



## REQUEST FOR DREAM IT, BE IT: CAREER SUPPORT FOR GIRLS FUNDING

### DIRECTIONS:

1. At least 30 days **before** the planned event or activity, complete and submit page 1 of this form to: **Region Chair Laura Pauli**– lfpauli@aol.com A check not to exceed \$125 will be mailed to the above address if approved by the GWR Governor.
2. The final check not to exceed \$250 total per club will be mailed to the above address after the final report and receipts for all expenses incurred is approved by the GWR Governor. (See page 2)
3. A club may submit one request for their event(s) each year. If partnering with another Soroptimist club(s), only one club - who has not received funds - may submit a request.

<b>Club:</b>	
<b>Contact:</b>	
<b>Mailing address:</b>	
<b>Email:</b>	
<b>Phone numbers:</b>	
<b>Other Soroptimist clubs:</b>	
<b>Outside partnerships:</b>	
<b>Amount club funds committed:</b>	
<b>Amount partnerships committed:</b>	

Need help developing your plan?

**Contact DIBI Region Chair Laura Pauli– lfpauli@aol.com**

### PLANNED DIBI: CAREER SUPPORT FOR GIRLS EVENT / ACTIVITY

<input type="checkbox"/> Ongoing small group mentoring <input type="checkbox"/> One day conference <input type="checkbox"/> Other
<b>Describe planned event or activity:</b> ( <i>who, what, when, where, how</i> )
<b>Date(s) of event(s) / activity:</b>
<b>Anticipated outcome:</b> ( <i>number of girls expected; volunteer hours; new partnerships; new members; public awareness</i> )

### PROPOSED EXPENDITURE BUDGET

ITEM DESCRIPTION	ITEM COST	TOTAL COST
<b>TOTAL AMOUNT REQUESTED</b> (Not to exceed \$250)		



## DREAM IT, BE IT: CAREER SUPPORT FOR GIRLS EVENT/ACTIVITY REPORT & EXPENSE REQUEST

**DIRECTIONS:**

1. Within 30 days of the **conclusion** of the event/activity, complete and submit page 2 of this form with receipts for all expenses to: **Laura Pauli**– lfpauli@aol.com The final check not to exceed \$250 total per club will be mailed to the above address after the final report and receipts for all expenses incurred is approved by the GWR Governor.

<b>Club:</b>	
<b>Contact:</b>	
<b>Mailing address:</b>	
<b>Email:</b>	
<b>Phone numbers:</b>	
<b>Other Soroptimist clubs:</b>	
<b>Outside partnerships:</b>	

REVISED DESCRIPTION OF EVENT/ACTIVITY AND OUTCOMES:		
<input type="checkbox"/> Ongoing small group mentoring	<input type="checkbox"/> One day conference	<input type="checkbox"/> Other

<b>Number of girls attending:</b>	
<b>Total number of Soroptimist attending:</b>	
<b>Total number of others attending:</b>	
<b>Total volunteer hours:</b>	
<b>Total funds expended by club(s) excluding region assistance:</b>	
<b>Total funds contributed by outside partnerships:</b>	

ITEM DESCRIPTION	ITEM COST	TOTAL COST
<b>Total expenditures for event/activity</b>		
<b>Amount advanced</b>		
<b>Final amount requested</b>		
(amount advanced plus final amount requested may not exceed \$250)		