



SOCIETY OF ST. VINCENT DE PAUL

St. Martin District Council GRANT FUNDS REQUEST FORM FY2019

Request Number _____ (Year - Conf. Name - YTD Request #)

Application Date: _____

Sponsor's Conference: _____

Sponsor's Name (SVDP Active Member): _____

Applicant (Client) Name: _____

Applicant (Client) Address: _____

Applicants Phone Number _____

Payee* (who to pay) Name: _____

Payee Address: _____

Payee Phone No. _____

Provide a brief description of the reason for the request and the needs that will be fulfilled by this request.

REQUEST SUMMARY

TOTAL AMOUNT REQUESTED	\$
LESS FUNDS FROM CONFERENCE/TWNING/OTHER SOURCES	\$ ()
NET AMOUNT REQUESTED	

Submit Grant Request Forms to Arthur Bedel, President, St. Martin Council at artbedel@gmail.com and/or Marv Hudson, Treasurer, St. Martin Council at magicmulch@yahoo.com.

Requester: do no write below here - this section to be filled out by District Officers only

Amount allocated: \$ _____ Date: _____

Approved by (District Officer Signature Required): _____

* Payee is the Requesting Conference if this is for a reimbursement of aid already provided by your Conference. Otherwise, the Payee would be a landlord, utility company, service provider, contractor, etc.