

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

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

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

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

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

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

Meeting Date Conference Approved Facility Asset Request: \_\_\_\_\_

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

Conference Will Pay: (\$) \_\_\_\_\_

**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 FACILITIES ASSET FUND POLICY FOR APPLICATION REQUIREMENTS [Facilities Asset Fund Policy](#)**

**PLEASE SUBMIT THIS FORM TO [facilityassetrequest@svdpaz.org](mailto:facilityassetrequest@svdpaz.org)**