

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

Name of Conference: \_\_\_\_\_

Conference Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Requested by: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Telephone #: \_\_\_\_\_

Date Conference Approved Capital Asset Request: \_\_\_\_\_

Full Cost of Asset(\$): \_\_\_\_\_ Funds Requested (\$) \_\_\_\_\_

Conference Portion: (\$): \_\_\_\_\_

**Asset(s) Description:** \_\_\_\_\_

\_\_\_\_\_

**Asset(s) Purpose:** \_\_\_\_\_

\_\_\_\_\_

District concurs that Conference Meets Minimum Requirement for a Conference

\_\_\_\_\_  
District Representative

**FOR COMMITTEE USE:**

Is Conference applying for exception? \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Date Application Reviewed by Committee: \_\_\_\_\_

Approved/Denied: Yes: \_\_\_ No: \_\_\_ Reason: \_\_\_\_\_

Date Conference Notified: \_\_\_\_\_