



# Group Money-Earning Project Application 1/13

This application must be submitted to the Girl Scout Leadership Center at least six weeks prior to the planned project date. Notification of approval will be given within two weeks of receipt. DO NOT purchase materials or place order for supplies until approval is granted.

Send application to: Girl Scout Leadership Center  
Attn: Development Manager  
1308 Broadway, West Burlington, IA 52655  
Phone: 800-798-0833 Fax: 319-753-1410  
MoneyEarningApproval@GirlScoutsToday.org

Troop/Group # \_\_\_\_\_ or Event Name \_\_\_\_\_ Service Unit \_\_\_\_\_

Program Grade Level: (circle all that apply)    B    J    C    S    A    # of Registered Girls \_\_\_\_\_

Leader or Coordinator's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Reason(s) for Raising Money \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Description (HOW money will be raised; WHO will purchase product/service; WHERE girls will be selling: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Proposed Project \_\_\_\_\_ (See note regarding date restrictions)

**NOTE:** Money-earning activities may not occur during council fall sales or cookie sale order taking and/or delivery. Some money-earning activities are restricted during the United Way campaign periods (August -November).

Please provide name and address of any vendors or suppliers \_\_\_\_\_

Did your troop participate in the last Cookie Sale Program?                     Yes                     No

Does your troop plan to participate in the next Cookie Sale Program?                     Yes                     No

Expected income from money-earning activity:                    1. \$ \_\_\_\_\_

Expected expenses from money-earning activity:                    2. \$ \_\_\_\_\_

Expected profit from troop/group: (line 1 minus 2)                    3. \$ \_\_\_\_\_

Cost of activity for which money is being earned:                    4. \$ \_\_\_\_\_

Balance needed for activity: (line 3 minus 4)                    5. \$ \_\_\_\_\_

How will the balance needed (if any) for the activity be earned? \_\_\_\_\_

\_\_\_\_\_

We have planned this project in accordance with national standards and council policies, procedures and guidelines listed in Volunteer Essentials for group money-earning activities.

\_\_\_\_\_  
Leader's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Troop/Group Treasurer's Signature (girl)

\_\_\_\_\_  
Date



FOR COUNCIL USE:    \_\_\_\_\_ Approval granted

                                 \_\_\_\_\_ Approval denied for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_