

GOLD AWARD TAKE ACTION PROJECT PROPOSAL

Girl Scout Council of Greater New York
43 West 23rd Street, 7th Floor New York, NY 10010

THIS FORM MUST BE SUBMITTED TO COUNCIL AND APPROVED BEFORE THE START OF YOUR TAKE ACTION PROJECT! KEEP A COPY OF THIS FOR YOUR RECORDS AS WELL.

PERSONAL DATA

Girls Name: _____ Phone #: () _____

Girls e-mail address: _____

Address: _____ Apt.# _____

City: _____ Zip: _____

Age: _____ DOB: _____ Grade: _____ School Name: _____

Troop/Group #: _____ Meeting Place:

Senior/ Ambassador GS since mo/yr: _____/ _____

Name of Leader/ Advisor: _____

Leader's E-mail address: _____

Leader's Phone # (Day): () _____ Leader's Phone # (Eve): () _____

Leader's Address: _____ Apt. #: _____

_____ City: _____ Zip: _____

PREREQUISITES

Please provide the two Senior or Ambassador Journeys or one Journey and the Girl Scout Silver Award which you earned. Be sure that your leader signs here, or your project will be sent back for revision.

Senior Ambassador Journey Books or Award	Date Completed	Troop/Group Volunteer's Signature

If you earned your Silver Award please let us know the year _____ and the council:

Girl Scout Council of _____.

YOUR TEAM

List the names of the 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.

Team Member	Affiliation	Role

YOUR TAKE ACTION PROJECT PROPOSAL

Project Title: _____

Proposed Start Date: _____ Proposed Completion Date: _____

Please type up the answers to the following questions and attach to form.

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

- 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. This should be very detailed and include the following:
 - The names of people or organizations you plan to inform or involve.
 - Estimate overall project expenses and how you plan to meet these costs. *Remember that you cannot raise money for another organization and you can not solicit funds. However, you can solicit things. You can also use a small amount of your own money, but it should not be excessive.*
 - What methods or tools will you use to evaluate the impact of your project? *Consult the impact planning below.*
 - How will your project be sustained beyond your involvement?

- E. What impact will your project have on your community? The following is a list of the 15 Girl Scout Leadership Outcomes. Which do you think YOU will personally develop through this project. Check off all that apply.

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 more empowered to make a difference in the world.

Using the impact planning chart below, please describe the impact you hope your project will have on your community, your target audiences and you. Type out your answers on a separate page.

Impact on...	Goals	Potential Impact
Your Community	What community issue do you to address?	What examples of the project impact might you see in the future?
Target Audience (workshop participants, other youth, community members and so on)	What skills, knowledge, or attitudes will your target audience gain?	How will you know that the target audience gained skills or knowledge?

Once complete this form in its entirety. Then please send it to: The Girl Scout Council of Greater New York, 43 West 23rd Street, 7th Floor, New York, NY 10010, Attn: Gold Award. The committee will then review it and you will receive a reply within 3 weeks.

Your Signature: _____ **Date:** _____

Your Leader's Signature: _____ **Date:** _____

<p>GOLD AWARD TAKE ACTION FINAL REPORT Girl Scout Council of Greater New York 43 West 23rd Street, 7th Floor New York, NY 10010</p>
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This form should be submitted as the first page of your project. In order to participate in the June 2010 ceremony you must submit your entire project to council by March 19th, 2009. Cadette and Senior Girl Scouts are eligible to earn the Gold Award until September 30th of the year they enter college.

PERSONAL DATA

Girls Name: _____ Phone #: (____) _____

Girls e-mail address: _____

Address: _____ Apt.# _____

City: _____ Zip: _____

Age: _____ DOB: _____ Grade: _____ School Name: _____

Troop/Group #: _____ Meeting Place: _____

Senior/ Ambassador GS since mo/yr: _____/ _____

Name of Leader/ Advisor: _____

Leader's E-mail address: _____

Leader's Phone # (Day): (____) _____ Leader's Phone # (Eve): (____) _____

Leader's Address: _____ Apt. #: _____

City: _____ Zip: _____

TAKE ACTION PROJECT

Project Title: _____ Start Date: __/__/____ Completion Date: __/__/____

- A. Describe the issue your project addressed, what impact you had hoped to make, and who benefited.
- B. What was the root cause of the issue? How did you address it?
- C. How will your project be sustained beyond your involvement?
- D. Explain the national and/or global link to your project.
- E. Describe any obstacles you encountered and what you did to overcome them.
- F. Describe what steps you took to inspire others through sharing your project. (Web site, blg, presentations, posters, videos, articles, and so on).
- G. Describe what you learned from this project including leadership skills you developed. What did you learn about yourself as a result of this project?
- H. What was the most successful aspect of your project?
- I. What aspects of your project would you change or do differently if you could start over.

J. Using the Impact Chart, describe the impact signs your project has had and will have on your community and your target audience. Type out your answers on a separate page.

Impact on...	Goals	Potential Impact
Your Community	What community issue do you to address?	What examples of the project impact might you see in the future?
Target Audience (workshop)	What skills, knowledge, or	How will you know that the

participants, other youth, community members and so on)	attitudes will your target audience gain?	target audience gained skills or knowledge?
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K. What impact did your project have on your community? The following is a list of the 15 Girl Scout Leadership Outcomes. Which do you think YOU personally developed through this project. Check off all that apply.

Discover

- I developed a stronger sense of self.
- I developed positive values.
- I gained practical life skills.
- I sought challenges in the world.
- I developed critical thinking skills.

Connect

- I developed healthy relationships.
- I promoted cooperation and team building.
- I resolved conflicts.
- I advanced diversity in a multicultural world.
- I feel more connected to my community, locally and globally.

Take Action

- I identified community issues.
- I am a resourceful problem solver.
- I advocated for myself and others, locally and globally.
- I educated and inspired others to act.
- I feel more empowered to make a difference in the world.

A minimum of 80 hours were spent doing this project. Leader initials _____
 (Note: a time log is not required)

Girl Signature _____ Date
 ___/___/_____