

## Troop/Group Money-Earning Project Application

### Instructions:

1. A troop has the opportunity to do additional money-earning activities IF THEY PARTICIPATE IN THE COOKIE PROGRAM and if need is established by the Member Services Director.
2. No additional money earning activities may take place during the council Cookie program or Fall Product program.
3. Review Troop/Group Money-Earning Projects section in The Essential Guide, Troop/Group Finances section, and pages 74-76 in Safety-Wise.
4. The Troop/Group Money-Earning Project Application must be received and approved by your Member Services Director at least four weeks prior to the planned project date.
5. Notification of the status of this application will be sent within one week of its receipt at the Girl Scout Office. DO NOT sign contracts, purchase materials, or place orders until approval is granted.

Troop # \_\_\_\_\_ Town \_\_\_\_\_ Service Area \_\_\_\_\_  
Program Level \_\_\_\_\_ # Registered Girls \_\_\_\_\_ # Registered Adults \_\_\_\_\_

Troop Leader's Name \_\_\_\_\_ Phone (days) \_\_\_\_\_  
Complete Address \_\_\_\_\_ Phone (evenings) \_\_\_\_\_

Does your troop participate in cookie sales?  Yes  No If so, what is the amount earned? \_\_\_\_\_

Does your town participate in a community campaign, United Way, or other Fund Drive?  
 Yes  No If yes, what time of the year? \_\_\_\_\_

**Money-Earning Project Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- How will the girls be involved in planning and carrying out the money-earning project?
- Who are the potential customers for the product/service?
- Where will the girls be selling?
- How will adults supervise?

Date(s) of Money-Earning Project: \_\_\_\_\_

Supplier's Name/Address: \_\_\_\_\_

I have read pages 74-76 of Safety-Wise, and we have planned this proposed project in accordance with the Standards listed there. I also understand that by following these Standards, we will be in compliance with any law that governs minors involved in fund-raising sales for non-profit organizations.

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

(Please turn over and complete other side)

## Troop/Group Money-Earning Project Application, page 2

Complete this worksheet to assess how this money-earning project moves you toward your goal for the planned activity.

Reason for Money-Earning Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Estimated Income/Profit from Money-Earning Project

Expected Gross Income \$ \_\_\_\_\_  
Expected Cost \$ \_\_\_\_\_  
Expected Troop Profit \$ \_\_\_\_\_

### Estimated Income/Expenses

\$ \_\_\_\_\_ Balance in Troop Account  
\$ \_\_\_\_\_ Troop Dues Collected How often? \_\_\_\_\_  
\$ \_\_\_\_\_ Expected Income From Cookie Program  
\$ \_\_\_\_\_ Expected Profit From Money-Earning Project  
\$ \_\_\_\_\_ Other Income (Please explain) \_\_\_\_\_  
= \$ \_\_\_\_\_ Total Expected Income  
- \$ \_\_\_\_\_ Expected Activity cost (\$ \_\_\_\_\_ paid by troop \$ \_\_\_\_\_ paid by individual)  
\$ \_\_\_\_\_ Estimated troop expenses for year  
= \$ \_\_\_\_\_ Remaining Balance

#### OFFICE USE ONLY

- Permission is granted.  
 Conditional permission is granted, provided the following:

\_\_\_\_\_  
\_\_\_\_\_

- Permission is denied for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Member Services Director

Date