

## GoGirlGo! San Antonio 2009 Grants Application

Name of Organization			
Program Leader			
Title			
Mailing Address			
City	State	Zip	
Telephone			
E-mail Address			
Amount Requested \$			
Ratio of Cost Per Girl <small>(divide total cost of program by number of girls served)</small>			

Timeline for proposed program:	BEGIN (month/year)		END (month/year)	
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Is the program new or existing?		
<input type="checkbox"/> New	<input type="checkbox"/> Existing	How many of years in existence:

How many girls will participate in this sports/physical activity program?	
How many girls will use the GoGirlGo! Curriculum?	
How many coaches and/or program administrators will administer the proposed program?	

What are the ages of the program participants? <i>(check all that apply)</i>			
<input type="checkbox"/> 8-10	<input type="checkbox"/> 11-13	<input type="checkbox"/> 14-15	<input type="checkbox"/> 16-18

Have you ordered the GoGirlGo curriculum?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No – if no, when will you order the materials?

Will you implement the GoGirlGo! Curriculum if a grant is not awarded?	
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Executive Director / CEO Signature

Date

## Program Budget Comparison Report Form

Name of Organization	
Program Name	
Total Organization Budget FY09	

<b>REVENUE / INCOME</b>	<b>Girls Sports Program Budget FY09</b>	<b>GoGirlGo! Budget FY09</b>
Government / Public Grants & Contracts	\$	\$
Corporation / Foundation Grants	\$	\$
United Way, Combined Federal Campaign & Other Campaigns	\$	\$
Religious Institutions	\$	\$
Special Events / Benefits	\$	\$
Contributions / Individual Donors	\$	\$
Membership Dues	\$	\$
Participant Fees	\$	\$
Miscellaneous Income	\$	\$
In-Kind Support	\$	\$
Other (earned income, consulting fees, etc.)	\$	\$
Please specify:		
Other (earned income, consulting fees, etc.)	\$	\$

<b>Total Revenue / Income</b>	<b>\$</b>	<b>\$</b>
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<b>EXPENSES</b>	<b>Girls Sports Program Budget FY09</b>	<b>GoGirlGo! Budget FY09</b>
Staff Salaries	\$	\$
Employee benefits, Payroll taxes, Unemployment insurance, Worker comp		
Coaching Fees	\$	\$
Facility / Occupancy Rent / Utilities	\$	\$
Training	\$	\$
Telephone & Fax	\$	\$
Program Equipment	\$	\$
Program Advertising / Outreach (postage, printing, copying)	\$	\$
Travel	\$	\$
Administrative Supplies	\$	\$
Other	\$	\$
Please specify:		

<b>Total Expense</b>	<b>\$</b>	<b>\$</b>
<b>Balance</b>	<b>\$</b>	<b>\$</b>