

This form must be filled out for all approved money earning projects and returned to your Community Development Manager within two weeks of the project.

Troop Number _____ Service Unit _____ Age Level _____ BR JR CA SR AM

Troop Leader _____ Phone: Day _____ Evening _____

Name of Project _____ Date of Project _____

Please fill out the following financial information:

1. Anticipated profit from project \$ _____
2. Total Income from project \$ _____
3. Total Expense \$ _____
4. Net Profit (#2 - #3) \$ _____
5. Total in Troop Treasury after project \$ _____

Evaluate your project. Include input from girls and adults involved and what you would have done differently. _____

To what extent were girls involved in designing, planning, and implementing this project? _____

What did girls learn by participating in the project? _____

Profits were MORE LESS than expected.

If more than expected, what will you use the extra money for? _____

If less than expected, how will you finish funding your activity? _____

Would you recommend this project to other troops? Yes No Explain _____

Troop Leader's Signature _____ Date _____