Name: _____ Organization EIN # / CRN: _____

Organization Mailing Address: _____

Signature: _____ Date: _____
(Organization Representative)

E-mail Address: _____ Phone: _____

State/Province: _____ Council/Assembly Number: _____