



Helping Hands Fund Application
New Unit Initiatives

Section 1: Basic Information

Area: _____

District: _____

Contact Person: _____
(Person applying for funding)

Phone: _____ E-mail: _____

Unit Description and Location: _____

Target Age: _____ # of girls: _____

Guiders Names: _____

Section 2: Budget

Source of funds (please list all)

Expenses (please list all)

District Council: _____

Area Council: _____

Other: _____
(Grants/donations)

Total: _____

Area Commissioner signature: _____

Date: _____

Guider signature: _____

Date: _____

Section 3: Assistance Breakdown

Please complete all sections below indicating contributions made. All dues payable to Areas will be required if guidelines are not adhered to.

Funding required

Membership: _____

Uniform: _____

Other: _____

Total: _____

Funding source

Parent/Guardian: _____

Unit: _____

District: _____

Area: _____

Total: _____

Manitoba Council Use

Amount Approved: _____

Date: _____



Helping Hands Fund
Area Summary Sheet for Members Support

Area: _____ Date: _____

List the amounts for each request for member support, one line per member. Please use another Area Summary sheet if required.

	Membership Fee	Uniform	Other (please specify)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

If you have questions call:

Name: _____

Phone: _____

Deadlines for submission are November 15 and May 15.