

Council Direct Aid Funds Application

Conference President Completes:	
Conference:	District:
Conference President:	
Phone:	Email:
Purpose of Grant (choose one): <input type="checkbox"/> Direct Aid <input type="checkbox"/> Disaster	
<u>Current Funds/Anticipated Income for period of grant request:</u> Available funds: \$ _____ Estimated funds needed: \$ _____ Anticipated income: \$ _____ Anticipated funds from 'Twinning': \$ _____	<u>In the last 30 days:</u> # of Phone Calls (unduplicated): _____ # of Home Visits: _____ Total Funds distributed: \$ _____ Average/Family: \$ _____
Description of why the funds is needed:	
Description of how the funds will be disbursed:	
Description of what the Conference is doing to increase the health and vibrancy of the Conference and its members (Strategic Goal Alignment):	
Amount Requested: \$ _____ Avg/Family: \$ _____	Funds to be used between _____ and _____ (mo/yr)
Primary Zip Codes Served:	# of Families to be Served:
Signature of Conf President/Date	Signature of District President/Date
"Council Staff" Completes:	
<u>Conference Compliance:</u> Monthly Conference Report: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Slate of Leadership: <input type="checkbox"/> Yes <input type="checkbox"/> No Membership Portal: <input type="checkbox"/> Yes <input type="checkbox"/> No Conf Assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Expired CMS Utilization: <input type="checkbox"/> Yes <input type="checkbox"/> No Safeguarding Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No % of Active Members Ozanam Orientation: _____ UCI Qualified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<u>Conference Health & Vibrancy:</u> # of Members: _____ # of New Members in past year: _____ % of Members under 60 years of age: _____ % of Members Spanish speaking: _____ % at District Meetings-President: _____ % at District Meetings-Other Rep: _____ % of Leadership attending last leadership conference: ___ President: <input type="checkbox"/> Yes <input type="checkbox"/> No # of getFED attended in past year: _____
<u>Council Funding Current FY/Last FY</u> Date of Last Grant: ____ # of Grants Awarded: _____ \$ Amount Granted: _____	<u>Historical Trends as of Month:</u> Bank Balance: \$ _____ Mo. Of Disbursement in Bank: _____ % Spend on Rent & Utilities: _____ % Spend: _____
Comments:	

	Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Committee Chair/Date	Amount Approved: \$_____