Girl Scouts Heart of Michigan Gold Award Project Proposal



Be sure to:

- Print, or type, in blue or black ink.
- Do not begin your project until you have received GSHOM approval.
- Use additional paper if you need more room.
- Make a copy this proposal to keep for your own records.
- Mail or drop-off a completed and signed copy of this Project Proposal to your local GSHOM Regional Center.

Name:				
Address:			_ City:	
Zip:	County:	Email	l:	
Home Phone:		Cell Phone: _		
Preferred Method of	f Communication (circle or	ne): email	phone	
Age:	Grade:	Year of Grad	uation:	
School:		City of Schoo	ol:	
•	(s):			
Parent/Guardian Em	nail:		_ Phone:	
Troop/Group #:	or □ Juliette Ye	ears as a Girl Scout	(counting this membership year	r):
Troop/Group Leader	r:		_ Phone:	
Troop/Group Leader	r Email:			
Girl Scout Gold Awa	ard Project Mentor:		_ Phone:	
Email:				
Project Mentor's Orç	ganization:		_ Website:	
GSHOM Gold Award	d Training Date Attended:		_ Training Location:	
Drop off, or mail, you	ur Project proposal to you	r local GSHOM Reg	jional Center:	
GSHOM ATTN: Gold Award Ypsilanti/Ann Arbor Regional Center 444 James L. Hart Pkwy Ypsilanti, MI 48197 (734) 714-5140 (800) 497-2688	ATTN: Gold Award Jackson Regional Center 4403 Francis Street Jackson, MI 49203 (517) 784-8543 (800) 497-2688	GSHOM ATTN: Gold Award Kalamazoo Regional Center 601 West Maple St Kalamazoo, MI 49008 (269) 343-1516 (800) 497-2688	GSHOM ATTN: Gold Award Lansing Regional Center 1223 Turner Street Suite 200 Lansing, MI 48906 (517) 699-9400 (800) 497-2688	GSHOM ATTN: Gold Award Saginaw Regional Center 5470 Davis Road Saginaw, MI 48604 (989) 799-9565 (800) 497-2688
FOR OFFICE US			ved:	_
GSHOM Represer	ntative Signature:		Date:	
Sent to Gold Awar	rd Advisory Committee:			
Gold Award Projec	ct Advisor:			

Gold Award Prerequisites

Earn the Silver Award and complete ONE age-appropriate Girl Scout Senior or Ambassador Journey

-OR-

Complete TWO age-appropriate Girl Scout Senior or Ambassador Journeys (*Each Journey you complete gives you the skills you need to plan your Gold Award project*)

Senior/A	mbassador Journeys Completed	Date Completed	Troop/Group leader's Signature
1.			
2.			

OR

Girl Scout Silver Award Date of Completion and Topic	
Council where you earned the Silver Award	

Your Project Team List the names of individuals and organizations that you plan to work with on your Girl Scout Gold Award project. This is a preliminary list that may grow through the course of your project.

Team Members	Relationship to You	Role

15 Leadership Outcomes

The following is a list of Girl Scout's 15 Leadership Outcomes. When thinking about your project which ones do you think you will develop through this project?

Discover:
D1. I will develop a stronger sense of self. D2. I will develop positive values. D3. I will gain practical life skills. D4. I will seek challenges in the world. D5. I will develop critical thinking.
Connect:
C1. I will develop healthy relationships. C2. I will promote cooperation and team building. C3. I will resolve conflicts. C4. I will advance diversity in a multicultural world. C5. I will feel more connected to my community, locally and globally.
Take Action:
T1. I will identify community issues. T2. I will be a resourceful problem solver. T3. I will advocate for myself and others, locally and globally. T4. I will educate and inspire others to act. T5. I will feel empowered to make a difference in the world.
*Want more information on the Girl Scout Leadership Outcomes? Visit www.girlscouts.org/research/publications/outcomes/transforming_leadership.asp.
Feel free to contact your local Regional Center to check out a Transforming Leadership Book.
Gold Award Project Description
Proposed Project Title:
Proposed Start Date: Proposed Completion Date:
<u>Directions</u> : The following questions ask you to describe your project, the issue you plan to address and the audience you intend to reach. This is the information used to give pre-approval to your project before it is assigned to a Gold Award Advisor. Please answer each question with a minimum of 5 – 6 complete sentences. If you need to retype the questions into another document, or if you need to add pages, feel free to do so. The more details you can provide in your answers, the easier it is for someone unfamiliar with your project to understand what you plan to do and how you plan to do it.

Describe the issue your project will address and who is your target audience.

Discuss your reasons for selecting this project.
Outline the strengths, talents and skills that you plan to put into action. What skills do you hope to develop?
Describe the steps involved in putting your plan into action, including resources, facilities, equipment and approvals needed.
List names of people or organizations that are going to be part of your project. These people should already be aware of your proposed project idea.
Estimate overall project expenses and how you plan to meet these costs. Be sure to also fill out the attached Gold Award Proposed Budget Form.

What methods or tools will you use to evaluate the impact of your project?
How will your project be sustained beyond your involvement?
Describe how you plan to tell others about your project, the project's impact and what you have learned (articles, Web site, blog, presentations, posters, videos and so on).
Is there anything else you would like to share about your project?

Gold Award Project Proposed Budget



Proposed Revenue

Source:	\$
Source:	\$
Source:	\$
Source:	\$

Proposed Expenses

Speakers/Special Guests	\$
Paper/Printing (i.e. fliers, invitations, binder pages, etc.)	\$
Insurance (11¢ per non-Girl Scout; \$5 minimum)	\$
Film Development/Picture Printing	\$
Food/Beverage	\$
Postage/Shipping	\$

Pr	ogram Materials & Supplies Total Cost	\$
	Item 1:	\$
	Item 2:	\$
	Item 3:	\$
	Item 4:	\$
	Item 5:	\$

Ot	her/Miscellaneous Total Cost	\$
	Item 1:	\$
	Item 2:	\$
	Item 3:	\$
	Item 4:	\$
	Item 5:	\$

GOLD AWARD PROJECT BUDGET TOTAL	\$
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Activity/Objective (What do you hope to accomplish? What action needs to be taken?)	Start Date	End Date
		<u> </u>
/our Signature:	Date:	
Project Mentor's Signature:	Date:	