

PONTIFICIUM OPUS A SANCTA INFANTIA
SECRETARIATUS INTERNATIONALIS



APPLICATION FOR THE EXTRAORDINARY SUBSIDY

(PLEASE FILL IN ALL FIELDS)

<u>APPLICANT</u>	
Title (Rev., Msgr., Fr., Sr., Mr., Ms.):	
First name:	
Last name:	
Address:	
District:	Postal code:
City:	
Country:	<u>Diocese:</u>
Administered by:	
Email :	Telephone:
Religious Congregation or Institute:	
(PLEASE INFORM US PROMPTLY IN CASE OF CHANGE OF THE APPLICANT)	

Object of the request

NUMBER OF CHILDREN <u>UP TO 14 YEARS OF AGE</u> to benefit from the requested aid:	

How did you cooperate with Missionary Childhood last year?

How did you organize the Holy Childhood in your Institution or organization?	
Amount of your contribution to the Universal Solidarity Fund of Holy Childhood:	
US (\$)	EURO (€)

PARTICULARS IN DETAIL
(If needed, add other sheets)

A clear and complete description of the project:

1. Who is **responsible** for it?

2. **Implementation**, **reasons** and **aim**: what do you propose to do? Which needs of children covers the project?

3. How will it contribute to the Christian and missionary education of children?

4. How is the project to be achieved (stages-steps-activities) - who is to take care of its upkeep in the future?

ESTIMATE AND COST OF THE PROJECT

Detailed costs:	Local currency	US\$	EURO€
1.			
2.			
3.			
4.			
5.			
6.			
A. Total amount			

N.B.

Any documents substantiating the detailed costs will be useful to consider the project.

In case of **construction**, **enclose the bill of the constructor and copy of the plan/sketch.**

Management expenses or salaries will not be considered.

FINANCING PLAN OF THE PROJECT

1. Local contribution towards the project: <i>(NB: local contribution, in money or in kind, equivalent to at least 20% of the total cost of the project, expressed in US\$/Euros or in local currency)</i>	Local currency	US\$	EURO€
2. Organizations to which a request for help has been submitted:			
a.			
b.			
c.			
d.			
e.			
Amount granted from other organizations:			
Amount promised from other organizations:			
B. Total amount			
C. Amount requested to POSI (A – B = C)			

CHILD PROTECTION POLICY

NATIONAL BISHOP'S CONFERENCE		
Are you familiar with your National Bishops' Conference policy for child protection?	Yes	No
If Yes, does your project follow this policy's guidance?	Yes	No
If No, please describe any plan you have to learn more about the policy and/or to implement it.		
YOUR INSTITUTION		
Does <u>your institution/organisation</u> have a child protection policy?	Yes	No
If No, please describe any plan you have to implement it.		
If Yes, does your project follow this policy?	Yes	No
Has the policy been signed and approved by the head of the institution/organisation?	Yes	No
Does the policy apply to all employees and volunteers?	Yes	No
Are updates and training on it carried out?	Yes	No
<i>Please attach your own Policy to this application</i>		

REQUEST FOR PUBLICATION OF PICTURES AND EXPLANATORY NOTES

The Project Applicant is encouraged to send pictures and explanatory notes relating to the project for publication on the website www.ppoomm.va, the terms and conditions of which are fully understood and acknowledged. Any picture will be taken in compliance with the relevant legislation and will have no artistic merit, nor pursue any commercial or financial objectives. The pictures will provide a record of what is achieved as a result of the funding received from the Pontifical Mission Societies' and their publication is for the information and knowledge of the benefactors, the local population and the general public for whom they will constitute a historical record. The Project Applicant will take the pictures, and waives any reward of any kind for the benefit of the project.

DECLARATION ON THE PROJECT'S COMPLIANCE WITH THE PRINCIPLES OF THE PONTIFICAL MISSION SOCIETIES AND PROTECTION OF WORKERS

The Project Applicant herein states that he or she will act loyally and in good faith in the management of the project for which he or she has applied for funding. He or she will develop equitable relationships, fair and respectful of the employees and suppliers; and will put in place safe working conditions and ensure a healthy environment. He or she also declares that transparency will be ensured when reporting by providing information tailored to the level of understanding of the recipients and ensuring the coherence of all activities with the principles of non-discrimination on the grounds of nationality, religion, race, sexual identity, political opinions, personal and social conditions; respect for human dignity, morality and ethics; respect of vulnerable groups, women, the best interest of children under 18, people with disabilities; equal opportunities and respect for privacy, private and family life, honor and reputation of all participants, especially of vulnerable group.

GENERAL REMARKS

1. This request, **FILLED IN ALL ITS DETAILS**, should be approved and signed by the Bishop of your Diocese and mailed by the Apostolic Nunciature to the PMS (Palazzo di Propaganda Fide - 00120 Città del Vaticano), which should be reached **BEFORE THE 15th OF DECEMBER**.
2. Any subsidy shall be sent to the Apostolic Nunciature, which will make the correspondent payment.
3. The extraordinary subsidy approved by the Superior Council of the Pontifical Mission Societies normally represents only a PARTIAL CONTRIBUTION from the children to the realization of the project. Such contribution is not compulsorily renewable.
4. These funds can never be directed to other program costs or uses. (Can.1267 §3).

The applicant confirms that he has filled out the entire form, as well as having read and accepted all the conditions.

Date and place:

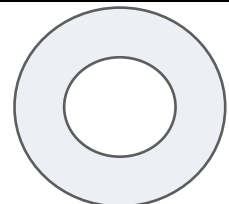
First name and last name of the applicant (capital letters):

Signature of the applicant:

Opinion and approval of the Diocesan Bishop (signature and seal)

Date:

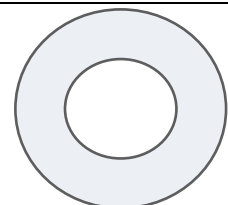
Signature:



Apostolic Nunciature (signature and seal)

Date:

Signature:



To be sent to:

Pontificium Opus a Sancta Infantia | *Secretariatus Internationalis*

Via di Propaganda 1/c | Palazzo di Propaganda Fide | 00120 Città del Vaticano

E-Mail: posi@ppoomm.va Tel. +39 0669880260 Fax +39 0669880276