



# GIRL SCOUTS IN THE HEART OF PENNSYLVANIA

## Girl Scout Gold Award Take Action Project Proposal Form

Submit this form to your Gold Award Advisor before starting your project. Please print or type.

Name			
Address		City	State
County ( )		Township	
Phone Number		Email	
Age	Grade	School	20 Class of
Troop Number ( )		Troop/Group Leader's Name	
Troop/Group Leader's Phone Number		Troop/Group Leader's Email ( )	
Girl Scout Gold Award Advisor's Name		Gold Award Advisor's Phone Number	
Girl Scout Gold Award Project Advisor's Name		Project Advisor's Organization	
Project Advisor's Phone Number		Project Advisor's Email	

**Prerequisites:** Two (2) Senior or Ambassador Journeys or one (1) Journey and the Girl Scout Silver Award. Please list appropriate prerequisite information below along with your troop/group leader's signature.

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

<b>Girl Scout Silver Award Completion Date</b>	
<b>Council Where You Earned Girl Scout Silver Award</b>	

Your Team: Please list the names of individuals and organizations you plan to work with on your Take Action Project. This is a preliminary list that may grow through the course of your project.

Team Member	Affiliation	Role



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Take Action Project Title

Proposed Start Date

*(There will be at least a four (4) week process time for all projects. Please plan your timeline accordingly.)*

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 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 timeline.)
E. Enter the names of people or organizations you plan to inform and involve.
F. Estimate the overall project expenses and how you plan to meet these costs. (Attach a detailed budget.)
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. Explain the national and/or global link to your project.
J. 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.)



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### 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
<b>Community</b>	What community issue do you plan to address?	What examples of the project might you see in the future?
<b>Target Audience</b> (Workshop participants, other youth, community members, and so on.)	What skills, knowledge or attitudes will your target audience gain?	How will you know the target audience gained skills or knowledge?

The following is a list of the 15 Girl Scout Leadership Outcomes. Which do you think you will develop throughout this project process?

<i><b>Discover:</b></i>	<i><b>Connect:</b></i>	<i><b>Take Action:</b></i>
<input type="checkbox"/> I will develop a stronger sense of self. <input type="checkbox"/> I will develop positive values. <input type="checkbox"/> I will gain practical life skills. <input type="checkbox"/> I will seek challenges in the world. <input type="checkbox"/> I will develop critical thinking.	<input type="checkbox"/> I will develop healthy relationships. <input type="checkbox"/> I will promote cooperation and team building. <input type="checkbox"/> I will resolve conflicts. <input type="checkbox"/> I will advance diversity in a multicultural world. <input type="checkbox"/> I will feel more connected to my community, locally and globally.	<input type="checkbox"/> I will identify community issues. <input type="checkbox"/> I will be a resourceful problem solver. <input type="checkbox"/> I will advocate for myself and others, locally and globally. <input type="checkbox"/> I will educate and inspire others to act. <input type="checkbox"/> I will feel empowered to make a difference in the world.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Leader/Troop Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Gold Award Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Council Representative Approved

\_\_\_\_\_  
Date

Revised 11/09/11