



Manitoba Council

Helping Hands Fund Application New Unit Initiatives

Section 1: Contact Information

Contact person:
(person applying for funding): _____

Area: _____ District: _____

Unit description and location: _____

Number of girls: _____

Names of Guiders: _____

Section 2: Funding

Funding (funding can come from caregiver/caregiver, district or area council, grants and donations or other sources):

Funding source	Amount
• _____	_____
• _____	_____
• _____	_____
• _____	_____

Total funding available: _____

Section 3: Expenses

What expenses are you applying to have covered?

- Membership fees
- Uniforms
- Unit start-up funding

If there are any expenses you anticipate outside of unit start-up funding, membership fees and uniforms please list them here:

Area Commissioner name: _____

Date: _____