

FRIENDS OF THE POOR® GRANT APPLICATION

Please complete all sections of this form. If portions are blank, application cannot be considered.

Applicants must use Acrobat Reader to complete the grant application. If you do not currently have Adobe Reader installed on your computer, please visit https://get.adobe.com/reader/.

Region

at this time. See <u>website</u> to	•	this application will not be considered
☐ South Central	☐ Southeast	☐ Mid-East
☐ West	☐ North Central	☐ Midwest
☐ Northeast	☐ Mid-Atlantic	☐ Mountain
Grant Amount Requ	ested (up t	o \$5,000)
Applicant Information	on	
	nrish name(s) i.e. Holy Trinity/St. Elizabeth SV	/dP. Does not have to be your full incorporation name.
Address		
		Zip
Diocese Name	Distric	t Council Name
Contact for This App	olication	
Name		
Phone Number	Email _	
By checking this box,	al by Conference Presideryou agree that your conference p	resident has reviewed your application.

Grant Eligibility Have you received a Friends of the Poor® Grant in either of the past 2 years? If Yes, you are not eligible to apply at this time. ☐ Yes □ No If your Conference must answer **No** to **any** of the following questions, you are not eligible to apply at this time. See the Tips for Applicants document if you are uncertain about these eligibility requirements. Is your Conference aggregated or has applied for aggregation? Yes No Application pending Did you submit and Annual Report for the most recent fiscal year? Not yet, we are new l lNo Has your solidarity contribution for the National Council been submitted for this fiscal year?

Funds Requested and How They Would Be Used

1. Please name the specific purpose(s) for which you would use grant funds, and the estimated number of people this will serve for each purpose. [In action, you'd have flexibility to use grant funds across the purposes you list.]

For example: "Purpose: Rent payments up to \$500 per family; \$Amount: 4,000; "#Families:8, #Individuals:24." If you expect to help the same family with funds for more than one purpose, please count them on both lines.

The Amount per Purpose is an estimate. These need to add up to Total Requested.

Purpose	\$Amount	#Families	#Individuals
Purpose:	\$		
Purpose:	\$		
Purpose:	\$		
TOTALS	\$		

	Why did you choose this purpose? Please tell your story. Does the purpose differ from your Conference's normal activities, or would the grant expand your current help for this purpose?		
	How will these funds make an improvement in your neighbors' lives? If there's a specific impact you plan to track or measure, please explain. See <u>Tips for Applicants</u> for more information.		
Ne	eds in Your Community		
	-		
3.	In your own words, please tell us about the <u>geographic area</u> your conference serves, including its poverty rate. Then help us understand what <u>community situations or changes</u> are causing people to seek the kinds of funds you are requesting. How much have your requests for this help risen - and why? See the <u>Tips for Applicants</u> for ideas.		
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Your Conference's Capacity to Serve

4.	Ab	out your members:		
	a.	Number of Active Members in your conference		
	b.	How many of them are personally involved in interviews, home visits or ongoing relationships with your neighbors in need?		
	C.	How many home visits (or in-person encounters with 2 Vincentians) were made in the past 12 months?		
	d.	If none, what prevents your conference from doing so?		
nei foll	ghb	ase tell the story of how your Conference would distribute the grant funds to pors in need. Specifics about receiving requests, listening to needs, home visits, up, deciding about distribution, and ensuring proper payment and documentation are l.		
Y	OUI	r Conference's Need for Grant Funds		
Th	e fo	ollowing questions focus on your Conference's financial aid (money only: not in-kind		
go	ods	s or other assistance). See the <u>Tips for Applicants</u> for guidance.		
6.		pout your level of requests for direct financial aid:		
		 Estimated number of requests for <u>financial</u> aid in the recent 12 months How many of those households received your financial aid in the recent 12 months 		
		c. How many requests for financial aid did you turn down last year, simply because your		
		Conference did not have funds to meet them? d. How many of those unfunded requests were for the kind of help you are requesting in		
		this grant?e. Have requests for this purpose increased in the past 6 months? Yes No		
	,	z		

7.	About Income: What <u>annual</u> (fiscal year) amounts of money do you generally receive?		
	\$	Parish collections (collected at Mass/poor box, or given by/through the parish)	
	\$	Individual donations given directly to the Conference	
	\$	Secret Collection at Conference meetings	
	\$	Friends of the Poor® Walk / fundraising events	
	\$	Grants to use for direct aid to families (Do not include this grant request)	
	\$	Funds from other Conferences or your Council (i.e. "twinning" or cooperative	
		payments for those in need)	
	\$	Other sources	
	\$	Estimated TOTAL annual income	
8.	About Expenses & Reserves:		
	\$	Estimated annual TOTAL you expend directly for urgent needs of neighbors	
	they expect to	n Manual 2.1 states, "Conference balances generally should not exceed what spend during an average quarter." Do your Conference balances often ideline? (If Yes, you can explain in Q. 9) Yes No	
9.	What else should we know about your financial support? (in particular, please explain your experience in providing funds specific to this grant's purpose , and any level of reserves you keep in your account routinely. Please see the <u>Tips for Applicants</u> for ideas.)		

Thank you for applying!

Your fellow Vincentians, through the Grants Committee, will read your application with empathy. We will pray that your Conference thrives as you serve your neighbors in need.