

# Money Earning Activity Request

This form is to be used by Girl Scout troops/groups or service units to request approval for a money-earning activity. Send this completed form to the Service Unit Finance Coordinator one month in advance of the intended activity. They will forward to Council via [customercare@gsccc.org](mailto:customercare@gsccc.org). Completion of this form is a request to participate in money earning and must be approved prior to the activity/event. Please refer to Money Earning Guidelines before planning.

**Include your current troop financial report, event plan (girl created), and project budget (girl created) to show why funds are needed.**

Part I Who is conducting the money earning activity?					
Troop:		Service Unit:		Date Submitted:	
Program Level:	<input type="checkbox"/> Junior	<input type="checkbox"/> Cadette	<input type="checkbox"/> Senior	<input type="checkbox"/> Ambassador	
Number of girls in troop:		Number of girls participating in activity:			
Part II Who is the primary contact for the money earning activity?					
Name:					
Mailing Address:				City:	State:
Zip:		Primary Phone:		Secondary Phone:	
Email:					
Part III Describe the Money-Earning Activity					
We would like to...					
We are planning to use the additional funds to... (ex. Trip, Take Action Project, Girl Award, etc.)					
Date of Activity:	We want to raise:	We had a meeting with parents about this activity on:			
	\$				
Describe the girl involvement in the activity.					
Fall Product Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How much is funding your project? \$_____*		
Cookie Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How much is funding your project? \$_____*		

\* These totals need to be in your project budget.

**AGREEMENT: I am aware of GSUSA money earning policies and standards found in *Volunteer Essentials* and *Safety Activity Checkpoints* and agree to comply with all appropriate policies and standards. I further agree that I am aware of GSCCC Money Earning Guidelines and understand GSCCC fund distribution procedures.**

Email completed form to <a href="mailto:customercare@gsccc.org">customercare@gsccc.org</a>			
Signature of Leader/ Adviser:		Date:	
APPROVAL SIGNATURE:			
GSCCC Philanthropy Director		Approved   Denied   Pending More Information	
Leader/ Adviser notified by:		Date:	