

Special Funding Assistance Request

Assistance to Individuals

Date _____ District _____ Unit Type _____ Unit # _____ (4-digit number)

Chartered Organization _____

Type of Program Funding (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Traditional Unit (not listed below) | <input type="checkbox"/> Scouting for Special Needs |
| <input type="checkbox"/> Service to Native Americans | <input type="checkbox"/> Unit with Program Assistant |
| <input type="checkbox"/> In School Scouting | <input type="checkbox"/> Exploring |

Assistance Requested:

Youth Registration	_____ @ \$ _____	= \$ _____
Adult Registration	_____ @ \$ _____	= \$ _____
Insurance (only paid at recharter)	_____ @ \$ _____	= \$ _____
Charter Fee	<u>1</u> @ \$ <u>40.00</u>	= \$ <u>40.00</u>
Boys' Life	_____ @ \$ _____	= \$ _____
Book	_____ @ \$ _____	= \$ _____
Uniform	_____ @ \$ _____	= \$ _____
TOTAL = \$		_____

Posted Amount \$ _____ Date Posted _____ By _____

Unit agrees to sell popcorn to support this grant? Yes No

Unit agrees to schedule a Friends of Scouting presentation? Yes No

_____ Month

Rationale for Grant: _____

The information stated above is correct and our organization requests the grant amount from the Council Operating Funds.

Committee Chairman **OR** Unit Leader

Approval Process: _____ District Executive Date: _____

_____ District Director or DFS Date: _____

_____ Scout Executive Date: _____

_____ Business Manager GL Posted Date: _____

Copy Distribution: *After getting all signatures, make copies for:* Accounting.....Registration.....Controller/Unit File.....District