



### Girl Scout Gold Award Project Proposal Form

This form is to be completed by Girl Scout Seniors and Ambassadors when proposing a Gold Award Project to the Gold Award Panel. **The submission deadline for this form, along with the rest of your project proposal as outlined below, is 5:00 PM on the first working day of the month** for review that month. Proposals received after the deadline will be reviewed the following month. **Submit this form at least 6-8 weeks prior to your proposed project start date.** You may mail or drop off this form with your proposal to the Girl Scouts Nation's Capital office. Please keep a copy of your paperwork for yourself and advisors. For clarity purposes, the Council strongly recommends that your submission be typed.

#### FORM SUBMISSION

Mail: Girl Scouts Nation's Capital  
 Attn: Gold Award Panel  
 4301 Connecticut Avenue, NW  
 Washington, DC 20008

Proposals are reviewed by the Gold Award Panel during the second or third week of the month, with the option for an in-person presentation. To schedule your presentation, please visit [www.gscnc.org/GAP.html](http://www.gscnc.org/GAP.html) by the third day of the month that you wish to present. Notification of the panel's decision will be mailed to you by the end of the month in which your proposal was reviewed. Please do not call or email Girl Scouts Nation's Capital for information on the decision. **You may not, under any circumstances, begin the Take Action part of your project until you receive approval from Council.**

#### PERSONAL INFORMATION

Name			Troop Number	Association and Service Unit	
Address			City	State	Zip
County	Congressional District	Phone	E-mail		
Age	Date of Birth (Month and Year)	Grade	Class of	School	

#### TROOP/GROUP VOLUNTEER AND PROJECT ADVISOR INFORMATION

Troop/Group Volunteer Name	Girl Scout Gold Award Project Advisor Name
Address	Title/Organization
City/State/Zip	Address
Daytime Phone	City/State/Zip
Evening Phone	Phone
E-mail	E-mail

**PREREQUISITES**

In order to begin your Gold Award project, you must first complete the prerequisites of two Senior or Ambassador Journeys OR one Senior or Ambassador Journey and the Girl Scout Silver Award. List the Journey(s) that you have completed and obtain your Troop/Group Volunteer's signature.

Senior/Ambassador Journey	Date Completed	Troop/Group Volunteer's Signature

Girl Scout Silver Award Completion Date: \_\_\_\_\_

Name of Council Where You Earned the Silver Award: \_\_\_\_\_

**YOUR TEAM**

List the names of the individuals and organizations that you plan to work with and who you can direct to carry out your Take Action project. This is a preliminary list that may grow throughout the course of your project. Please attach additional pages if needed.

Team Members	Affiliation	Role

**TAKE ACTION PROJECT**

Project Title	Proposed Start Date	Proposed Completion Date

Answer the questions below. Use additional paper if needed.

A. Describe the issue your project will address and who your target audience is. Detail the activities you will use to address your chosen issue. Remember your 15-second pitch.

B. Discuss your reasons for selecting this project.

C. Outline the strengths, talents, and skills that you plan to put into action. What skills do you hope to develop?

D. Describe the steps involved in putting your plan into action, including resources, facilities, equipment, and approvals needed. Attach a detailed description of how you will put your plan into action.

E. Enter the names of people or organizations that you plan to inform about your project and seek their involvement.

F. Estimate the project's overall project expenses and how you plan to meet those costs.

G. What methods or tools will you use to evaluate the impact of your project?

H. How will your project be sustained beyond your involvement?

I. Describe how you plan to tell others about your project, the project's impact, and what you have learned (e.g. Web site, blog, presentations, posters, videos, articles, etc.).

## IMPACT PLANNING

Using the Impact Planning Chart, describe the impact you hope your project will have on your community, your target audience, and yourself.

Impact On . . .	Goals	Potential Impact
<b>Community</b>	What community issue do you plan to address?	What examples of the project impact might you see in future?
<b>Target Audience</b> (workshop participants, other youth, community members, and etc.)	What skills, knowledge, or attitudes will your target audience gain?	How will you know that your target audience gained these skills or knowledge?

## IMPACT PLANNING (Continued)

Below is a list of the 15 Girl Scout Leadership Outcomes.\* Think carefully about your project, your skills, and your goals. Which do think you will develop through this project? Check the boxes next to those outcomes. Do not check the boxes next to any outcomes that you do not foresee yourself developing as a result of this project.

### Discover:

- I will develop a strong sense of self.
- I will develop positive values.
- I will gain practical life skills.
- I will seek challenges in the world.
- I will develop critical thinking.

### Connect:

- I will develop healthy relationships.
- I will promote cooperation and team building.
- I will resolve conflicts.
- I will advance diversity in a multicultural world.
- I will feel more connected to my community, locally and globally.

### Take Action:

- I will identify community issues.
- I will be a resourceful problem solver.
- I will advocate for myself and others, locally and globally.
- I will educate and inspire others to act.
- I will feel empowered to make a difference in the world.

\*Would you like more information on the Girl Scout Leadership Outcomes? Visit [http://www.girlscouts.org/research/publications/girlleadership/transforming\\_leadership.asp](http://www.girlscouts.org/research/publications/girlleadership/transforming_leadership.asp).

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Troop/Group Volunteer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Project Advisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## PROPOSED BUDGET

Provide a proposed budget. You may choose to use the tables below or create your own format. Attach additional pages if necessary. Additionally, you must answer the money earning questions found below the tables.

Item	Amount Needed	Price Per Item	Total

Total Expenses: \_\_\_\_\_

Planned Funding Source	Amount

Total Funding: \_\_\_\_\_

## MONEY EARNING ACTIVITY QUESTIONS

Do you plan to hold any money earning activities in order to fund your Gold Award Project? If so, please describe these activities.

Do you plan on asking for donations in order to carry out your Gold Award Project? If so, which individuals or organizations will be asked? What will you ask for? Remember that as a girl member of the Girl Scouts, you cannot ask for donations, but an adult can on your behalf.

I have reviewed all of the money earning policies and guidelines of Girl Scouts Nation's Capital and Girl Scouts of the USA as stated in *Volunteer Essentials* and agree to follow them. **I also understand that I must update my Gold Award Panel Mentor with any major changes to my Gold Award Project (including changes to my planned money earning activities) and receive approval of the changes prior to implementing those activities.**

Signature of Girl Scout: \_\_\_\_\_

Date: \_\_\_\_\_

## GIRL SCOUTS NATION'S CAPITAL SUPPLEMENTAL FORM

Projects are reviewed by the Gold Award Panel during the second or third week of the month, and girls have an option of giving an in-person presentation of their proposal to the panel. To schedule your presentation, please visit [www.gscnc.org/GAP.html](http://www.gscnc.org/GAP.html) and sign-up by the third day of the month you wish to present. Notification of the panel's decision will be sent to you via both mail and e-mail by the end of the month in which your proposal has been reviewed. Please do not call or email Girl Scouts Nation's Capital for information on the decision. **You may not, under any circumstances, begin the Take Action part of your project (Girl Scout Gold Award Step Six) until you receive approval from Council.**

**Your Girl Scout Gold Award Project Proposal is due by 5:00pm on the first business day of the month for review that month, and must include the following items:**

- Girl Scout Gold Award Project Proposal Form
- A letter of endorsement from either the organization that your project benefits or from your project advisor
- Estimated Hours Log
- Proposed Budget and Money Earning Activity Questions
- Girl Scouts Nation's Capital Supplemental Form
- Original Signatures on the Girl Scout Gold Award Project Proposal Form, Proposed Budget and Money Earning Activity Questions, and Girls Scouts Nation's Capital Supplemental Form

**Please note:** You are expected to read page 12 of *The Gold Standard* for more information on these requirements.

Do you have an Individualized Education Program (IEP), 504 Plan, and/or is there any way that the Council can make the Gold Award process more accessible for you? Please explain. The Council's Inclusion Specialist will be notified of your response. If you need assistance from the Inclusion Specialist with this process, please contact 202-534-3791. (Question Optional)

Describe how your project can be linked to a national or global issue:

Address the safety precautions on page four of *The Gold Standard* that are relevant to your project. Also consult *Volunteer Essentials* and the Safety Activity Checkpoints found on the Girl Scouts Nation's Capital website.

## HONOR CODE FOR GOLD AWARD GIRL SCOUTS

I understand that by choosing to embark on earning my Gold Award, I am promising not only to develop and implement a project which benefits my community, but also to uphold the values of Girl Scouting. A Gold Award recipient is a model Girl Scout and her actions reflect upon girls across the country. As a model Girl Scout, I will live by the Girl Scout Law. I will be honest, considerate, respectful of myself, others, and authority, and personally responsible for what I say and do.

Signature of Girl Scout: \_\_\_\_\_ Date: \_\_\_\_\_