

## Application for Troop Money-Earning Project

It is very important that you review the “money earning” section of *Volunteer Essentials* prior to filling out this application.

Applications will be reviewed by Madeleine Briscoe, CFRE, Chief Development Officer ([mbriscoe@gsle.org](mailto:mbriscoe@gsle.org)).

Troop # \_\_\_\_\_ Troop Level \_\_\_\_\_ Community # \_\_\_\_\_ Proposed Project Date \_\_\_\_\_

**Process:** Allow at least one month for the approval process.

1. A Troop Budget/Finance Report must be submitted prior to completing this application for each troop money-earning project (not required for recycling projects and Girl Scouts Louisiana East Cookie and Fall Product activities).
2. Submit to your Troop Support Specialist.
3. A troop money-earning project will not be approved if it does not follow *Safety Activity Checkpoints* and *Volunteer Essentials* guidelines or it is scheduled during Council Product Sales.
4. Do not proceed with the project until you have received notification of approval.

Troop Leader’s Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_  
Home XXX-XXX-XXXX                      Work XXX-XXX-XXXX                      Cell XXX-XXX-XXXX

Project location: \_\_\_\_\_

Describe project: \_\_\_\_\_

Describe program value or program links of the project (badges?) Use additional page if necessary:

\_\_\_\_\_

Detail how the proceeds from this money-earning project will be used:

\_\_\_\_\_

Will any of the proceeds support the Forever Girls Scouts Annual Campaign:	Yes	No
Does your troop actively participate in the Forever Girl Scouts Annual Campaign:	Yes	No
Has your troop actively participated in at least one product program in the last 12 months:	Yes	No

I agree to abide by all of the applicable standards and Guidelines from *Safety Activity Checkpoints* and *Volunteer Essentials*, Girl Scouts of the USA, current edition for troop money earning projects as well as Girl Scouts Louisiana East Standards and Policies.

\_\_\_\_\_  
Troop Leader’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Girl Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Administrator or Troop Support Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Council Signature

\_\_\_\_\_  
Date

<b>For Council Use</b>			
Approves	Does not approve this project.	Reason:	Date: