



For Council Use Only:

___	Est. Completion Date
___	Year of Graduation
___	Proposal Appr'd Date
___	Proposal Appr'd Letter



Girl Scouts of Texas Oklahoma Plains, Inc.
Girl Scout Gold Award Project Proposal Packet

Please fill out using a word processing program, type or print in black ink. Make copies for your Girl Scout Gold Award Project advisor, your troop/group advisor and for you to keep. Submit original to the appropriate regional office listed below.

Submit to:

<i>For the Abilene region:</i>	<i>For the Amarillo region:</i>	<i>For the Fort Worth region:</i>	<i>For the Lubbock region:</i>	<i>For the Wichita Falls region:</i>
Girl Scouts of Texas Oklahoma Plains, Inc. Gold Award Advisory Board 278 South Pioneer Dr., #107 Abilene, TX 79601	Girl Scouts of Texas Oklahoma Plains, Inc. Gold Award Advisory Board 6011 West 45 th Avenue Amarillo, TX 79109	Girl Scouts of Texas Oklahoma Plains, Inc. Gold Award Advisory Board 4901 Briarhaven Road Fort Worth, TX 76109	Girl Scouts of Texas Oklahoma Plains, Inc. Gold Award Advisory Board 2567 74 th Street Lubbock, TX 79423	Girl Scouts of Texas Oklahoma Plains, Inc. Gold Award Advisory Board 2106 Kemp Boulevard Wichita Falls, TX 79309

DEADLINES ARE FIRM. DO NOT BEGIN PROJECT UNTIL YOU HAVE RECEIVED APPROVAL FROM GOLD AWARD ADVISORY BOARD.

<u>For approval to begin your project during the months of:</u>	<u>You should submit your application to the regional office by:</u>
<i>January</i>	<i>December 1</i>
<i>February</i>	<i>January 1</i>
<i>March</i>	<i>February 1</i>
<i>April</i>	<i>March 1</i>
<i>May</i>	<i>April 1</i>
<i>June</i>	<i>May 1</i>
<i>July</i>	<i>June 1</i>
<i>August</i>	<i>July 1</i>
<i>September</i>	<i>August 1</i>
<i>October</i>	<i>September 1</i>
<i>November</i>	<i>October 1</i>
<i>December</i>	<i>November 1</i>

Girl Scout Gold Award Project Proposal

Council Name _____

Submit this form to your council [] weeks prior to starting your project.

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.

Checklist—Project Proposal

- | | Yes | No | | |
|-----------|--------------------------|--------------------------|--------------------------|---|
| or | 1. | <input type="checkbox"/> | <input type="checkbox"/> | I have completed two Senior or Ambassador journeys. |
| | 2. | <input type="checkbox"/> | <input type="checkbox"/> | I have earned the Girl Scout Silver Award and completed one journey (either Senior or Ambassador). |
| | 3. | <input type="checkbox"/> | <input type="checkbox"/> | My project advisor is identified. |
| | 4. | <input type="checkbox"/> | <input type="checkbox"/> | My project issue to be addressed is explained. |
| | 5. | <input type="checkbox"/> | <input type="checkbox"/> | My target audience is identified. |
| | 6. | <input type="checkbox"/> | <input type="checkbox"/> | My reasons for choosing project are defined. |
| | 7. | <input type="checkbox"/> | <input type="checkbox"/> | My detailed project plan including: |
| | | | Yes No | |
| | i. | <input type="checkbox"/> | <input type="checkbox"/> | A proposed start date and completion date for the project |
| | ii. | <input type="checkbox"/> | <input type="checkbox"/> | The names of team members, along with their affiliation and the role each will play |
| | iii. | <input type="checkbox"/> | <input type="checkbox"/> | Project expenses and money-earning options |
| | iv. | <input type="checkbox"/> | <input type="checkbox"/> | Methods or tools used to evaluate impact of the project |
| | v. | <input type="checkbox"/> | <input type="checkbox"/> | How the project will be sustainable |
| | vi. | <input type="checkbox"/> | <input type="checkbox"/> | Identification of national and/or global links to the issue |
| | vii. | <input type="checkbox"/> | <input type="checkbox"/> | Plans for sharing project results outlined |
| | viii. | <input type="checkbox"/> | <input type="checkbox"/> | Project advisor’s signature included |
| | ix. | <input type="checkbox"/> | <input type="checkbox"/> | Summary of the expected impact on the girl, the target audience, and the community |
| | x. | <input type="checkbox"/> | <input type="checkbox"/> | Outline of the Girl Scout Leadership outcomes the girl hopes to achieve |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Group projects: each girl must have an individual project assignment, with a clearly defined area of responsibility, that will support the hours needs per individual. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My timeline is feasible and my project spans a period of at least 30 days. |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The project described follows girl Scouts <i>Safety Activity Checkpoints</i> guidelines. |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My application is typed or hand written (blue or black ink only) in a style that is easy to read with accurate grammar and spelling, and has been proofed for clarification and accuracy. |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have obtained all necessary signatures on the Project Proposal. |