

Girl Scouts Heart of Michigan Gold Award Project Proposal



Be sure to:

- Print, or type, in blue or black ink.
- Do not begin your project until you have received GSHOM approval.
- Use additional paper if you need more room.
- Make a copy this proposal to keep for your own records.
- Mail or drop-off a completed and signed copy of this Project Proposal to your local GSHOM Regional Center.

Name: _____

Address: _____ City: _____

Zip: _____ County: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Preferred Method of Communication (check one): email phone

Age: _____ Grade: _____ Year of Graduation: _____

School: _____ City of School: _____

Parent or Guardian(s): _____

Parent/Guardian Email: _____ Phone: _____

Troop/Group #: _____ or Juliette Years as a Girl Scout (counting this membership year): _____

Troop/Group Leader: _____ Phone: _____

Troop/Group Leader Email: _____

Girl Scout Gold Award Project Mentor: _____ Phone: _____

Email: _____

Project Mentor's Organization: _____ Website: _____

GSHOM Gold Award Training Date Attended: _____ Training Location: _____

Drop off, or mail, your Project proposal to your local GSHOM Regional Center:

GSHOM
ATTN: Gold Award
Ypsilanti/Ann Arbor
Regional Center
444 James L. Hart
Pkwy Ypsilanti, MI
48197
(734) 714-5140
(800) 497-2688

GSHOM
ATTN: Gold Award
Jackson Regional
Center
4403 Francis Street
Jackson, MI 49203
(517) 784-8543
(800) 497-2688

GSHOM
ATTN: Gold Award
Kalamazoo
Regional Center
601 West Maple St
Kalamazoo, MI
49008
(269) 343-1516
(800) 497-2688

GSHOM
ATTN: Gold Award
Lansing Regional
Center
1223 Turner Street
Suite 200
Lansing, MI 48906
(517) 699-9400
(800) 497-2688

GSHOM
ATTN: Gold Award
Saginaw Regional
Center
5470 Davis Road
Saginaw, MI 48604
(989) 799-9565
(800) 497-2688

FOR OFFICE USE ONLY	Date Received: _____
GSHOM Representative Signature: _____ Date: _____	
Sent to Gold Award Advisory Committee: _____	
Gold Award Project Advisor: _____	

Gold Award Prerequisites

Earn the Silver Award and complete ONE age-appropriate Girl Scout Senior or Ambassador Journey

-OR-

Complete TWO age-appropriate Girl Scout Senior or Ambassador Journeys (*Each Journey you complete gives you the skills you need to plan your Gold Award project*)

Senior/Ambassador Journeys Completed	Date Completed	Troop/Group leader's Signature
1.		
2.		

OR

Girl Scout Silver Award Date of Completion and Topic	
Council where you earned the Silver Award	

Your Project Team List the names of individuals and organizations that you plan to work with on your Girl Scout Gold Award project. This is a preliminary list that may grow through the course of your project.

Team Members	Relationship to You	Role

15 Leadership Outcomes

The following is a list of Girl Scout's 15 Leadership Outcomes. When thinking about your project which ones do you think you will develop through this project?

Discover:

- _____ D1. I will develop a stronger sense of self.
- _____ D2. I will develop positive values.
- _____ D3. I will gain practical life skills.
- _____ D4. I will seek challenges in the world.
- _____ D5. I will develop critical thinking.

Connect:

- _____ C1. I will develop healthy relationships.
- _____ C2. I will promote cooperation and team building.
- _____ C3. I will resolve conflicts.
- _____ C4. I will advance diversity in a multicultural world.
- _____ C5. I will feel more connected to my community, locally and globally.

Take Action:

- _____ T1. I will identify community issues.
- _____ T2. I will be a resourceful problem solver.
- _____ T3. I will advocate for myself and others, locally and globally.
- _____ T4. I will educate and inspire others to act.
- _____ T5. 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.

Feel free to contact your local Regional Center to check out a Transforming Leadership Book.

Gold Award Project Description

Proposed Project Title: _____

Proposed Start Date: _____ Proposed Completion Date: _____

Directions: The following questions ask you to describe your project, the issue you plan to address and the audience you intend to reach. This is the information used to give pre-approval to your project before it is assigned to a Gold Award Advisor. Please answer each question with a minimum of 5 – 6 complete sentences. If you need to retype the questions into another document, or if you need to add pages, feel free to do so. The more details you can provide in your answers, the easier it is for someone unfamiliar with your project to understand what you plan to do and how you plan to do it.

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

Discuss your reasons for selecting this project.

Outline the strengths, talents and skills that you plan to put into action. What skills do you hope to develop?

Describe the steps involved in putting your plan into action, including resources, facilities, equipment and approvals needed.

List names of people or organizations that are going to be part of your project. These people should already be aware of your proposed project idea.

Estimate overall project expenses and how you plan to meet these costs. Be sure to also fill out the attached Gold Award Proposed Budget Form.

What methods or tools will you use to evaluate the impact of your project?

How will your project be sustained beyond your involvement?

Describe how you plan to tell others about your project, the project's impact and what you have learned (articles, Web site, blog, presentations, posters, videos and so on).

Is there anything else you would like to share about your project?

Gold Award Project Proposed Budget



Proposed Revenue

Source:	\$
Source:	\$
Source:	\$
Source:	\$

Proposed Expenses

Speakers/Special Guests	\$
Paper/Printing (i.e. fliers, invitations, binder pages, etc.)	\$
Insurance (11¢ per non-Girl Scout; \$5 minimum)	\$
Film Development/Picture Printing	\$
Food/Beverage	\$
Postage/Shipping	\$

<i>Program Materials & Supplies Total Cost</i>	\$
Item 1:	\$
Item 2:	\$
Item 3:	\$
Item 4:	\$
Item 5:	\$

<i>Other/Miscellaneous Total Cost</i>	\$
Item 1:	\$
Item 2:	\$
Item 3:	\$
Item 4:	\$
Item 5:	\$

GOLD AWARD PROJECT BUDGET TOTAL	\$
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Gold Award Project Proposed Timeline



Activity/Objective <i>(What do you hope to accomplish? What action needs to be taken?)</i>	Start Date	End Date

Your Signature: _____ Date: _____

Project Mentor's Signature: _____ Date: _____