



Transatlantic Council Individual and Unit Grant Application Form

Eligibility Requirements

- May be for a TAC sponsored event: Summer Camp, Normandy, Klondike Derby, Venture, Cub Resident Camp, Day Camp, Woodbadge, National Youth Leader Training
- May be for Transatlantic Council participation in a National BSA Activity
- Must be registered and active in a Transatlantic Council Unit
- May not be used for National BSA Registration fees or to cover unit dues.

Procedures and Prerequisites: Please read carefully

1. Application for a grant must be fully completed and signed by the unit committee chair for unit grants and by the parent/guardian for individual grants. **The application will be returned unless all sections are completed and signed.**

Complete the narrative sections of the application.

2. Applications must be received in the Transatlantic Council office on or before the specified deadline date for the event. If no deadline is specified, then the application must be received at least 6 weeks prior to the event. **Applications received after the deadline date for the event will not be considered.**

3. Estimate realistic costs for travel arrangements, considering economy in time and money:

- Second class train or as a group rate, if applicable
- Economy class plane fares (APEX fares should be obtained, whenever possible.)
- Car pooling
- Mileage is not reimbursed. Estimate the cost of gas to and from the program site
- Whenever possible, attach invoices or itineraries that show actual cost of transportation (plane, train, rental vehicle)

4. Submit an economical budget of estimated expenses and include all sources of income.

5. **The amount requested (must be stated) is supplemental to any grant other grant requests. If funds are obtained from other sources, the Transatlantic Council should be notified.**

7. All requests will be considered on the basis of available funds. Funds in the Direct Assistance account are allocated by the Executive Board of Transatlantic Council. The primary source of these funds is Friends of Scouting, Popcorn Sales and Bowl-a-thon programs.

Return grant form by deadline date as determined by date set in the event information. Mail completed grant form to:

Transatlantic Council, BSA
Unit 31301 Box 25
APO AE 09613

OR

Transatlantic Council, BSA
Via Vecchia Livornese, 788
56128 Tirrenia (PI) Italy

E-mail: program@tac-bsa.org

FAX DSN 633 7856 or +39 050 54 7856

Individual and Unit Grant Form - complete all spaces

Grant Amount Requested from Transatlantic Council \$ _____

Forms received without the Grant Amount Requested completed will be returned without processing

Grant Checks **should** be made _____
 payable to and mailed to: _____
 (Parent/ Guardian _____
 Name & Address) _____

Deposit funds into unit account

- Family Income:**
- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$24,999 | <input type="checkbox"/> \$25,000 - \$34,999 | <input type="checkbox"/> \$35,000 - \$44,999 |
| <input type="checkbox"/> \$45,000 - \$54,999 | <input type="checkbox"/> \$55,000 - \$64,999 | <input type="checkbox"/> \$65,000 - \$74,999 |
| | | <input type="checkbox"/> Over \$75,000 |

How many people are supported by the family income? _____

State any reasons which would help with the decision on your request, such as medical expenses not covered by insurance or other unusual financial expenses. Attach additional sheet if needed!

Anticipated type of travel (check all that apply)

- Auto
- Carpooling
- Bus
- Airplane
- Train

Expenses

Event Fee (Minus deposit) \$ _____
 Personal Car \$ _____
 Bus \$ _____
 Train \$ _____
 Plane \$ _____
 Other (explain in #3 above) \$ _____

Total Expenses \$ _____

Income

Family Contribution
 Deposit \$ _____
 Unit Contribution \$ _____
 Additional Support \$ _____
 Non- Scout Sources Include
 Community support (Spouses Club, etc) \$ _____

Total Income \$ _____

Youth's name _____ Age _____

Phone (include area code)# _____

Unit _____

Purpose of Grant Requested (check one): Resident Camp TAC EVENT Other

Event _____ Event Dates _____ Location _____

Why do you wish to attend this event/opportunity?

Email address: _____

I understand that requested funds will be returned to Transatlantic Council in the event of cancellation or if funds are not needed.

Our family has a deployed service member during the event, or 2 months prior or after the event. Special funding may be available in support of families of deployed service members

 Date

**GRANT FORMS RECEIVED INCOMPLETE WILL
 RETURNED WITHOUT PROCESSING**