

## Program Grant Application

This application is to be used to request program grants for any individual Girl Scout or adult volunteer who requires financial assistance to participate in approved Girl Scout activities. Applications are subject to approval by the Program Grants Panel which meets on the third Monday of every month. An **event itinerary** and **detailed budget** must accompany this application.

### FORM SUBMISSION

Mail: Girl Scouts Nation's Capital  
 Attn: Program Grants Panel  
 4301 Connecticut Avenue, NW  
 Washington, DC 20008  
 E-mail: apotter@gscnc.org Fax: (202) 274-2161

### PROGRAM GRANT CRITERIA

- Please submit your application 6-8 weeks before your event. **Applications must be submitted by the second Monday of the month to be considered in that same month.** Please keep in mind it takes 2-4 weeks after submission to receive checks.
- Preference for program grants is given to girls/troops that participate in Girl Scout money-earning opportunities.
- Program grants should not be used to replace responsible troop planning and budgeting.
- The Program Grants Panel suggests that girl's progress through local, regional, and domestic travel in order to prepare for longer and farther trips in the future. Starting with small trips can help girls gain experience with travel before embarking on larger programs such as *destinations*.
- If more than 25% of participants request assistance for a trip, the request will most likely be denied.
- The Program Grants Panel will not issue reimbursements for activities.
- The Program Grants Panel will only consider grant requests from adults required to participate in the activity by *Volunteer Essentials* (troop leader, first-aider, and any additional adults required to meet the adult-to-girl ratios).
- The Program Grants Panel will closely investigate requests for trips planned through tour operators, as those trips do not always meet the guidelines of the Panel with regards to timelines for planning and money-earning.
- For destinations: Grants preference is given to girls attending a destination for the first time. If a girl has received a grant for a previous destination, she may not qualify for additional destinations funding.

### PROGRAM GRANT RECIPIENT INFORMATION

Name	Troop	Assoc.	Service Unit	Program Level	
				<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Adult	
Address	City		State	Zip	County

### ACTIVITY DETAILS

Name of Activity: \_\_\_\_\_ Type of Activity: \_\_\_\_\_

Activity Start Date: \_\_\_\_\_ Activity End Date: \_\_\_\_\_

Number of Girls in the Troop: \_\_\_\_\_ Number of Girls Participating in the Activity: \_\_\_\_\_

Number of Adults Participating in the Activity: \_\_\_\_\_ Number of Non-Girl Scouts Participating in the Activity: \_\_\_\_\_

All adults participating in this activity are required to participate according to *Volunteer Essentials* and the *Safety Activity Checkpoints* ratios:  Yes  No

If this application is for a destination: Have you attended a destination in the past?:  Yes  No  
 Did you receive a program grant for the destination?:  Yes  No

**PLANNING DETAILS**

When did planning and budgeting begin for this activity?: \_\_\_\_\_

The experiences of the Grants Panel has shown that a trip costing \$300 will take a minimum of six months to plan, a trip costing \$300-\$750 will take a year to plan, a trip costing \$750-\$2,500 will take a minimum of two years to plan, etc.

Did the troop allow sufficient time to plan this activity?:  Yes  No

Did the troop participate in the Fall Product Sale?:  Yes  No

Did the troop participate in the Cookie Program?:  Yes  No

What plans did the girls make to pay for this activity? List money-earning activities in the following table:

Activity	Date	Projected Income	Actual Income	Money Available to Girl	Comments

If the table above of money-earning activities was left blank, explain why this individual did not participate in any money earning activities or why money-earning activities are not funding this activity: \_\_\_\_\_

If parents were expected to pay part of the cost, was this discussed with them before plans were finalized?:  Yes  No

Were parents involved in planning money-earning activities?:  Yes  No

Did adults participate in and benefit from group money-earning activities?:  Yes  No

If not, what plans were made to cover the costs for required adults?: \_\_\_\_\_

Was this trip booked through a tour operator?:  Yes  No

**COST INFORMATION**

Cost of Activity for Individual	
Event Fee	
Transportation	
Lodging	
<b>Total</b>	

Program Grant Request	
Cost for Individual	
Amount Available from Troop Funds	
Amount Available from Individual Non-Girl Scout Funds	
Amount Available from Family Contributions	
Amount Available to Individual	
<b>Program Grant Amount Requested</b>	

**Describe the financial circumstances of the individual that the program grant is being requested for, and provide specific reasons for why the program grant is being requested:**

**INDIVIDUAL SUBMITTING REQUEST**

Name	Relationship to Program Grant Recipient	E-mail		
Address	City	State	Zip	Phone

Complete the following information if the check should be mailed to a different address other than the one listed above:

Check Payable To	Address	City	State	Zip

**PROGRAM GRANT APPLICATION ATTACHMENTS**

An itinerary for this event is included with this application\*:  Yes  No If no, why? \_\_\_\_\_

A detailed budget for this event is included with this application\*:  Yes  No If no, why? \_\_\_\_\_

\*Applications that do not include an attached event itinerary and/or a detailed budget will not be processed. Use additional paper if the length of responses exceeds the space available on this application.