



Take Action Project Mini-Grant Application

Troop Number _____ Community _____ Date _____

Girl Name(s) _____

Troop Leader/Advisor _____

Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Project Title _____

Journey Used _____

Please describe your project.

How did you identify the issue?

How will your project address the issue?

Why do you need this mini-grant?

What other resources will you use for the take action project (financial, partner organizations, etc.)?

Please provide a timeline for your project including start and end date on the reverse of this form.

Budget

	Income	Expenses
Donations from Troop or Community	\$ _____	
Donations from parents or family	\$ _____	
Money-earning project(s) planned	\$ _____	
Amount of this mini-grant request	\$ _____	

(Additional funds from other sources are required for requests for Bronze, Silver and Gold projects.)

Supplies needed for take action project:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

(These totals should be equal.) Total income \$ _____ = Total expenses \$ _____

Requests will be reviewed by volunteers and staff. If you receive a grant, one-half of the amount will be paid in advance. The other half will be paid when Council receives a report, pictures and a thank-you note to the donor. If the project is not completed by end of membership year, mini-grant funds must be returned to the Council.

Leader/Advisor's signature _____ Date _____

Please mail to:

Girl Scouts of the Green and White Mountains
1 Commerce Dr
Bedford, NH 03110

Or fax to 603.627.4169

Questions?

Contact Carrie Green

888.474.9684 x147