



**INTERNATIONAL TWINING PROJECT APPLICATION**

**Project No. :** \_\_\_\_\_

**PART 1 - TWINNING PARTNERS**

**Receiving Conference/council:**

Name: \_\_\_\_\_

Date of Aggregation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Donor Conference/Council:**

Name: \_\_\_\_\_

Date of Aggregation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

CANADA Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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**PART 2 - SUMMARY**

**2.1 Name of project, brief description, location, justifications for it and main objectives.** \_\_\_\_\_

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**2.2 Timeline (important milestones and expected date of completion) :** \_\_\_\_\_

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**PART 3 - PROJECT MANAGEMENT AND SYSTEMIC CHANGE.** (1)

**3.1 Name of committee or conference/council responsible for overall management of project:** \_\_\_\_\_

\_\_\_\_\_

**3.2 Families/communities involved/benefitting by the project:** \_\_\_\_\_

\_\_\_\_\_

**3.3 Roles/responsibilities of participating families/communities in the project:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3.4 How project empowers participants and brings social change:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3.5: How it will bring permanent change in the lives of those participating:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3.6 Formation (learning processes, forming new leaders, promotion of solidarity and change, etc.):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**3.7 Spirituality (spiritual advisor, spiritual goals, celebrations):** \_\_\_\_\_

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**3.8 Can a similar project be instituted or applied in other communities and how?:** \_\_\_\_\_

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**PART 4 - FINANCES**

**4.1 Overall cost of project; \$** \_\_\_\_\_

- Itemized cost:

1.	_____	\$	_____
2.	_____	\$	_____
3.	_____	\$	_____
4.	_____	\$	_____
5.	_____	\$	_____
6.	_____	\$	_____

**4.2 Sources of Mandatory Funding.**

1. Government, any level	_____	\$	_____
2. Participants/community	_____	\$	_____
3. Canadian twinning partner	_____	\$	_____
4. Conference/council of country	_____	\$	_____
5. Others (specify)	_____	\$	_____

See guidelines for minimum total local contributions.



#### 4.3 Banking:

**Note:** Funds to be received by bank transfer , or bank draft

Funds to be sent in Canadian funds , or American (US) funds

#### Name and address of the bank to which the funds are to be sent:

1. Name of banking institution \_\_\_\_\_

2. Address of banking institution \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

3. Name of account: \_\_\_\_\_

*Note: account should be restricted to twining project only.*

4. Type of account: Chequing account:  Saving account:  Other:

5. Account number : \_\_\_\_\_

6. SWIFT number : \_\_\_\_\_

7. Account signatory officers and titles: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### 4.4 Frequency of meetings:

1. Meetings of steering committee or conference/council responsible for project:

Each week  Bi-weekly  Monthly  Other times

#### 4.5 Accountability and control mechanisms.

Frequency of reporting on progress of project and expenditures of funds.

Name of Council to which Receiving Twinning Project Partner reports to: \_\_\_\_\_

\_\_\_\_\_

Frequency of reporting to Canadian Twinning Project Partner:

Each 3 months (optional)  Each 6 months (mandatory)  End of project (mandatory)

Dates: \_\_\_\_\_ Expected date: \_\_\_\_\_



**PART 5 - DATE AND TYPE OF PREVIOUS PROJECTS**

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**Outcomes:** \_\_\_\_\_

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**PART 6 - REMARKS, IF ANY.**

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- Note:
1. The submission of a brief socio-economic background of region/country on a separate sheet is encouraged.
  2. Plans and estimates to be attached with proposal for construction/renovation, and other relevant documents (property titles), photographs, etc., as necessary to render a decision.
  3. **Property titles must be in the name of the Conference or Council of the Society of Saint Vincent de Paul of receiving country involved in the Twinning Project.**

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**Submitted by:**

\_\_\_\_\_  
Name of Conference or Council President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Conference or Council President



### RECOMMENDATION BY HIGHER COUNCILS OF RECEIVING COUNTRY

The Twinning Project Application was reviewed. The assistance sought for is the minimum. This project is viable and it seeks to address the needs of families/communities living in poverty. It meets Systemic Change criteria as participants are beneficiaries and a permanent change in their quality of life is the ultimate objective. The project will be conducted according to the spiritual tenets of the Society of Saint Vincent de Paul.

No twinning project has been approved for the requesting Conference (or Council) for the last..... years. The completion report of the earlier project has been submitted to the National/Superior Council. Hence this project is recommended.

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Name of PC/Central Council President

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Signature of PC/Central Council  
President

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Date

### RECOMMENDATION OF NATIONAL/SUPERIOR COUNCIL OF RECEIVING COUNTRY

The application was reviewed. An assistance of \$ \_\_\_\_\_ is recommended.

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Name of National/Superior Council President

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Signature of National/Superior Council President

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Date

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**(1)Systemic Change: In the Vincentian spirit, empowering those living in poverty to change their overall life situation through projects.**

**Please mail or fax the completed application to the address below:**

Society of Saint Vincent de Paul  
National Council of Canada  
Twinning Program  
c/o Nicole Schryburt  
2463, Innes Road,  
Ottawa, Ontario, Canada  
K1B 3K3

[twinning@ssvp.ca](mailto:twinning@ssvp.ca) Fax number: 1-613-837-7375



**RECOMMENDATION BY THE CANADIAN NATIONAL TWINNING COMMITTEE**

The members of the National Twinning Committee reviewed the Twinning Project and recommend its approval.

\_\_\_\_\_  
Chair, National Twinning Committee

\_\_\_\_\_  
Date

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**APPROVAL BY THE EXECUTIVE COMMITTEE OF THE NATIONAL COUNCIL OF CANADA**

The members of the National Executive Committee reviewed and approved the Twinning Project as its meeting held on \_\_\_\_\_ .  
Date

\_\_\_\_\_  
President, National Council of Canada

\_\_\_\_\_  
Date

NCC/CNC/TW/intn proj app eng/2012/050