

Please use CAPITAL/BLOCK LETTERS when completing this form.

Contact Information	
Branch of:	Date of application: DD MM YYYY
Diocese of:	
Indicate the position you hold within the Diocese: President Secretary Treasurer	Branch Leader Other:
Name:	Address:
Phone:	
Email Address:	
Total of Grant Request	
What is the total amount being requested from the GFS Central Training Fund?	€
Purpose of Grant Request	
For what benefit/purpose do you require this training	grant?



Details and Costs of Training Event

Where will this event take place?	Date of proposed event: DD MM YYYY				
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How many girls will attend this event?	How ma	ny helpers v	will attend	d this even	t?
How many leaders will attend this event?					
What is the cost per leader for this event?	€			£	
Total cost for leaders/helpers attending this event:	A €			£	
NOTE: Grants are currently payable for the first 6 leaders	s at any event	regardless	of the nu	mber of gi	ls attending.
Event Financial Support					
Is there Diocesan or other commercial support for this event? Yes No					
If yes, please list this support for the proposed e	event:		€		£
Diocesan contribution					
Parish contribution					
Local Educational Library Board / VEC contribution					
Participant contribution					
Other contribution: (describe)					
Total o	contributions	В			
Total requested from GFS Central Training Fund	: A - B				



Event Activities

Please list the activities to be covered at the event, the outcome targets you have set for the event <u>and</u> how these targets are to be measured.					
•	o note in respect of this grant application				
	1. The award of a grant is at the discretion of the GFS Central Finance Committee.				
	2. The Finance Committee may award an initial grant to help fund the event, however, if the event does not take place as proposed the Diocese will be expected to refund any grant monies				
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already awarded or any grant monies that were not used. 3. In order to receive the final portion of your grant, receipts <u>must</u> be forwarded to cover the initial					
amount requested together with a completed summary evaluation sheet.					
4. The grant application will be considered at the GFS Central Finance Committee meetings. Please					
contact the Central Office to confirm when the next committee meeting is scheduled to be held.					
5. Where possible, send a copy of any quotes for costs you have received in relation to the event					
	this application.				
	form is to be forwarded to your Diocesan Secret	ary and President for signing before			
	mitting it to the GFS Finance Committee.				
Signed on be	ehalf of Branch making application:	Date:			
	Diocesan Secretary:	Date:			
	D'access Describerat	Data			



*** For Office Use Only ***					
Date application received at Oak House: DD MM YYYY		Date Finance Committee meeting held: DD MM YYYY			
Application approved? Yes No		Date applicant informed of grant status: DD MM YYYY			
Type of initial payment made:	75%	25% Full			
Date receipts & evaluation form received: DD MM YYYY		Date final payment made: DD MM YYYY			
Additional Comments:	-				