

**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: _____

PLEASE REFER TO CAPITAL ASSET POLICY FOR APPLICATION REQUIREMENTS [Conference Capital Asset Policy](#)

PLEASE SUBMIT THIS FORM TO capitalassetrequest@svdpaz.org