
APPLICATION FOR MONEY-EARNING PROJECT

1. Read the Council information provided in Volunteer Essentials
2. Submit this form to Philanthropy at least 30 days in advance of your event.
3. **DO NOT** proceed with the project/request until receiving a copy of the application marked "Approved."
4. Keep your copy of the application during the project.
5. Once the event or project is completed, please follow up with the Resource Development Coordinator within two weeks after your event. We would like to hear how your event went.

Troop Information

Troop # _____ Service Unit # _____ Age Level: Daisy Brownie Junior Cadette Senior

Troop Treasurer's name: _____ Phone: Daytime _____ Evening _____

Troop Leader's name: _____ Phone: Daytime _____ Evening _____

Address: _____ Email: _____
Street City State Zip

Amount of money now in Troop treasury: \$ _____

Account number: _____ Bank: _____

Did Troop participate in the most recent cookie sale? Yes No \$ _____ Troop proceeds

Did Troop participate in the most recent fall sale? Yes No \$ _____ Troop proceeds

Background Information

Why is the money needed?

Troop plans for money raised: Service Project Badge Activity Field Trip Meeting supplies

Please explain/describe:

Total amount needed: _____ Date funds will be used: _____

Activity/Project Benefits (These are questions pertaining to the activity/project the girls want to raise money for)

How have the girls been involved in planning this project?

How does this project fit into ongoing Troop programs?

What badges/awards will the girls earn through participation in this activity/project?

What are the potential benefits of this activity?

What resources (people, publications) have the girls used in planning this project?

Sources of Revenue (Include all money-earning projects and donations relating to this activity/project.)	Estimated \$ Amount
TOTAL REVENUE	
EXPENSES (Include all expenditures for goods/services related to implementation of this activity/project.)	Estimated \$ Amount
TOTAL EXPENSES	

Proposed Money-earning Project Information

Description of proposed money-earning project:

Girl Scout program goals that will be met through participation in money-earning project:

What expenses are anticipated as part of your money-earning project?

Date, time and location of proposed money-earning project:

Troop Leader’s Signature: _____ Date: _____

Do not fill in. To be completed by Council Staff.

Is troop’s most recent financial report on file and in order? Yes No

Troop’s United Way Black-out Dates: _____

Resource Development Coordinator: _____

Date: _____

Approved
Not Approved