

Girl Scouts of Rhode Island, Inc.

SERVICE UNIT FUNDRAISING APPLICATION
(in duplicate)



Girl Scouts®
Where Girls Grow StrongSM

Event Date

Date prepared

Date received

Directions:

1. Discuss and clear the Service Unit's proposed plans with your Field Director.
2. Complete this Fundraising Application and return it to your Field Director or Council Office, to the attention of the Field Director. **Fundraising Applications must be submitted by the 1st of the month 2 months prior to event**, for example by March 1 for an event in May. The Finance Committee meets on the third Thursday of the month.
3. The Assistant Executive Director of Funding and Communications will notify the Service Unit Manager or person in charge of the fundraiser as soon as the Finance Committee action is taken.

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 the complete 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

continued over>>>>

7. Who will be working at the event? Service Team Committee Girl Scouts
 Various adult volunteers

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

8.1 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 Project: (1) Gross Income _____

	<u>Check</u>	<u>Price</u>
Advance ticket sale involved	_____	_____
Entrance Fee (no tickets)	_____	_____
Sale of materials/items involved	_____	_____

Total estimated expenses for Project: (2) Expenses _____

List expense by type and amount:

<u>Type</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NET INCOME EARNED FOR FUNDRAISING PROJECT. (1) minus (2) = (3) _____

PART II. To be completed by Field Director

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

Signature of Field Director _____

2. Routed to Executive Director _____ (date). Approved . Not Approved .

If approved, any special recommendations or suggestions: _____

If not approved, reason _____

Date: _____ Signature of Finance Committee _____