



Group Money Earning Application

This form must be submitted for approval 4-6 weeks prior to the date of the project. Groups are only eligible to participate in additional money-earning projects if they have participated in the council Product Programs and are up to date on financial paperwork. Form can be submitted at either service center, emailed to frontdesk@gsnim.org, or mailed to Northern Indiana Service Center.

Group #: _____ Service Unit #: _____ Date(s) of Project: _____

Grade Level: Daisy Brownie Junior Cadette Senior Ambassador

Number of Girls Registered in Group: _____ Number of Girls Participating in This Project: _____

Briefly describe the type of project you are planning: _____

Plans For Funds Earned: _____

Estimated Cost of Group Trip/Event: \$ _____ (A)

Other Sources of Income for planned activity Estimated Amount to Be Used

Fall Product Program Funds \$ _____

Cookie Program Funds \$ _____

Total of Families' Payments \$ _____

Group Treasury (in addition to Fall Product Program and Cookie funds) \$ _____

Other (not including this project) List _____ \$ _____

Total Income from All Sources Listed Above \$ _____ (B)

Amount Needed From This Money-Earning Project (Line A - Line B = Line C): \$ _____ (C)

I have read and agree to follow GSNI-M policies and *Volunteer Essential's* standards regarding money-earning. I understand that this group cannot enter into contracts in the name of Girl Scouts of Northern Indiana-Michiana.

Group Leader Signature: _____ Date: _____

Address: _____ Phone: _____

City: _____ ZIP: _____

E-mail: _____

For approval purposes only: Date Received: _____

This money-earning project is: Approved Not Approved (*See comments.*)

Group participated in: Fall Product Program Cookie Program

Comments: _____

Council Staff: _____ Date: _____

Notified By: _____ Date: _____