

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: programaa@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	
Total	

Program Grant Request	
Cost for Individual	
Amount Available from Troop Funds	
Amount Available from Individual Non-Girl Scout Funds	
Amount Available from Family Contributions	
Total Amount Available to Individual	
Program Grant Amount Requested	

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.