

Girl Scout Council of Cannon Valley Troop/Group Money-Earning Activity Request

*This request must be reviewed by the Fund Development Representative and submitted to the Service Unit Treasurer **six weeks in advance** of starting the project. The Service Unit Treasurer must submit it to the Membership and Marketing Executive **five weeks in advance** of the project date. All requests must have full approval to proceed. The Membership and Marketing Executive will review and return to the troop leader within two weeks of receipt. A copy will be sent to the Service Unit Treasurer.*

Troop # _____ Br Jr Cad Sr Service Unit _____

Date of proposed project _____ Name or Type of Activity _____

Provide a brief description of the money-earning activity. Include location, products or services to be provided, etc.

of registered girls participating _____ Will non-registered girls and adults be participating? _____
 # of registered adults participating _____ If so, have you requested additional insurance coverage? _____

What process was involved to reach the decision to undertake this money-earning activity? Were girls and adults both involved in the decision making process? _____

What skills will the girls learn from this experience? _____

Will or did your troop participate in the council Fall Product Sale? Yes _____ No _____ Amount Earned _____
 Will or did your troop participate in the council Cookie Program? Yes _____ No _____ Amount Earned _____

Have the girls and adults in your troop planned an activity calendar and developed a budget for the troop year? (A copy must be attached.) What is the amount needed to balance the budget? _____

What troop programs or activities will be funded by this activity? _____

How much money is in your troop checking account as of the date of this request? _____

Please complete columns A and B of the Activity Budget on the backside of this request.

- We have secured permission from each girl's parent or guardian to let her participate in this money-earning activity.
- We have reviewed *Safety-Wise* and council guidelines regarding troop money-earning activities.
- Our troop understands that if our proposed money-earning project is approved, it will be our responsibility to complete the financial and evaluation sections of this request and return it to the Service Unit Treasurer to be forwarded to the Membership and Marketing Executive within 30 days of the completion of the project.

Leader signature _____ Date _____ Phone _____

Signature	Comments	Recommendation	Date
Fund Development Representative		<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	
Service Unit Treasurer		<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	
Membership & Marketing Executive		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	

Activity Budget

Complete columns A and B when submitting the request. Complete column C and the evaluation section within 30 days of the completion of the project. Return the form to the Service Unit Treasurer to be signed and forwarded to the Marketing and Membership Executive. (A copy will be forwarded to the Fund Development Representative.)

A	B	C
What will you SPEND on the money-earning project? (List Item/Service)	Budgeted	Actual
Total Expenses		

Is anything being DONATED ? (Can include service / goods.)*	Est. Value	Est. Value
Total Donations		

**Please obtain a sponsorship certificate if possible.*

What do you expect to EARN ?	Budgeted	Actual
Total Earnings		

What is your NET PROFIT (Do not include donations)	Projected	Actual
Net Profit		

Evaluation of Project

This information is needed by the council staff because it:

1. Promotes girl involvement in planning and carrying out the project.
2. Provides supporting documentation for the Annual Troop/Group Activity Report.
3. Helps the staff know which projects are successful and which are not.

Please provide a brief evaluation of the project. Do you and the girls feel that it was successful? Were the goals obtained (consider money and skills)? How many participated: # girls _____ # adults _____ # troops _____

Would you consider doing this project again? Would you make any changes?

How many hours were spent planning and implementing this project? By the girls _____ by the adults _____

Please attach any media coverage articles (newspapers, etc).

Signatures

Troop Leader Date Service Unit Treasurer Date

Membership & Marketing Executive Date Received

(Forward a copy to the Fund Development Representative)