



Compassion in Action Grant - Application for Funding

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

Grant Amount Requested _____ (up to \$3,000)

Applicant Information

Conference Name : _____

Address : _____

Telephone : _____ Email : _____

Contact for This Application

Contact Name : _____ Position : _____

Telephone : _____ Email : _____

Review and Approval by Conference President

By checking this box, you agree that your conference president has reviewed your application.

President Name : _____

Telephone : _____ Email : _____

Grant Eligibility

If your Conference must answer No to any of the following questions, you are not eligible to apply at this time.

- Is your Conference aggregated or has applied for aggregation?
Yes / No / Application pending
- Did you submit an Annual Report in the members' portal for the most recent fiscal year?
Yes / No / Not yet, we are new
- Has your National Support fee for the National Council been submitted for this fiscal year?
Yes / No

Funds Requested and Purpose

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.



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
TOTALS \$			

2. 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 neighbours' lives? If there's a specific impact you plan to track or measure, please explain.

3. In your own words, please tell us about the geographic area your conference serves, including its poverty rate. Then help us understand what community situations or changes are causing people to seek the kinds of funds you are requesting. How much have your requests for this help risen - and why?



Your Conference's Capacity to Serve

4. Number of Active Members in your conference _____

5. Please tell the story of how your Conference would distribute the grant funds to neighbours in need. Specifics about receiving requests, listening to needs, home visits, follow-up, deciding about distribution, and ensuring proper payment and documentation are helpful.

Your Conference's Need for Grant Funds

The following questions focus on your Conference's financial aid (money only: not in-kind goods or other assistance).

6. About your level of requests for direct financial aid:
 - a. Estimated number of requests for financial aid in the recent 12 months _____
 - b. How many requests for financial aid did you turn down last year, simply because your Conference did not have funds to meet them? _____
 - c. Have requests for this purpose increased in the past 6 months? Yes / No

7. About Income: What annual (fiscal year) amounts of money do you generally receive?
Estimated TOTAL annual income: \$ _____

8. About Expenses & Reserves:
Estimated annual TOTAL your conference expends directly for urgent needs of neighbours \$ _____

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.

Thank you for applying! Your Vincentian Grants Committee will read your application with empathy. We will pray that your Conference thrives as you serve your neighbours in need.

Please save and submit to compassion@ssvp.ca