



Society of St. Vincent de Paul Chicago-ADC

Program Proposal

Name: _____ Date: _____

Phone Number: _____ E-mail: _____

Proposed Program Name: _____

Program Goal: _____

Proposed Budget: _____

How Many People Will We Serve: _____

How Many Employees Will Be Involved: _____

What Are The Costs of Staff, Space For The Program, Overhead, Fundraising and All Other Definable Facts: _____

Is The Program Contributing To Our Stated Mission, Explain: _____

Is It In Accord With The Rule, Our Corporate Charter, Our By-Laws, And Our Vision, Explain: _____

Does It Provide The Desired Services To Our Vincentians and/or Those We Serve: _____

Are Our Vincentians Involved In Serving The Poor In The Program, How: _____

Is There A Real Need For The Service In Our Community: _____

Is There Someone Else In The Community That Serves The Great Majority Of The Need, Who: _____

Do We Possess The Expertise To Operate The Program: _____

Does The Money Spent On This Program Produce Services To The Poor Equal To The Cost: _____

Would The Money Be Better Spent On Another Existing Program or A Another New Program: _____

How Does This Program Benefit The Poor Relative To Other Programs We Have:

How Would Those We Serve In This Program Obtain These Services If We Do Not Provide Them: _____

Is This Really Where We Want To Focus Our Energy To Do The Most With Our Resources: _____

How Will The Program Be Implemented: _____

Approved/ Not Approved By Board: _____

Date: _____ **Resolution Number:** _____