

Girl Scout Gold Award Project Proposal

Council Name _____

Submit this form to your council 4 weeks prior to the committee meeting you wish to present.

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

E-mail: _____ Phone: _____

Age: _____ Grade: _____ School: _____

Troop/Group Number: _____ Troop/Group Volunteer: _____

Troop/Group Volunteer's Phone: (____) _____ E-mail: _____

Girl Scout Gold Award Project Advisor: _____

Project Advisor's Organization: _____

Project Advisor's Phone: (____) _____ E-mail: _____

Prerequisites: Two Senior or Ambassador journeys or one journey and the 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	

Your Team

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

Take Action Project

Project Title: _____ Proposed Start Date: _____

Proposed Completion Date: _____

A. Describe the issue your project will address and who is your target audience. 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 project plan.)

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

F. Estimate overall project expenses and how you plan to meet these 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 (Web site, blog, presentations, posters, videos, articles, and so on).

Your Signature: _____ Date: _____

Project Advisor's Signature: _____ Date: _____

Council Representative Approved: _____ Date: _____

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

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

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.

*Want more information on the Girl Scout Leadership Outcomes? Visit www.girlscouts.org/research/publications/outcomes/transforming_leadership.asp.