



of western new york

Money Earning Application Troop/Group or Service Unit

The completed application must be submitted to the Volunteer Experience Manager at least one month prior to the planned starting date of the money earning activity for consideration. Once the application is reviewed and if approved, the Volunteer Experience Manager will copy the application and distribute as follows: One copy will be provided to the Troop Co-Leader/SU Management - One copy will be provided to the Service Unit Finance Consultant.

Guidelines:

- Daisy and Brownie **Troops** may not participate in troop additional money earning. If age appropriate, Daisy and Brownie Girls Scouts may participate in service unit planned money earning activities.
- They can only participate council-sponsored product sales. GSWNY prohibits games of chance.
- Any activity that could be considered a game of chance (raffles, contests, bingo, etc.) is prohibited.
- Girl Scouts are prohibited from reselling any commercial product, such as candy, sodas, entertainment books, etc.
- Girl Scouts are prohibited from crowd-source fundraising, such as Go Fund Me.
- For more details - see Guidelines for Additional Money-Earning in Volunteer Essentials.

Date:	Troop/Group/Service Unit #:	Troop Grade Level:
Number of girls currently registered with the troop/group/Service Unit:		
Co-Leader's/SUMngt's Name:		Phone #:
Address:		
City:		State/Zip:
Email:		
Detailed description of the money earning activity		
Location for activity:		Start Date:
If the activity involves sales – what is the cost of the item(s) to be sold?		Selling Price: \$
Activity Purpose - (How and when will the money be spent?)		

INCOME

\$	Fall product sale profit
\$	Spring product sale profit (cookies)
\$	Troop dues
\$	Other: (please specify)
\$	Current balance on hand (include your bank account and petty cash)
\$	Income expected from this money earning activity
\$	Other anticipated income: (please specify)
\$	Total anticipated income
\$	TOTAL INCOME (Current balance on hand + total anticipated income from money earning activity.)

EXPENSES

\$	Total expenses to date
\$	Other anticipated expenses : (please specify)
\$	TOTAL EXPENSES (Total expenses to date + other anticipated expenses)

Within 30 days of the approved money earning activity, please complete and submit a Money Earning Evaluation (Form 2045) to your Volunteer Experience Manager.

Signed By: _____
Troop/Group Leader or SUM

Signed By: _____
Volunteer Experience Manager

Date of Approval: _____

*Thank you for taking the time to complete this evaluation.
Your experience will benefit other members in our council. It is due within 30 days of the project.*

EVALUATION COMMENTS

Date:	Activity was conducted by:	
Troop Number:	Service Unit:	
Activity Description:		
Date(s) Conducted: From :		To:
How many girls participated in this activity?		How many adults participated?
Were the girls satisfied with the activity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, how would they improve it?		
Were the adults satisfied with the activity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, how would they improve it?		

PROFIT FROM THIS ACTIVITY

\$	Income received from this activity
\$	Expenses of conducting this activity (please specify)
\$	-
\$	-
\$	-
	Total expenses

\$	Profit from this activity (subtract expenses from income)
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Signature: _____ Date: _____

Co-Leader of troop/group money earning activity
 Service Team Member if this was a service unit money earning activity