**UKRAINE EMERGENCY FUND**

**The UISG has received funds to support religious congregations in Eastern Europe hosting and supporting Ukrainian Refugees.**

**APPLICATION FORM**

A major Superior (Superior General or Provincial Superior) may apply for more than one location. However, a separate form should be submitted for each location.

**The amount awarded will normally not exceed €10,000.00. One or two photos are required showing either products purchased, sisters handing out purchased items or refugees while receiving support.**

The Amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Currency: \_\_\_\_\_\_\_\_\_

Please write **a paragraph** describing the specific needs of the congregation/community/monastery/center related to this emergency and indicate how this financial support will assist you.

|  |
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|  |

|  |  |
| --- | --- |
| Name of Congregation  |  |
| Name of Superior General |  |
| Name of the community/residence/center/monastery |  |
| Address of the community/residence/center/monastery |  |
| City |  |
| Country |  |
| Person in Charge  |  |
| Email Address of the person in charge |  |

|  |  |
| --- | --- |
| Refugees you are helping | [ ] Unaccompanied minors/Orphans[ ] Women & girls[ ] Children[ ]  Vulnerable people (with disabilities, elderly or gravely sick)[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of Refugees benefitting per week |  |
| These funds will be utilized for (please select all the ones that apply):  |
| [ ] Food[ ] Clothing/linens[ ] Personal protective equipment (masks, hand sanitizer, gloves)[ ] Personal hygiene material (soap, shampoo, toothpaste, etc.)[ ] Fuel/transportation | [ ] Medicines/medical supplies[ ] Phones and phone cards[ ] Psychosocial services[ ] Legal services[ ] Medical Care[ ] Utilities[ ] Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Have you attached a photo or two? YES or NO (circle the answer)

**BANK INFORMATION REQUIRED**

**(if the information provided is not accurate, no grant will be paid)**

|  |  |
| --- | --- |
| BANK NAME: |  |
| BANK BRANCH:  |  |
| BANK ADDRESS: |  |
| ACCOUNT NAME/HOLDER: |  |
| ACCOUNT NUMBER: |  |
| SWIFT CODE: |  |
| IBAN: |  |

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

Signature of the Person in Charge

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

Position of the Person in Charge

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

Name in Block Letters

Funds will be distributed for as long as they are available.

**PLEASE SEND YOUR APPLICATION:** **emergencyuisg@gmail.com**