

# GRANTS FOR GIRLS AND ADULTS APPLICATION FORM

Refer to the "Grants for Girls and Adults" information in the River Valleys' Council Reference Guide or website when filling out this form. Please complete both sides.

## Grantee Information

Full name of person needing the grant: \_\_\_\_\_  Girl or  Adult  
Service Unit: \_\_\_\_\_  Juliette or  Troop #: \_\_\_\_\_  
Program Grade Level:  Girl Scout Daisy  Girl Scout Brownie  Girl Scout Junior  Girl Scout Cadette  
 Girl Scout Senior  Girl Scout Ambassador  
School Grade (if person needing the grant is a girl): \_\_\_\_\_

Parent/Guardian name (if person needing the grant is a girl): \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Way/s parent/guardian currently supports the girl's troop/service unit: \_\_\_\_\_

Did the person needing the grant (if a girl) participate in any aspect of the Girl Scout Cookie Program Activity (such as individual sales, troop goal setting, etc.) last year?  Yes  No If no, why not: \_\_\_\_\_

Is she participating this year?  Yes  No

Will she be using any earned Cookie Credits to help pay for any of the requests below (if applicable)?  Yes  No If no, what will she be using the Cookie Credits for: \_\_\_\_\_

Please explain why it is difficult for the person needing the grant to pay for the requests below. Be specific. Explanations might include college tuition, medical expenses, unemployment, support of aged or disabled family member, number of children in family, family emergency, low income, decrease in income, or other contributing factors: \_\_\_\_\_

## Request for Girl Uniform Components

- Sash or  Tunic or  Vest
- GSUSA & River Valleys ID Set
- Troop Numerals
- Membership Pin

## Request for Grade Level Books

- Journey book/s for my grade level (specify title/s): \_\_\_\_\_
- Handbook for my grade level
- Brownie Try-It book
- Junior Badge book
- Cadette & Senior Interest Project book
- STUDIO 2B Focus book/s (specify title/s): \_\_\_\_\_
- How to/Leader guide/s for my grade level (specify title/s): \_\_\_\_\_

## Request for Adult Volunteer Training Sessions, Council-Sponsored Program Events, destinations

Name of Training/Event/destination: \_\_\_\_\_  
Date: \_\_\_\_\_  
Fee: \$ \_\_\_\_\_  
Minus individual contribution: \$ \_\_\_\_\_  
Minus troop contribution: \$ \_\_\_\_\_  
Equals grant requested: \$ \_\_\_\_\_

## Request for Troop Dues

Please itemize what Troop Dues will be used for: \_\_\_\_\_  
Annual Troop Dues charged per girl: \$ \_\_\_\_\_  
Minus individual contribution: \$ \_\_\_\_\_  
Minus troop contribution: \$ \_\_\_\_\_  
Equals grant requested: \$ \_\_\_\_\_

# GRANTS FOR GIRLS AND ADULTS APPLICATION FORM

## Applicant Information - Page 2 of 2

Full name of person filling out form: \_\_\_\_\_

Relationship to person needing the grant: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

I have read the "Grants for Girls and Adults" information in the River Valleys' *Council Reference Guide* or website.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Troop Leader Information

Full name of troop leader: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date received: \_\_\_\_\_

Amount approved: \$ \_\_\_\_\_

Approved by: \_\_\_\_\_

Additional information needed: \_\_\_\_\_

Request(s) allocated in the form(s) of:  Check (*payable to troop*)

Voucher issued to (circle): Grantee or Applicant or Troop Leader

Internal Transfer

Budget debited: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Budget credited, if applicable: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

FILL OUT FORM COMPLETELY AND MAIL OR FAX TO:

**ATTN: Registrars**  
**Girl Scouts of Minnesota and Wisconsin River Valleys**  
**Brooklyn Center Service Center**  
**5601 Brooklyn Boulevard**  
**Brooklyn Center, MN 55429**  
**763-535-7524 FAX**

# TROOP MONEY-EARNING PROJECT APPROVAL FORM

Troop money-earning projects must meet GSUSA's and River Valleys' policies and standards. Before completing this approval form, read the policies and standards in the *Blue Book of Basic Documents*, *Safety-Wise*, and the *Council Reference Guide*. Submit this approval form to the council's program department at least 30 days prior to your proposed money-earning project (if the project is to support an extended trip, initial money-earning plans should be made at the same time as trip plans—six months to three years in advance). Incomplete forms may be returned and may result in processing delays.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Troop #: \_\_\_\_\_

Role in Troop: \_\_\_\_\_ Service Unit Name: \_\_\_\_\_

Troop's Program Grade Level: \_\_\_\_\_ Grade(s) of Girls: \_\_\_\_\_

What is your project? \_\_\_\_\_

Date of your project and Location: \_\_\_\_\_

What troop program or activity plans will be funded? \_\_\_\_\_

Dollar Goal (income minus expenses): \_\_\_\_\_

## Check all that apply:

- 1. Girls have been involved in budgeting and have helped identify the need for a money-earning project.
- 2. The project will be planned and carried out according to the *Blue Book of Basic Documents*, *Safety-Wise*, and the *Council Reference Guide*.
- 3. The money-earning project is suitable for the grades and abilities of the girls.
- 4. Participation in the project is voluntary.
- 5. Written permission will be obtained from each girl's parent/guardian prior to her participation.
- 6. Girls will discuss safety rules as appropriate for the project.
- 7. Girls will be involved in planning, carrying out, and evaluating the project.
- 8. The troop participated in the most recent Girl Scout Cookie Program Activity.
- 9. Leaders understand that the council is not responsible for any debts incurred by the troop because of the project.
- 10. The troop has received approval for other money-earning projects in the past 12 months.  
Please explain: \_\_\_\_\_
- 11. The troop understands that advertising the money-earning project may not include paid advertisement or advertising any commercial product.
- 12. The troop understands that it may not act as the agent/salesperson for any company/organization.
- 13. The troop will not enter into an agreement other than purchasing a wholesale, non-branded/non-commercial product from a company/organization.
- 14. The project will not be carried out at the time of the council's Cookie Program Activity or Fall Product Sale (if applicable), local United Way solicitation, or in conjunction with the council-sponsored annual Family Partnership Campaign.
- 15. The project does not include a raffle or other games of chance.

**Agreement:** We understand that this is a request for approval. We will not make final arrangements for the troop money-earning project until we have received approval from River Valleys' Program Department. We agree to follow GSUSA's and River Valleys' policies and standards. If during the planning process significant changes occur in the information on this form, we will notify the council staff who approved our request.

Girl Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Council Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request is Approved OR Denied (reason for denial: \_\_\_\_\_)

Troop Notified on: \_\_\_\_\_ By: \_\_\_\_\_

# GIRL SCOUT TRIP - REQUEST TO PLAN FORM

*This form is used to obtain council approval to plan an Across-the-Border to Canada, Extended Overnight (three nights or more), Regional Group, and/or International trip, as well as any and all trips involving special equipment and/or "Activities Not Listed in the Activity Checkpoints" and/or "Activities with High Risk" as referenced in Safety-Wise. This information must be submitted at least six months to three years in advance of the trip, depending on the type of trip. Within 10 business days of receipt of your request, you will be notified of the status of your request. This form must be approved before girls proceed with further planning. Refer to the section on Girl Scout Trips in the River Valleys' Council Reference Guide or website for more information.*

Program Grade Level/Grade: \_\_\_\_\_ Troop #: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Leader's Name: \_\_\_\_\_ Date of Form: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Co-Leader's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Number Planning to Participate \_\_\_\_ Girls \_\_\_\_ Adults Are all participants registered? \_\_\_\_ Yes \_\_\_\_ No

Person(s) filling out this form \_\_\_\_\_

*The troop works together to answer the following questions. If you do not have the completed answers to all the questions, please explain how you will go about researching the answers.*

1. What other successful trips have we taken that demonstrate our abilities and readiness (i.e., how have we progressed to this point)?
2. Where are we going? Why and when?
3. Where will we stay? How will we get there?
4. How much will it cost. How will we fund it?
5. How should we get ready? What trainings and experiences should be in place for adults and girls?
6. How will we balance our trip planning with other Girl Scout activities? Will all the girls be able to go?
7. What health and safety factors must we take into consideration? Where is emergency help available?  
Are there any security considerations? Which adults will have First Aid and CPR?
8. What will we do along the way, when we get there, and when we return home?
9. What are our back-up plans (i.e., if we haven't earned enough money, our itinerary changes, or a participant drops out)?
10. How will we evaluate our experience at the end of the trip?
11. Do parents/guardians understand and support this proposal?

You may answer these questions on a separate piece of paper.

Please keep a copy for your records.

FILL OUT FORM COMPLETELY AND MAIL OR FAX TO:

**ATTN: Program Department Assistant**  
**Girl Scouts of Minnesota and Wisconsin River Valleys**  
**Brooklyn Center Service Center**  
**5601 Brooklyn Boulevard**  
**Brooklyn Center, MN 55429**  
**763-535-7524 FAX**

# ACTIVITY APPROVAL FOR TRIPS FORM

This form must be submitted at least four weeks in advance of the trip; for trips requiring council approval, allow eight weeks. Submit to your service unit manager or the Brooklyn Center Service Center (Attention: Program Department Assistant), depending on the type of trip. You will be notified of the status of your request. Please keep a copy for your records. Please complete both sides.

Leader's Name: \_\_\_\_\_ Date of Form: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Co-Leader's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Program Grade Level/Grade: \_\_\_\_\_ Troop #: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Number Planning to Participate \_\_\_\_\_ Girls \_\_\_\_\_ Adults Are all participants registered? \_\_\_ Yes \_\_\_ No

Has a signed Parent/Guardian Permission form and a completed Health History Record (and Health Examination Record, if applicable) been obtained for each girl participant? \_\_\_ Yes \_\_\_ No

## Type of trip you will be taking. Check all that apply:

### Service Unit approval required

- Day Trip more than 100 miles
- Day Trip longer than 10 hours
- Simple Overnight Trip (for trips to council campsites, see site rental process)

### Council approval required

- Trip involving special equipment, Activities Not Listed in the Activity Checkpoints, or Activities with High Risk
- Extended Overnight Trip
- International Trip (Including Canada)
- Regional Group Trip

If this is an Extended Overnight Trip, International Trip, and/or Regional Group Trip, a written "Girl Scout Trip - Request to Plan" form was also required to plan the trip (six months to three years prior). Please attach a copy of the form and list the date on which it was approved and by whom.

Trip Destination: \_\_\_\_\_

Trip Dates: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

## Transportation (refer to Group Transportation information in the Council Reference Guide before completing):

- Private Vehicle(s)
- Leased/rented car/van (Company: \_\_\_\_\_)
- Bus (Company: \_\_\_\_\_)
- Train (Company: \_\_\_\_\_)
- Plane (Airline: \_\_\_\_\_)
- Watercraft (Company: \_\_\_\_\_)

The adults listed below are driving private/leased/rented vehicles (if applicable):

Name: \_\_\_\_\_ D.L. # \_\_\_\_\_ Insurance Co.: \_\_\_\_\_  
Name: \_\_\_\_\_ D.L. # \_\_\_\_\_ Insurance Co.: \_\_\_\_\_  
Name: \_\_\_\_\_ D.L. # \_\_\_\_\_ Insurance Co.: \_\_\_\_\_  
Name: \_\_\_\_\_ D.L. # \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

# ACTIVITY APPROVAL FOR TRIPS FORM

The adults listed below are going on the trip and have completed the necessary training for this trip.

## Check all that apply:

- Attended Leader Training: Name: \_\_\_\_\_  
Orientation Date: \_\_\_\_\_ Leadership Essentials Date: \_\_\_\_\_
- Attended Outdoor Training: Name: \_\_\_\_\_ Training Date: \_\_\_\_\_  
 Overnights (A)  Outdoor Cooking (B)  
 Tents and More Cooking (C)  Basic Outdoor Skills (AB)  Campcrafter (ABC)  
 Extended Trip (D)  Other: \_\_\_\_\_
- Currently certified in First Aid/Adult CPR: Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Level 1  Level 2 Expiration Date: First Aid \_\_\_\_\_ Adult CPR \_\_\_\_\_

## Emergency Contact at Home:

Name: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## Emergency Contact at Destination:

Name: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Does the trip meet all council procedures for Girl Scout Trips, as well as recommended ratios of adults to girls, applicable Planning Trips with Girl Scouts Guidelines/Checklists, Girl Scout Program Standards, Activity Checkpoints, and Hotel Security and Safety Tips in *Safety-Wise*? \_\_\_ Yes \_\_\_ No

Attach a separate sheet with the itinerary for your trip. Include:

- names of all girls and adults going on the trip, include ages, Program Grade Levels, and grades of girls and roles of adults;
- places you will be staying (with addresses and phone numbers);
- dates and times you will be at each location; major activities each day; and budget, including income & expenses.

Depending on type of activity involved, also include:

- special consultants or resource people involved; special equipment that will be used;
- other groups or organizations involved; and planned safety precautions.

Please also attach copies of any required special agreements or contracts and waivers.

If submitting cookie credits, please attach. Amount attached: \$ \_\_\_\_\_

### STATUS OF REQUEST FOR APPROVAL (for office use)

\_\_\_ Approved \_\_\_ Not Approved Date: \_\_\_ / \_\_\_ / \_\_\_  
Leader Notified of Status of Request Date: \_\_\_ / \_\_\_ / \_\_\_

Recommendations to Leader:

\_\_\_\_\_  
\_\_\_\_\_

Service unit manager/Program Department signature:

\_\_\_\_\_

Date: \_\_\_\_\_

FILL OUT FORM COMPLETELY AND MAIL OR FAX TO:  
**YOUR Service Unit Manager or**  
**ATTN: Program Department Assistant**  
**Girl Scouts of Minnesota and Wisconsin River Valleys**  
**Brooklyn Center Service Center**  
**5601 Brooklyn Boulevard**  
**Brooklyn Center, MN 55429**  
**763-535-7524 FAX**

# CRISIS AND SAFETY MANAGEMENT REPORT FORM

*This confidential report is used to record all personal observations or telephone conversations regarding a crisis. A crisis is a circumstance or incident that may:*

- threaten the safety and health of girl and/or adult members of the organization
- adversely impact the organization's finances or property
- result in negative coverage from the media
- cause opposition from the community

Immediately after contacting a council representative, complete this form and return it to the address listed below. Circulation of this information should be limited, and copies should be distributed in sealed, personal, and confidential envelopes.

Date: \_\_\_\_\_ Your name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date and time of emergency/incident \_\_\_\_\_

Nature of emergency/incident (*natural disaster, illness, media item, etc.*):  
\_\_\_\_\_  
\_\_\_\_\_

What happened (*be specific*):  
\_\_\_\_\_  
\_\_\_\_\_

When and where it happened (*date/time/exact location*):  
\_\_\_\_\_  
\_\_\_\_\_

Names, ages, addresses of people involved - indicate if Girl Scout members or non-members (*include troop number, program grade level, and troop leader*):  
\_\_\_\_\_  
\_\_\_\_\_

Parent/guardian name, address, phone number (*include any significant reactions if parents/guardians were notified*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of other individuals/agencies notified (*police, fire, medical aid, etc.*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If automobile or bus involved, give details on owner, operators, etc.

---

---

---

---

Witnesses -- those who were present or observed occurrences (names/addresses/phone):

---

---

---

---

Name of Council representative notified: \_\_\_\_\_

Date Notified: \_\_\_\_\_

Submitted by: \_\_\_\_\_

*Please print name*

Signature: \_\_\_\_\_

**Please return this form to:**

Chief Marketing & Communications Officer  
St. Paul Service Center  
400 Robert Street South  
St. Paul, MN 55107  
651-227-7533 Fax

# TROOP SPONSORSHIP AGREEMENT

This is an agreement between the Girl Scouts of Minnesota and Wisconsin River Valleys and the below named business/organization for the sponsorship of the troop listed below. A sponsorship is a mutually beneficial partnership between Girl Scout troops and businesses, schools, communities of faith, and other organizations. Sponsorship is open to every organization whose aims and objectives are compatible with those of Girl Scouting. Sponsorships should be approved by council staff. Refer to "Sponsorship" in the *Council Reference Guide* for details. This agreement is effective for one Girl Scout membership year (October 1 – September 30).

## SERVICES PROVIDED BY THE SPONSOR

(check all that apply)

- Volunteer recruitment opportunities
- Adult volunteers
  - Chaperones, drivers, event planner, etc.
- Meeting space
- Materials/program
  - Equipment, career exploration activity, etc.
- Community service opportunities
- Publicity
  - Ad, newsletter, bulletin, etc.
- Financial assistance for Girl Scout items
  - Handbooks, uniforms, badges, etc.
- In-kind donation
- Other
  - Please specify: \_\_\_\_\_

## SERVICES PROVIDED BY GIRL SCOUTS

(check all that apply)

- Thank you note
- Publicize sponsor contribution
- Invite sponsor to group activities
  - Investiture, Court of Awards, etc.
- Provide Girl Scout membership/training to sponsor representative
- Council newsletter
  - Sent directly from council headquarters
- Certificate of sponsorship
  - Sent directly from the service center
- Support compatible aims/efforts of the sponsor through service
- Other
  - Please specify: \_\_\_\_\_

## SPONSOR INFORMATION

Business/organization: \_\_\_\_\_ Date of agreement: \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Sponsor representative signature: \_\_\_\_\_

## GIRL SCOUT RECIPIENT

Service unit: \_\_\_\_\_ Troop number: \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Troop representative signature: \_\_\_\_\_  
*If financial donation, please attach check, and specify purpose.*

Council staff signature: \_\_\_\_\_

Return to: Girl Scouts of Minnesota and Wisconsin River Valleys, Attn: Fund Development, 400 Robert Street South, St. Paul, MN 55107.