

**PHOENIX SOCIETY OF ST. VINCENT DE PAUL
CAPITAL ASSET FUNDS APPLICATION**

Name of Conference: _____
Conference Mailing Address: _____
City: _____ State: AZ Zip Code: _____
Requested by: _____ Position: _____
Email: _____
Preferred Telephone #: _____ Fax: _____
Conference Approved Capital Asset Fund Project Date of Meeting: _____

Full Cost of Asset(\$): _____ Funds Requested (\$) _____ From Conference (\$): _____

Asset(s) Description:

Asset(s) Purpose:

OFFICE USE ONLY:

- Funds are available?
- Application is filled out fully and correctly?
- All required additional documents are provided?
- Assets qualify?
- Total cost less than or equal to Maximum Funding Limit?
- Total cost greater than Maximum Funding Limit?
- Conference applying for exception?

District concurs that Conference Meets Minimum Requirement for a Conference _____
District Representative

CONFERENCE RESOURCES COMMITTEE & VINCENTIAN SUPPORT SERVICES:

Application Received: _____
Date Reviewed by the Committee: _____
Approved/Denied: _____
Committee Member: _____
Signature: _____