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**Girl Scouts in the Heart of Pennsylvania  
 Girl Scout Gold Award Take Action Project Plan Form**

Submit this form to your council prior to starting your project. Please type or print.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Graduating Class of 20 \_\_\_\_\_

Troop/Group Number: \_\_\_\_\_ Troop/Group Leader: \_\_\_\_\_

Troop/Group Leader's Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Girl Scout Gold Award Advisor: \_\_\_\_\_

Gold Award Advisor's Phone Number: \_\_\_\_\_

Girl Scout Gold Award Project Advisor: \_\_\_\_\_

Project Advisor's Organization: \_\_\_\_\_

Project Advisor's Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Prerequisites:** Two Senior or Ambassador Journey's or one Journey and the Girl Scout Silver Award. List two journeys that you have completed along with your troop/group volunteer's signature.

Senior/Ambassador Journey Books	Date Completed	Troop/Group Volunteer's Signature
1.		
2.		
<b>Girl Scout Silver Award Completion Date</b>		
<b>Council Where You Earned the Award</b>		

**Your Team**

List the names of 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 Members	Affiliation	Role



**Take Action Project**

Project Title: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_

*(There will be at least a 4 week process time for all project proposals. Please plan your time line accordingly.)*

- A. Describe the issue your project will address and who is your target audience. Remember your 15-second pitch.
  
- B. Discuss your reason 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. (Attach a detailed project plan.)
  
- E. Enter the names of people or organizations you plan to inform and involve.
  
- F. Estimate overall project expenses and how you plan to meet these costs.
  
- G. What methods or tools will you use to evaluate the impact of your project?
  
- H. How will your project be sustained beyond your involvement?
  
- I. Describe how you plan to tell others about your project, the project's impact, and what you have learned (Web site, blog, presentations, posters, videos, articles, and so on.)



**Impact Planning**

Using the Impact Planning Chart, describe the impact you hope your project will have on your community, your target audience, and you.

Impact On . . .	Goals	Potential Impact
<b>Community</b>	What community issue do you plan to address?	What examples of the project impact might you see in future?
<b>Target Audience</b> (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?

The following is a list of the 15 Girl Scout Leadership Outcomes.

\* Which do you think you will develop throughout this project process?

**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 empowered to make a difference in the world.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Gold Award Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Council Representative Approved: \_\_\_\_\_ Date: \_\_\_\_\_