



THE BELIZE SCOUT FOUNDATION  
*"Investing in a Better Belize"*

1070 Rainbow Runner Drive  
Vista Del Mar (Phase I)  
Ladyville

Mailing  
P.O. Box 131  
Belize City

**For Official Use**

Association/Scout Group: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Amount \$ Requested: \_\_\_\_\_  
Approval Date: \_\_\_\_\_  
Rejected Date: \_\_\_\_\_

**The Belize Scout Foundation (BSF)  
Grant Proposal Application Form**

Please answer each question on this form. (For Scout Groups) This proposal must first be approved by The Scout Association of Belize (SAB); the national office will submit your grant proposal to the BSF if approved. Attach any additional information necessary to clarify the proposal. The Scout Association will submit proposals directly to the Foundation.

- 1. Name of project: \_\_\_\_\_
- 2. Location of project: \_\_\_\_\_
- 3. Start date of project: \_\_\_\_\_
- 4. Expected completion date of project: \_\_\_\_\_

**Note:** Depending on the nature and duration of your project, it may require an Interim Report upon completion of the project. You will be notify if this is required once your project is approved for funding.

**4. Project Management**

a. Project Leader:

Name: \_\_\_\_\_

Position in Scouting: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

b. How many people will work on the project?:

Volunteer adult Scouters ( )

Volunteer non-Scout adults ( )

Professional adult Scouters ( )  
Scout youth ( )

Paid non-Scout adults ( )  
TOTAL PARTICIPANTS ( )

5. Project Design:

a. What is the specific Scout problem or need that this project is addressing?

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b. Why does the problem or need exist?

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c. Concisely explain the main goal of your project (use a separate page if necessary):

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d. How will you implement your project? Describe what action and steps you will take to complete your project.

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e. Explain how you think the results of your project will be sustained over the long-term if applicable.

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f. How will this project benefit Scout youth?

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6. Project Indicators

Please update the table below with the expected total of Beneficiaries and Indicators.

Project Indicators for Scouts	Target number at end of project:		
	Scouts	Volunteers	TOTAL
Number of Scouts that will benefit from the project:			
Number of people expected to enroll as Scouts as a result of this project: (if applicable)			
Number of Scouts participating in this project:			

7. WOSM Outcomes:

a. What is the projected increased number of Scouts towards the 2023 WOSM goals? \_\_\_\_\_

b. How will this project help Scouting grow in your NSO towards this goal?

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b. Is your NSO using the “Global Support Assessment Tool” towards Quality Scouting (GSAT Standard)?

Yes

No

c. What are the results?

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8. Provide a detailed Project Budget: (Use an additional page if necessary)

<b>Expenses:</b> Please complete the following Project Budget with the specific items and services needed to implement your Project.	
<b>ITEM</b>	<b>COST</b>
<b>Total Expenses:</b>	

9. Please indicate all other sources of funding for your project, their amounts and to which action, steps or materials of the project they are allocated. (Use an additional page if necessary)

a. Co-Funding Source: \_\_\_\_\_

Amount: \_\_\_\_\_

Project allocation: \_\_\_\_\_

Is this co-funding confirmed?      Yes                          No   

b. Co-Funding Source: \_\_\_\_\_

Amount: \_\_\_\_\_

Project allocation: \_\_\_\_\_

Is this co-funding confirmed?      Yes                          No   

10. How much money has already been obtained?

Amount: \_\_\_\_\_

BSF Grant Request

Amount: \_\_\_\_\_

11. If the project involves publications to be sold, how many will be printed/purchased and what will be the sale price of each?

Quantity: \_\_\_\_\_ Sale Price: \_\_\_\_\_

12. What resources other than money, such as materials and equipment, will be donated for the project? Who will donate these resources?

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13. BSF Reports

Projects of short duration require two reports to be written: (1) a report at project completion; and (2) a follow-up report, usually written one year after project completion, detailing the results and benefits of the project. Projects that take longer than 12 months to complete require an interim progress report.

a. Will this project be of long enough duration to require an interim report?

Yes

No

b. By what date will the following reports be received in the BSF office?

- ◆ Interim report date \_\_\_\_\_
- ◆ Project completion report date \_\_\_\_\_
- ◆ Follow-up report date \_\_\_\_\_

14. Who will be responsible for submitting the interim, completion, and follow-up reports to the BSF office?

Name: \_\_\_\_\_

Position in Scouting: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

**Endorsements**

Please submit your finished proposal to The Scout Association of Belize for endorsement by the National Scout Committee and signature of the President, after revision. After the President has given a signed endorsement your grant proposal will be submitted to the BSF for consideration.

**SAB's Endorsement**

President's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BSF's Endorsement**

Chairman's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this form to: The Belize Scout Endowment Foundation, P.O. Box 131, Belize City

(For official BSEF Use only)

DECISION OF BSF FINANCE GRANTS COMMITTEE:

BSF Committee Grants Chairman please initial the decision below:

With a quorum present the BSF approves this Grant Proposal and grants the following amount toward the completion of this BSF Grant Request.

Approved amount \$ \_\_\_\_\_

This Grant Request requires an Interim Report: Yes  No

With a quorum present the BSF denies this grant proposal:

\_\_\_\_\_  
Chairman, BSF Grants Committee

\_\_\_\_\_  
Date

The decision of the BSF is final