



This form MUST be submitted to your Service Community Administrative Support Coordinator at least 30 days in advance for each proposed Money Earning Project

Guidelines:

- Dues, Donations and Product Program Participation are the primary source of income for troops
- Troops/Groups must be in good financial standing with a current finance report submitted
- Project may not conflict with Girl Scouts of Citrus Council product program dates
- Review guidelines for Money-Earning in the Volunteer Essentials guide
- Requests involving contracts with outside businesses require GSC CEO approval and must be included with application
- Requests require Service Community Administrative Support Coordinator review and GSC Staff Approval

Administrative Support Coordinator: After your completed review, send request to <u>customercare@citrus-gs.org</u> with subject title Money Earning Application for council approval. The co-leader, your Community Team Manager and you will be notified via email with application status within 5 business days.

Co-Leader's Name:	Home Phone		Cell Phone
ddress:	City:		Zip:
-Mail			
Articipation Checklist: Date of most recent Finance Report			
Date of most recent Finance ReportParticipated in last Fall Product Sale		 □ Yes	 □ No
Participated in last Cookie Sale		☐ Yes	□ No
 New troop – will participate in next 	Product Sale	☐ Yes	□ No
 Had other Money Earning Projects this year 	r	☐ Yes	□ No
Please List:			
mount to be earned: \$			
Additional Funds needed for (Be specific, activity m	ust relate to Girl Sco	ut Leadershi	p Experience GSLE)

Proposed Money Earnin	ig Project					
Money-Earning Project an	d Description:					
Date of Project:			Location:			
Supplies Required:						
Budget for Supplie	es:					
what role will girls play in	projectr					
What skills knowledge at	c will the girls ga	in?				
what skills, knowledge, et	c. will the girls go					
until we have received cou the USA policies, standar Community Administrativ	incil approval. W ds and procedu e Support Coord	e have re res. We dinator a	ead and agree to follow will complete all nece t the appropriate tim	al arrangements for this mone or Girl Scouts of Citrus Council a essary forms and return the ne. If during this planning pr tify the VP Director of Troop S	and Girl Scouts of m to the Service rocess,	
Girl Member Signature:				Date:		
Co-Leader Signature:	Date:					
Administrative Support Coordinator Signature:		Date:				
GSC Approval	Yes	No	Signature:	Date: _		
Explain if Denied:						

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