



MINI-GRANT INTENT TO APPLY TROOP/GROUP OR SERVICE UNIT

DATE: _____

NOTE: The completed application must be submitted to the Grants Office (grants@gswny.org) at least two (2) weeks prior to applying for the mini-grant.

TROOP INFORMATION		
Grant Being Applied For:		County:
Troop/Group#:	Service Unit:	
Number of Girl in Troop/Group or SU:		Grade Level:
Leader's/SUM's Name:		Phone #:
Address:	City:	State/Zip:
Email:		
Why you are applying for this grant?		
If requesting funds or supplies—How much/How many:		
Has your troop/group or service unit applied for this grant before with another girl: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		

INCOME	
\$	Fall product sale profit and number of girls who sold
\$	Troop dues
\$	Spring product sale profit and number of girls who sold
\$	Other: (please specify)
\$	Current balance on hand (include your bank account and petty cash)
\$	Income expected from this grant (if any)
\$	Other anticipated income: (please specify)
\$	Total anticipated income
\$	TOTAL INCOME (Current balance on hand + total anticipated from grant)
\$	Fall product sale profit and number of girls who sold

Requester(s) Signature: _____

Approver(s) Signature: _____

Date of Approval: _____