



9.3

ANNUAL STATISTICAL REPORT FORM
CONFERENCE/COUNCIL ANNUAL REPORT FOR YEAR – 20_____

NAME OF REPORTING CONFERENCE OR COUNCIL _____
(PLEASE REFER TO NATIONAL COUNCIL ANNUAL REPORT GUIDELINES)

Name of Conference/Council President: _____

Address: _____

Email: _____

SECTION A

1. CONFERENCE/COUNCIL ACTIVITIES

1.1 Home Visitations

- a) Number of homes visited: _____
- b) Number of visits to these homes in (a): _____
- c) Number of individual adults served: _____
- d) Number of individual children served: _____

1.2 Visits to the Sick/Shut-Ins (refer to the guide)

- a) Number of visits to sick: (homes/ hospitals/homes for the aged): _____
- b) Number of friendly visits to persons (homes/hospitals/homes for the aged): _____

1.3 Prison Ministry

- a) Number of inmates visited: _____ Men _____ Women _____
- b) Number of visits to the prison: _____
- c) Number of inmates assisted upon release: _____ Men _____ Women _____
- d) Type of assistance: clothing _____ residential _____ financial \$ _____

1.4 Does reporting Conference or Council issue tax receipts?

Yes No

1.5 If yes, does the Conference or Council have its own charitable number?

Yes No Number: _____

1.6 Conference Membership

- a) Number of Full Members (age 36>) _____
- b) Number of Young Adult Members (18-35) _____
- c) Total Number (includes screening) _____
- d) Number of Youth Members (under 18) _____
- e) Number of Auxiliary Members _____
- f) Spiritual Advisor? Yes No



2.0 Other types of assistance provided: (transportation to medical appointments, Mass, hospitals, seniors residences etc)

3.0 SPECIAL WORKS ACTIVITES(Most Special Works are run by councils, however if conferences are undertaking any special works then please complete the following).

3.1 Stores/Outlet Operations

- a) Number of Stores: _____ Outlets: _____
- b) Number of Vouchers provided: _____ Total Estimated Value: \$ _____
- c) Estimate of total value of merchandise given in charity (free): \$ _____
- d) Number of Employees: _____ FT _____ PT _____ Volunteer Run _____
- e) Estimate of total volunteer hours: _____
- f) Are any of the stores incorporated? Yes No
- If so, please provide a list with Incorporation Numbers.
- g) Total Store, or Outlets Income \$ _____ Total Expenditures \$ _____
- h) Is there a SSVP Council Stores Committee that oversees the administration and operations of the stores entities?
Yes No
- i) Is there a Spiritual Advisor? Yes No

3.2 Soup Kitchens

- a) Number of Soup Kitchens: _____
- b) Number of meals served: _____
- c) Number of persons served: _____
- d) Number of Employees: _____ FT _____ PT _____ Volunteer Run _____
- e) Estimate of total volunteer hours: _____
- f) Total cost to operate Soup Kitchen/s: \$ _____
- g) Is the Soup Kitchen an SSVP owned operation? or a partnership?
- h) Who are the partners? _____
- i) Is there a Spiritual Advisor? Yes No

3.3 Foodbanks

- a) Number of Foodbanks: _____
- b) Number of persons served: _____
- c) Number of Employees: _____ FT _____ PT _____ Volunteer Run _____
- d) Estimate number of volunteer hours: _____
- e) Total cost to operate Foodbanks: \$ _____
- f) Is the Foodbank an SSVP owned operation? or a partnership?
- g) Who are the partners? _____
- h) Is there a Spiritual Advisor? Yes No



3.4 Shelters (eg Emergency, residential etc.)

- a) Number of Shelters: _____
- b) Type/s: _____

- c) Number of persons served: _____
- d) Number of men: _____ women: _____ children: _____
- e) Number of employees: _____ FT _____ PT _____ Volunteers _____
- f) Estimate of total volunteer hours: _____
- g) Total cost to operate Shelters: \$ _____
- h) Is the shelter an SSVP owned operation? Or a partnership?
- i) Who are the partners? _____
- j) Is there a Spiritual Advisor? Yes No

3.5 Drop-In Centres

- a) Number of Drop-In Centres: _____
- b) Types of services provided: _____
- c) Number served: _____ men: _____ women: _____ children: _____
- d) Number of employees: _____ FT _____ PT _____ Volunteers _____
- e) Estimate of total volunteer hours: _____
- f) Total cost to operate Drop-In Centre: \$ _____
- g) Is the Drop-In an SSVP owned operation? or partnership?
- h) Who are the partners? _____
- i) Is there a Spiritual Advisor? Yes No

3.6 Low Cost/Affordable Housing Units

- a) Number of low cost housing units: _____
- b) Cities: _____
- c) Number of persons served: Families: _____ single men: _____ women: _____
- d) Is/are the Housing Units an SSVP owned operation? or a partnership?
- e) Who are the partners? _____
- f) Is there a Spiritual Advisor? Yes No

3.7 Summer Camps (councils)

- a) Number of summer camps: _____
- b) Location/s: _____
- c) Number of camping days held in the previous year: _____
- d) Number of children attending: _____ boys: _____ girls: _____
- e) Number of paid employees (counselors): _____ Number of Volunteers: _____
- f) Estimate total hours donated: _____
- g) Total cost to operated Camps: \$ _____
- h) Is the Camp an SSVP owned operation? or a partnership?
- i) Who are the partners? _____
- j) Spiritual Advisor? Yes No



For Conferences

k) Number of children sent to camp by Conference/Council: _____ boys: _____ girls: _____

3.8 Other special works/programs in the region not previously named that are run by conference or council: (e.g. can include tutoring programs, street outreach, breakfast programs, assistance with mentally challenged, back to work programs, refugee integration etc).

Location: _____

Brief Description of work or program

Statistical Data related to this work or program:

- a) Number served: _____
- b) Number of men: _____ women: _____ children: _____
- c) Number of employees: _____ FT _____ PT _____ Volunteers _____
- d) Estimate of total volunteer hours: _____
- e) Is the Special Work an SSVP owned operation? or partnership?
- f) Who are the partners? _____
- g) Is there a Spiritual Advisor? Yes No

Other Information of interest that can be shared: _____

4.0 TWINNING

4.1 CONFERENCE:

- a) Are you twinned with any conference or council? Yes No
- b) Outside Canada: Internally inside Canada
- c) Twin location: _____
- d) Twin name: _____

Please forward this report to the next higher Council.



SECTION B

FOR COUNCILS ONLY

5.0 Council Incorporation Number: _____

a) Are by laws reviewed and updated annually: Yes No

b) Date of last review: _____

NOTE: all "revised" By-laws must be sent to the National Council office for approval. Refer to guide for complete explanation.

5.0 ADVOCACY

5.1 a) Does your council have an advocacy committee? Yes No

b) If yes, please provide names of committee chairperson or contact:

Name: _____

Contact information: _____

5.2 Please describe the types of activities that region, councils or conferences are engaged: (this will assist the national council to provide knowledgeable and timely information as required)

5.3 STORES

Does your Regional Council have a Stores Committee that assists with local administration and standardization of stores operations across the region? Yes No

5.4 COUNCIL TWINNING SUMMARY

a) Number of twins within Canada: _____

b) Number of external twins: _____

c) Names of twinned conferences/councils:

Please forward the report to the next higher Council.



NATIONAL COUNCIL ADMINISTRATION

GROWTH AND DEVELOPMENT

6.0 GROWTH

6.1 Conference Aggregations

- a) Number of new conference aggregations from last report: _____
- b) Number of closed conferences from last report: _____
- c) Total number of aggregated conferences in the region as of this report: _____
- d) Total number of non aggregated conferences in the region as of this report: _____
- e) Number of new aggregations or institutions anticipated for the coming year in your region:
 conferences: _____ councils: _____
- f) Number of youth conferences in your region: _____ (Please attach a summary of activities)
- g) Number of anticipated new youth conferences: _____

6.3 Council Institutions

- a) Number of new council institutions from last report: _____
- b) Total number of instituted councils in the region as of this report: _____
- c) Total number of councils processing institution in the region as of this report: _____

7.0 DEVELOPMENT

7.1 Education

- a) Number of orientation programs held: _____
- b) Types of other training programs held: _____

- c) Number of participants: _____

7.2 Spirituality

- a) Number of Vincentian Retreats: _____
- b) Number of Festival Days Activities/Celebrations: _____
- c) Does your council have a Spiritual Advisor? Yes No

7.3 Public Relations

- a) Does your council have a public relations program? Yes No

8.0 OTHER VINCENTIAN ACTIVITIES of interest in your region that should be noted in the overall annual report:

GO TO SECTION C – ANNUAL FINANCIAL REPORT

President **Secretary**
Date of this report: _____