**CONFIDENTIAL**

**APPLICATION REQUEST FOR AN INDIVIDUAL FOR A GRANT FROM THE COUNTY SUPPORT FUND**

**WHO CAN APPLY: A unit leader or an adult member on behalf of any individual member**

**RATIONALE BEHIND GRANT: Applications should only be submitted when other areas of support have been explored, please, e.g. from unit, district, division etc.**

**TIMING:**

Applications should be submitted for an event or activity at least twelve weeks in advance. Applications received less than twelve weeks in advance should clearly state the reason for the late request and will be reviewed at the discretion of the Finance Committee.

**GRANT LIMIT**: Maximum of £100 total grant per applicant can be applied for in each calendar year.

**FORM DETAILS**:

Please complete **ALL** details requested, using a separate form for each member of a family and giving as much information as possible in support to help decision making.

Name of Individual: …………………………………………………………………Membership No.: ……………………………

Unit (full name): …………………………………………

Name of person making this application………………………………………………………………………………………………………

Role…………………………………………………… Membership No………………………………………….

Address: …………………………………………………………………………………………………………

……………………………………………………………………………………………………………………..

Telephone No. …………………………………………………………………..

Email…………………………………………………………………………….

District: …………………………………………Division: …………………….

***Requests for other sources of funding should be made prior to applying for a County Support Grant:*** which other organisations (including Girlguiding district, division, counties) have been approached for funding? How much was the application for and what was the outcome?

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What will the money be used for? e.g. uniform, subs, residential event (with dates) etc.

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What is the reason for the application? Tick all relevant boxes:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Financial Hardship |  | Homelessness |  | Disability |  |
| Refugee Support |  | Family Breakdown |  | Health issues |  |
| In foster or kinship care |  | Lone Parent |  | Other |  |

Total amount requested ………………………..……………………………….……..

Leader’s Signature……………..…………………………………………………………….

Leader’s Name……………………………………………………………………………………

COUNTY/DIVISION/DISTRICT COMMISSIONER

I am aware of this application. I confirm that the unit accounts are up-to-date and I support this request for consideration by the county Finance Committee.

Signed………………………………..

Date…………………………………..

Commissioner’s Name………………………………………………………………………………… county/division/district commissioner (please indicate)

If this application is successful, the county Finance Committee will contact the unit leader / commissioner for details of the appropriate Girlguiding bank account. Grants will be made payable to the individual’s unit or area as appropriate, i.e. district or division, and must only be used for the purposes for which the grant was approved.

**The completed form should be emailed to** **penniethomson@aol.com**  **marked for the attention of the Sussex Central Finance Committee**

**November 2024**