

| | Society of Saint Vincent de Paul – Toronto Central Council | |
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| | Conference Annual Report for Year – 2012 | |
| | Name of Conference | |
| | Name of Particular Council | |
| | Registered Charitable Number | |
| | | |
| 1. CONFERENCE ACTIVITIES | | |
| 1.1 | Home Visitations | |
| | a) Number of homes visited: | |
| | b) Total number of visits to these homes in (a): | |
| | c) Number of adults served: | |
| | d) Number of children served: | |
| | e) Number of visits to sick: (homes/ hospitals/homes for the aged): | |
| | f) Number of friendly visits to persons (homes/homes for the aged): | |
| 1.2 | Does your conference issue tax receipts? Yes No | |
| 1.3 | Conference Membership | |
| | a) Number of Full Members (over age 36) | |
| | b) Number of Young Adult Members (18-35) | |
| | c) Number of Youth Members (under 18) | |
| | d) Total Number of all members: | |
| | e) Spiritual Advisor? Yes No | |
| 2. | Other types of assistance provided: (transportation to medical appointments, Mass, hospitals, seniors residences etc): | |

Frequency: _____

| 3. | FOOD BANKS a) Does your conference run a food bank? | |
|-------|--|--|
| | b) Number of persons served: | |
| | c) Estimated number of volunteer hours: | |
| | d) Total cost to operate the food bank: \$ | |
| | f) Is the food bank a SSVP owned operation? | |
| | Other programs in your area not previously named: | |
| | (can include tutoring programs, breakfast programs, etc). | |
| | | |
| 4.] | TWINNING | |
| | a) Are you twinned with any conference or council? Yes No | |
| | b) Outside Canada: Internally inside Canada: | |
| | c) Twin location: | |
| | d) Twin name: | |
| | e) Frequency of Communication: | |
| | f) Total dollar amount of support: | |
| | ·************************************* | |
| Food | Hampers Food Vouchers Gift Certificates Toys | |
| Other | | |
| Total | Total Adults assisted: Total Children assisted: | |
| Actua | l dollar value provided by your Conference: | |
| Estim | ated dollar value provided by other sources: | |
| **** | *************************************** | |
| Form | Completed by (please print): | |
| | Please fill in the information and return it to your <u>Particular Council President</u> | |

By February 8, 2013