



Girl Scout Gold Award Project Proposal



Girl Scouts of NE Kansas & NW Missouri
8383 Blue Parkway, KC, MO 64133
(816) 358-8750 Fax (816) 358-5714
www.girlscoutsksmo.org

FORM #5

Please type or print in black ink. Submit additional pages if necessary.

GIRL SCOUT GOLD AWARD PROJECT - CREATE

Name: _____

Phone: _____ E-mail: _____

Personal Advisor's Name: _____

Personal Advisor's Phone: _____ Personal Advisor's E-Mail: _____

Technical Advisor's Name: _____

Technical Advisor's Phone: _____ Technical Advisor's E-Mail: _____

Title of Project: _____

Circle the preferred location for your Committee meeting. Kansas City St. Joseph Topeka

Brief Project Description: _____

Proposed start date: _____ Proposed completion date: _____

Please include a full report neatly organized in a portfolio. Thoroughly respond to the following items – a minimum of two paragraphs per item.

- A. Describe the issue your project will address, what you hope to achieve, and who will benefit.
- B. Explain the reasons for selecting this project.
- C. Outline your strengths, talents, and skills that will be put into action.
- D. Describe the steps needed to put your plan into action. Include facilities and/or equipment needed. (attach copy of Project Timeline-Form #4.)
- E. How do you plan to evaluate the effectiveness of your project?
- F. List the names of advisors and resources you plan to use. **Include a signed letter from your Technical Advisor listing duties and responsibilities of each party.**
- G. Estimate overall project expenses and how you plan to meet these costs (attach copy of Project Budget-Form #6).

Your signature: _____

Personal Advisor's signature: _____ Date: _____

Technical Advisor's signature: _____ Date: _____

Return to:
 Girl Development Specialist
 in the Kansas City Council Office.
 All addresses are listed
 on the front page of this packet.
E-mail to:
GoldAward@girlscoutsksmo.org

Submit Together:
 Prerequisites-#3
 Timeline-#4,
 Project Proposal-#5,
 & Budget-#6

