

MONEY-EARNING ACTIVITY AND GIFT-IN-KIND DONATIONS REQUEST FOR GIRL SCOUT HIGHEST AWARDS

This form is to be used by Girl Scouts proposing highest award projects to request approval for money-earning activities and gift-in-kind donations. To be eligible for money-earning activities and gift-in-kind donations, you must actively participate in both of the Council's Fall Product Program and Cookie Program. Completion of this form is a request to participate in money earning and any requests for gift-in-kind donations and must be approved prior to the activity/event. In order to safeguard Girl Scout funds, do not commit non-refundable deposits until your request is approved. See *Volunteer Essentials* for policies and standards related to money-earning activities and gift-in-kind donations.

| Part I Troop Info | ormation | | | | | | | | | |
|---|------------------|-----------|------|----------------------------|---------|---|--|--|--|--|
| Group/Troop: | Service L | | | nit: | | | Date Submitted: | | | |
| Award Project Ti | le: | | | ~ | | | | | | |
| Part II Girl Scou | ut's Informatio | n | | | | | | | | |
| Name: | | | | | | | | | | |
| Home Address: | | | | | | | | | | |
| Phone: | En | | | nail: | | | | | | |
| Part III Describe the Money-Earning Activity | | | | | | | | | | |
| I am requesting to | | | | | | | | | | |
| | | | | | | | | | | |
| I am using the funds for | | | | | | | | | | |
| | | | | | | | | | | |
| Date of Activity: | I hope to raise: | | | I submitted a budget plan. | | | | | | |
| | \$ | | | | | | | | | |
| Product Sale Participation: | | | | | | | | | | |
| Fall Products (check one) | | | □ No | | Not hel | ot held yet, but plan to actively participate | | | | |
| Cookie Sale (check one) | | 🗌 Yes | | | No | Not hel | ot held yet, but plan to actively particip | | | |
| Υ. | | | | | | | | | | |
| Part IV Describe | Gift-in-Kind I | Donations | ; | | | | | | | |
| List all whom you plan to make the ask for a donation | | | | | | | | | | |
| Contact's Name and Business Name, aka Donor: | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Donor's Street Address: | | | | | | | | | | |
| | | | | | | | | | | |

Donor's City/State/Zip:

| Donor's Phone and Email: | | | | | | | |
|--|-----|------|--|--|--|--|--|
| | | | | | | | |
| Description of Purpose: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Requested Amount (if cash or gift cards): Only Eligible for Gold Award Girl Scouts | | | | | | | |
| \$ | | | | | | | |
| Description of in-kind items: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| In-Kind Estimated Value | | | | | | | |
| \$ | | | | | | | |
| Product Sale Participation: | | | | | | | |
| Fall Products (check one) | Yes | 🗌 No | Not held yet, but plan to actively participate | | | | |
| Cookie Sale (check one) | Yes | 🗌 No | Not held yet, but plan to actively participate | | | | |
| | | | | | | | |

AGREEMENT: I am aware of GSCCC and GSUSA money earning and gift-in-kind donation policies and standards found in *Volunteer Essentials* and *Safety Activity Checkpoints* and agree to comply with all appropriate policies and standards. I further agree all monies earned will be submitted to Council for receipt and the full amount will be returned to me for project expenses via my troop/service unit if in good standing with Council.

| Signature of Girl Scout: | | | | Date: | | | | | | | |
|--|------------------------|-------|--------------------------|-------|--|-------|--|--|--|--|--|
| APPROVAL SIGNATURES: | | | | | | | | | | | |
| Highest Awards Committee C | hair Signature: | Date: | Staff Support Signature: | | | Date: | | | | | |
| | | | | | | | | | | | |
| Approved [| Approved Not Approved* | | | | | | | | | | |
| Remarks/Explanation: | Remarks/Explanation: | | | | | | | | | | |
| Girl Scout girl/troop/SU notified by: | | | | Date: | | | | | | | |