



Girl Scouts of Southeastern New England Service Unit Fundraising Application

Event Date:_____ Date prepared:_____ Date received:_____

Directions:

1. Discuss and clear the Service Unit’s proposed plans with the Council’s Program Manager.
2. Complete this Fundraising Application and return it to Council Office, to the attention of the Program Manager.
3. The Program Manager will contact the Service Unit Manager, or person in charge of the fundraiser, with any follow up questions and a final decision.

PART I.

SERVICE UNIT NAME: _____

Event Chair: _____ Phone: _____

Address: _____

Street City/Town ST Zip

E-mail:_____ Fax:_____

1. We would like to undertake the following fundraising project:

Date: _____ Place: _____

2. Event proceeds will be applied to:

___ Council Operating Budget – General Expense

___ Endowment Fund

___ Other (only to benefit girl members) – subject to approval _____

3. Net amount you anticipate earning – after expenses: \$_____

4. Have all members of the Service Team and leaders of all troops agreed to participate? _____

5. How will parents be actively involved?_____

6. Who is planning the event? ___ Service Team ___ Volunteer Committee ___ Girls

7. Who will be working at the event? ___ Service Team ___ Girl Scouts

___ Committee ___ Various adult volunteers

8. How will the girls themselves be taking part? _____

8.a. Has parent permission been obtained for girls taking part? _____

9. What are the program benefits between this event and the regular troops' activities? _____

INFORMATION ABOUT BUDGET

Total estimated income for the
Project: _____

(1) Gross Income: _____

	Check: _____	Price: _____
Advanced Ticket sales involved:	_____	_____
Entrance Fee (no tickets)	_____	_____
Sale of materials/items involved	_____	_____

Total Estimated expenses for
Project: _____

List Expenses by type and
amount:

Type: _____	Cost: _____	(2) Expenses: _____
_____	_____	
_____	_____	
_____	_____	

Net Income earned for
Fundraising Project: _____

(1)-(2) = (3) Income: _____

PART II. To be completed by Program Manager

1. I have reviewed and discussed the proposed Fundraising Project with the Service Unit Manager and our endorsement is _____ is not _____ given.

Signature of Program Manager: _____