

Your Name:_____

Prior to starting your project, submit this propsal to:

Council Name:			
Council Address:			
City:		State:	Zip Code:
Email:	Phone:		

SUBMIT THIS PROPOSAL BY THE DATE(S) ESTABLISHED BY THE LOCAL COUNCIL

Name:			
Address:			
City:		State:	Zip Code:
Email:			
Age: Grade:	School:		
Troop/Group Number:			
Troop/Group Volunteer's Phone:		Email:	
Girl Scout Gold Award Project Advisc	br:		
Project Advisor's Organization:			
Project Advisor's Phone:		_ Email:	





Your Name:_____

Prerequisites: Two Senior or Ambassador journeys or one journey and he Girl Scout Silver Award. List two journeys that you have completed along with your troop/group volunteer's signature.

Senior/Ambassador Journey Books	Date Completed	Troop/Group Volunteer's Signature
1.		
2.		

Girl Scout Silver Award Completion Date	
Council Where You Earned the Award	

List the names of individuals and organizations 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.

More Team Members	Affiliation	Role	





Your Name:_____

Take Action Project

Project Title:	
Proposed Start Date:	Proposed Completion Date:

Describe the issue your project will address and who is your target audience. Remember your 15-second pitch.

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. (Attach a detailed project plan.)

Enter the names of people or organizations you plan to inform and involve.





Your Name:_____

Estimate overall project expenses and how you plan to meet these costs.

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 (Web site, blog, presentations, posters, videos, articles, and so on).

Your Signature:	Date:
Project Advisor's Signature:	Date:
Council Representative Approved:	Date:





Your Name:_____

Impact Planning

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

Impact On	Goals	Potential Impact
Community	What community issue do you plan to address?	What examples of the project impact might you see in the future?
Target Audience (workshop participants, other youth, community members, and so on)	What skills, knowledge, or attitudes will your target audience gain?	How will you know that the target audi- ence gained skills or knowledge?





Your Name:_

The following is a list of the 15 Girl Scout Leadership Outcomes.* Which do you think you will develop through this project?

Discover:

- □ I will develop a stronger sense of self.
- \Box I will develop positive values.
- □ I will gain practical life skills.
- $\hfill\square$ I will seek challenges in the world.
- □ I will develop critical thinking.

Connect:

- \Box I will develop healthy relationships.
- □ I will promote cooperation and team building.
- \Box 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:

- \Box I will identify community issues.
- □ I will be a resourceful problem solver.
- □ I will advocate for myself and others, locally and globally.
- \Box I will educate and inspire others to act.
- □ 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.

