

**Prior to starting your project, submit your proposal to:**

Council Name: Girl Scouts of Hawai`i

Council Address: 410 Atkinson Dr., Suite 2E1, Box 3

Honolulu, HI 96814

Primary contact: Colleen LaClair, 808-675-5514, colaclair@girlscouts-hawaii.org

**\* SUBMIT THIS PROPOSAL BY THE DATE(S) ESTABLISHED BY THE LOCAL COUNCIL**

Name: Date:

Address:

City/State/ZIP:

Phone: Email:

Grade: School: Age:

Troop/Group Number: Troop/Group Volunteer:

Troop/Group Volunteer’s Phone: Email:

Girl Scout Gold Award Project Advisor:

Project Advisor’s Organization:

Project Advisor’s Phone: Email:

**Prerequisites**

Two (2) Senior or Ambassador Journeys or one (1) journey and one (1) Girl Scout Silver Award. List the journey(s) that you have completed along with your troop/group volunteer’s signature, and the Silver Award completion information if applicable.

|  |  |  |
| --- | --- | --- |
| Senior/Ambassador Journey Books | Date completed | Troop/Group volunteer’s signature |
| 1. |  |  |
| 2. |  |  |

|  |  |
| --- | --- |
| Girl Scout Silver Award completion date |  |
| Council where you earned the award |  |

 **YOUR PROJECT 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 throughout the course of your project.

|  |  |  |
| --- | --- | --- |
| Team members | Affiliation | Role |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Take Action Project

Project title:

Proposed start date: Proposed completion date:

**Community issue:** Describe the community issue your project will address.

**Target audience:** Who is your target audience and what is the significant benefit of your project to them? What skills, knowledge or attitudes will your target audience gain and how will you know they have gained it?

*Remember your 15-second pitch (refer to the Gold Award Guidelines for details.)*

**Reasons for project:** Clearly define and explain your personal reasons for selecting this project.

**Community need:** What is the community **need** you are addressing? What differentiates your project from a community **“want”**? What **void** does your project fill in the community?

*A community service project (or community “want”) is a one-time effort that has a short-term impact and addresses an immediate need. A* ***Take Action*** *project identifies and addresses the* ***root cause*** *of the issue.)*

**Root cause:** What is the root cause of the issue that you will address?

**Measuring success:** How will you quantitatively and qualitatively measure whether or not your project is successful? What tools will you use to evaluate the impact of the project? What do you hope the future impact of your project will be?

**Sustainability:** How will your project be sustained beyond your involvement? In other words, who will continue your project, how often, when, etc.? Your project should have long-term sustainability, meaning that the impact should be sustainable as well. Describe.

**Skills and strengths:** Outline the strengths, talents and skills that you plan to apply and utilize during your project. What skills will you need to develop?

**Project plan:** Describe the steps involved in putting your plan into action, including resources, facilities, equipment, timeline and approvals needed. Please attach your **detailed project plan** to this proposal.

**Outside support:** Enter the names of people or organizations you plan to inform and involve outside of your immediate “team”. If you have not yet found a mentor and need one, outline what types of people you are looking for. For example, think of individuals who are experts on the topic/subject of your project who can be of most help to you.

**Expenses:** Estimate and list your overall project expenses and how you plan to meet these costs.

**Publicity:** Describe how you plan to tell others about your project, the project’s impact, and what you have learned (website, blog, presentations, brochures, posters, social media, articles, etc.).

Your signature: Date:

Project mentor’s signature: Date:

Council representative approved: Date:

Leadership Outcomes

The following is a list of the 15 Girl Scout Leadership Outcomes.\* Which do you think you will develop through this project?

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.

\*Want more information on the Girl Scout Leadership Outcomes?

Visit www.girlscouts.org/research/publications/outcomes/transforming\_leadership.asp.