# Additional Units Request Form

**Instructions:** Please complete this form to request authorization to manufacture more than the initial ten (10) Narcan vending machines permitted under the Campus Pilot Program. Email the completed document to anthony@conscienceconduit.org and cynthia@livegy.org for review.

### **Section 1: Institution Information**

Institution Name:\*  
[Enter Institution Name]

Primary Department/Office:\*  
[Enter Department Name]

Campus Address:\*  
[Enter Full Address]

Primary Contact Name & Title:\*  
[Enter Name and Title]

Primary Contact Email:\*  
[Enter Email Address]

**Primary Contact Phone:**  
[Enter Phone Number]

### **Section 2: Current Program Status**

Number of Units Currently Built:\*  
[e.g., 7]

Number of Units Currently Placed & Operational:\*  
[e.g., 5]

**List of Current Placement Locations (Building, Floor, etc.)\*:**  
[List current locations]

### **Section 3: Request Details**

Number of Additional Units Requested:\*  
[Enter Number]

Proposed Placement Locations for Additional Units:\*  
(Specify if on-campus or an approved fraternity/sorority house)  
[List proposed locations]

Rationale for Request:\*  
(Briefly explain the demonstrated need for expansion, such as high demand or strategic new locations.)  
[Explain the need for additional units]

Proposed Timeline for Manufacturing & Placement:\*  
[e.g., 4-6 weeks from approval]

### **Section 4: Compliance & Program Adherence Checklist**

By submitting this request, the Institution reaffirms its commitment to the terms of the signed Mutual Non-Disclosure & Limited License Agreement. Please check each box to confirm.

* **NDA & IP:** We agree to maintain the confidentiality of all TORC Design Files and intellectual property.
* **Artwork Mandate:** We confirm each new unit will feature original artwork, and the artist will be compensated ($100–$200 per unit).
* **QR & Data Reporting:** We confirm each new unit will feature the official TORC QR sticker, and we will continue to provide monthly anonymized data reports.
* **Safety & Compliance:** We confirm established procedures are in place for the safe manufacture, installation, and maintenance of all units.

### **Section 5: Support Needs**

**Please describe any additional training, documentation, or materials support needed from TORC to facilitate this expansion:**  
[Enter any support needs, or "None"]

### **Section 6: Authorization & Sign-Off**

I certify that the information provided in this request is accurate and that our institution will continue to adhere to all program requirements.

Name:\*  
[Enter Full Name]

Title:\*  
[Enter Official Title]

Email:\*  
[Enter Email Address]

Date:\*  
[Enter Date]