Troop Money-Earning Activity Request

If your troop is planning a money-earning activity, please fill out both pages of this form and submit to your assigned Troop Support Specialist one month prior to the activity. Please print clearly.

PLEASE NOTE:
- Troops may not sell commercial products other than Girl Scout Cookies, nuts, candy, magazines (Fall Product Programs).
- Troops must participate in the Girl Scout Cookie Program to hold a money-earning activity.
- Girl Scout adults and troops may not solicit funds via Crowd Fundraising sites like GoFundMe™ or Kickstarter™.
- Daisies may NOT participate in money-earning projects other than Girl Scout Product Programs.
- Please see Volunteer Guide-Chapter 5: Managing Group Finances under Money Earning Basics.

TROOP INFORMATION:

School ___________________________ Service Unit ___________________________ Troop # __ __ __ __ __
Level: Br. Jr. Cd. Sr. Amb. # of girls in troop
Co-Leader’s Name ___________________________________ Phone ___________________________
Co-Leader’s Email ________________________________________________________________
Name of additional adults who will attend (or supervise) the money-earning activity:
__________________________________________________________________________________

DID YOUR TROOP PARTICIPATE IN?

Fall Product Program: ___Yes ___No If yes, amount earned
Cookie Program: ___Yes ___No If yes, amount earned

MONEY-EARNING PROJECT INFORMATION:

Proposed Dates:

Note: This application must be submitted to your assigned Troop Support Specialist ONE MONTH PRIOR to the start of the project and we will notify you within two weeks.

Troop goal--funds to be raised through this project: $_________________________
Number of girls participating in the project:
Will all girls in troop participate in this money-earning activity? ___Yes ___No
If no, please explain
Amount currently in troop’s treasury: $_________________________
Please describe the proposed project in detail including the date and location:
__________________________________________________________________________________
__________________________________________________________________________________
In detail, list the need(s) for this money-earning activity:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Form continued on back
Explain how girls were involved in planning this project

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Are money earning guidelines being followed? (Please see Volunteer Guide-Chapter 5) _____ No _____ Yes

I UNDERSTAND THE FOLLOWING:

- Daisies may NOT participate in money-earning projects other than Girl Scout Product Programs such as cookies, nuts, candy, or magazines.
- Girls do not solicit funds or donations door-to-door.
- Any troop money-earning projects must first be approved by your assigned Troop Support Specialist.
- An adult will be in attendance at all times during an approved troop money-earning activity.
- All money earning guidelines in Volunteer Guide-Chapter 5 will be followed.
- The troop will dress in Girl Scout uniform (sash, vest, Girl Scout T-shirt, insignia tab).
- All GIRLS AND ADULTS PARTICIPATING IN THE PROJECT MUST BE REGISTERED GIRL SCOUTS.
- All funds raised will go to benefit the troop and not any individual girl.
- I understand this project will not be considered for approval unless this form is completed.

Co-Leader’s Signature ____________________________ Date _____ / _____ / _____

COUNCIL ACTION:

Date Project Request received: ____________________________________________________________

Application Approved: _____Yes _____ No If no, list reason(s) __________________________________

Approved by: ____________________________ Date Approved: ____________________________

Co-Leader Notified by: _____ Mail _____ Email _____ Phone Date Co-Leader Notified: ____________________________

Please send to your assigned Troop Support Specialist at the area service center or home-based office for review. We will notify you of the decision within two weeks.

Service Centers:
Ogallala – 302 W. D St., Ogallala, NE 69153
Kearney – 2412 Hwy. 30 East, Ste. 1, Kearney, NE 68847
Grand Island – 820 N. Webb Road, Ste. 104, Grand Island, NE 68803
Columbus – 1570 33rd Ave., Columbus, NE 68601
Lincoln – 8230 Beechwood Dr., Lincoln, NE 68510
Omaha – 2121 S. 44th St., Omaha, NE 68105

Home-Based Offices:
Shayla McEntee, 5457 E. Carol Ln., North Platte, NE 69101
Lila Munsell, PO Box 347, Hastings, NE 68902
Pam Sukup, 52448 878th Rd., Verdigre, NE 68783