

# Girl Scouts of Eastern Pennsylvania

## Girl Scout Gold Award Project Proposal

Please fill out using a word processing program, type or print in black ink. Proposals which are incomplete or written in pencil will be returned. Make copies for your Girl Scout Gold Award Project Advisor, your Troop Leader and for you to keep. **Submit the original Gold Award Project Proposal at least four weeks prior to when you want to start your project to Joan Hannahoe at:** Lehigh Valley Service Center, 2633 Moravian Avenue, Allentown, PA 18103 OR to [jhannahoe@gsep.org](mailto:jhannahoe@gsep.org). Do not begin your project until you have received Council approval, and you have a signed agreement letter detailing any changes to this form. **A relative's signature may not appear anywhere on this form.**

**For Council use only: Received by Council on:** \_\_\_\_\_

**Reviewed by committee on:** \_\_\_\_\_ **Project Agreement signed on:** \_\_\_\_\_

Name: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 9-Digit Zip code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ School: \_\_\_\_\_

Troop/Group Number: \_\_\_\_\_ Troop/Group Leader: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Troop/Group Leaders Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Girl Scout Gold Award Project Advisor:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Project Advisor's Organization: \_\_\_\_\_

Project Advisor's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Prerequisites:** Earn two Senior or Ambassador Journeys OR one Journey and the Girl Scout Silver Award.

List the Journey(s) that you have completed along with your troop/group leader's signature.

<b>Senior/Ambassador Journey Books</b>	<b>Date Completed</b>	<b>Troop/Group Leader's Signature</b>
<b>1.</b>		
<b>2.</b>		

Please attach the answers to the below questions relative to the Senior or Ambassador Journey's Book(s) you earned. Please attach responses on a separate typed document.

**Girl Scout Senior Journeys**

**It's Your World – Change It! Girltopia**

1. What unique vision and artistic representation did you create and share for Create It?
2. What mini-discussion or group activity did you lead for Guide It?
3. Describe your take action project that moved the world or your community closer to ideal for Change It.

**It's Your Planet – Love It! Sow What**

1. What food or land issue where you able to identify for your leader print?
2. What goal did you create that would benefit both the planet and the people?
3. How did you create change by influencing a food policy or land-use effort?
- 4.

**It's Your Story – Tell! Mission: Sisterhood**

1. What did you discover that you value most about friendship?
2. What sisterhood issue did you define that you could take action on and what did you do?
3. How will you carry the message of leadership for sisterhood forward?

**Girl Scout Ambassador Journeys**

**It's Your World – Change It! Your Voice, Your World**

1. What was the cause you researched that you want to advocate?
2. What was the workable and realistic solution that you proposed?
3. What did you learn by advocating for your chosen issue?

**It's Your Planet – Love It! Justice**

1. What did you find that matters the most to you about the environment?
2. What was your equation for achieving justice?

3. Who was included in your audience when you made your sage presentation and what did you ask them to do?

**It's Your Story – Tell It! - Bliss: Live It! Give It!**

1. Who were the three women you interviewed for Step 1 of the Dream Maker Award and what dream is each one living or working toward?
2. Who did you help to recognize her dream and how did you help her move it forward?
3. What is your own dream for the future?

<b>Briefly describe your Bronze Award Project. Include the month/year award was completed, if applicable.</b>	
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<b>Briefly describe your Silver Award Project. Include the month/year award was completed, if applicable.</b>	
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\_\_\_\_\_ (Month/Year) I read the GSUSA Gold Award packet & the GSEP Gold Award Resource Manual

\_\_\_\_\_ (Month/Year) I attended a Gold Award Take Action Workshop

## Gold Award Take Action Project

Project Title: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_

List the full name and address of the sites/organizations (benefactor) which will benefit from your project. If you plan to provide the program to more than one site, attach a sheet with additional agency names and addresses.

Name of Project Beneficiary: \_\_\_\_\_

Beneficiary's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

A. Describe the issue your project will address. Remember your 15-second pitch. Then answer the following questions:

1. Who will benefit from the project? Who is your audience? How many people will be served (if applicable)?
2. What type of program/service will you provide? What do you hope to achieve? Describe in detail.
3. When will the program or service be provided? Give estimated dates.
4. Where will the program or service be provided? If same as above, indicate as "Same". If there is more than one site, list all.

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. **Complete Timeline included in the Appendix.** Please estimate the time for each project task/activity. **You must include the leadership hours needed to recruit, train and supervise your team of volunteers. Then total the estimated hours to show how you plan to earn the minimum 80 project hours.**

E. Describe how you will accomplish the leadership component of the Gold Award Project. Tell us how you will recruit, train and supervise five or more volunteers (other than family members) to assist you with this project. You must build at least 10 hours of leadership into your project where you lead others who are helping you deliver/provide/teach the program to others. In addition, please list your volunteers in the chart below.

F. **Resource Team** - List the names of individuals, organizations or businesses that you plan to work with on your Take Action project. This is a preliminary list that may grow through the course of your project.

Name	Title of Organization/Business	Technical Knowledge/Role in your project

G. **Volunteer Team** - List the names of five or more non-related volunteers you plan to use to complete your project. Include full names, titles and organizations, if applicable. Also list their relationship to you, if applicable (i.e. parent, sibling, Girl Scout leader, teacher, friend, coach, etc.). Relatives may assist you with the project, but are not considered a part of the core volunteer team.

Name	Relationship to you	Describe how they will assist you

H. Estimate overall project expenses and how you plan to meet these costs. All supplies needed to complete the project must be listed. Indicate if you plan to have any supplies donated. Contact the Older Girl Program Manager for the GSEP Donation Letter of Materials/Supplies to seek supplies from businesses. **This section must be completed by every applicant, even if the benefactor covers the project expenses or if you don't need to purchase supplies.**

Materials description and quantity needed	Cost	Donated/Paid by
<b>Total Expenses</b>	<b>\$</b>	

I. How will your project be sustained beyond your involvement? See toolkit for sustainability tips.

J. Indicate methods and/or tools you will utilize to evaluate the effectiveness of your project. You must create and distribute evaluation forms to all volunteers, participants and project advisors. All evaluations must be included in your project binder.

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

Impact On . . .	Goals	Examples of Immediate Impact	Possible Future Impact
<b>Community</b>	What community issue will be addressed?	What are concrete examples of ways you plan to make a difference?	What examples of the project impact might you see in future?

<b>Target Audience</b> (workshop participants, other youth, community members, and so on)	What skills, knowledge, or attitudes will your target audience gain?	What examples demonstrate ways that the target audience will gain skills or knowledge?	What would be examples of a long-term impact on your target audience?
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The following is a list of the 15 Girl Scout Leadership Outcomes.

\* Which outcomes do you think you will develop throughout this project process?

**Discover:**

- I will develop a stronger 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.

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

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

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

**Please Note:** Your Project Advisor must be an adult with expertise related to your project and cannot be your troop leader or relative.

Applicant's racial background is: (please check as many as apply)

African American     American Indian     Asian     Caucasian  
 Hawaiian or Pacific Islander     Other (please specify: \_\_\_\_\_)

Applicant's ethnic background is: (please check one)

Hispanic or Latina     Non-Hispanic or Latina

## Gold Award Take Action Project Timeline

(Item D of Project Proposal)

\*Please note: List the estimated time in five minute increments and hours, not in fractions.

Approximate or specific completion date (i.e. first week April or date/month/year)	Description of Project Activity/Task	Estimated Hours	Leadership Hours: A minimum of 10 leadership hours are required and count toward the 80 hours.
<b>Pre-Approval Hours (Maximum of 15 hrs)</b>			
<b>Post-Approval Hours</b>			
	<b>Total Hours (minimum of 80 project hours, which includes 10 hours of leadership and 10 hours of program implementation)</b>		