

NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL®, INC.

FRIENDS OF THE POOR GRANT APPLICATION

Revised March 2024

All questions must be answered or application will not be reviewed.

1. Your Region If your region is not part of this grant cycle, your application will not be reviewed at this time. 2. Conference Information Conference Name Conference Address City/Town Zip Code State **3.** Is your Conference aggregated? ☐ Yes ☐ No ☐ Unknown If yes, share year here ☐ No ☐ Yes **5.** Have you received an FOP Grant in the past three years? 6. What zip codes do you serve? 7. Contact for This Application Name **Email Address Phone Number** 8. Grant Amount Requested (up to \$5,000)

PROJECT NARRATIVE REQUIREMENTS

9.	Problem and Impact: Define you Poor Grant will help your Conference			
10). Line-Item Budget Narrative: Prused and how many families and			
lte	em	Estimated Amount	Number of Families Impacted	Number of Individuals Impacted
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11. How many total individuals received	ved support last year?
•	for assistance per month. Has the number of requests changed as a lack of funding meant that you have been unable to fully b, how many?
SOURCES OF INCOME	
13. For each additional source of inco	ome, fill in the amount for the last fiscal year.
Weekly Offering	
Extra Offering	
Twinning	
Conference Member Donations	
Grants	
Other Sources	
14. Optional: Please describe other s	sources of income here.
15. Total Prior Year Income	
16. Optional: Are you interested in r	receiving Twinning funds?

Please email completed form to grants@svdpusa.org by the due date.