Girl Scout Highest Award Proposal Budget Plan

Section 1: Estimated Expenses. List all items/supplies you will need for your project and estimate their costs. This includes items such as lumber, landscaping supplies, building rental fees, and other materials. Even items that you hope to get donated should be listed here along with their value. You may estimate the value if you do not know the actual value. List the total amount for all items/supplies to be purchased or donated in Box A.

Section 2: Estimated Income. List all sources of cash/checks for your project. Will you do money-earning activities (e.g., babysitting, bake sales, etc.) to help fund your project or do you anticipate receiving cash donations? Remember, you must not ask for donations; an adult must do the "ask." If you will use personal funds or money from troop funds for your project, please list them in this section. Enter the total amount of income in Box B.

Section 3: In-kind Donations. List all items/supplies you anticipate will be donated for use in your project. For each item you think will be donated, please estimate the value of that item/supply. Again, remember the policy of having an adult do the "ask." Enter the total value of all in- kind donations in Box C.

Section 4: Summary. In this section, add Total Cash/Checks (B) and the Total Value of In-Kind Donations (C). Subtract this number from the Total Estimated Expenses (A) for your project. The result (D) should be "0" since the intent of your project is not to have extra money, but to make sure all expenses and needs are covered.

| Section 1: Estimated Expenses | |
|---|------------|
| Item | Cost/Value |
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| A. Total Expenses (purchased or donated items/supplies) | 0 |
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| Section 2: Estimated Income (cash and/or checks) | | | |
|--|--------------------|--|--|
| Source (earned or donated) | nated) Amount (\$) | | |
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| B. Total Cash/Checks (earned or donated) | 0 | | |

| Section 3: In-Kind Donations | | |
|-------------------------------------|------------|--|
| Source | Value (\$) | |
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| | | |
| | | |
| | | |
| C. Total Value of In-Kind Donations | 0 | |

| Section 4: Summary | | | |
|--------------------|--|---|---|
| 1 | Enter amount from Box B (Total Cash/Checks [earned/donated]) | | 0 |
| 2 | Enter amount from Box C (Total Value of In-Kind Donations) | + | 0 |
| 3 | Total Income (Add Box B and Box C) | = | 0 |
| 4 | Enter amount from Box A(Total Expenses) | - | 0 |
| D. To | otal (subtract total in line 4 from total in line 3): | | 0 |

Girl Scout Highest Award Budget Sheet

Section 1: Expenses. List all items/supplies needed for your project and list their costs. This includes items such as lumber, landscaping supplies, building rental fees, and other materials. You may estimate the value if you do not know the actual value. List the total amount for all items/supplies purchased in Box A.

Section 2: Income. List all sources of cash/checks for your project. Include any funds from money-earning activities (e.g., babysitting, bake sales, etc.). If you used personal funds or money from troop funds for your project, please list them in this section. Enter the total amount of income in Box B.

Section 3: In-kind Donations. List all items/supplies that were donated for use in your project. For each item donated, please estimate the value of that item/supply. Enter the total value of all in- kind donations in Box C.

Section 4: Summary. In this section, add Total Cash/Checks (B) and the Total Value of In-Kind Donations (C). Subtract this number from the Total Estimated Expenses (A) for your project. The result (D) should be "0" since the intent of your project is not to have extra money, but to make sure all expenses and needs are covered.

| Section 1: Expenses | |
|--|------------|
| Item | Cost/Value |
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| A. Total Expenses (purchased or donated items/supplies) | 0 |

| Section 2: Income (cash and/or checks) | | |
|---|-------------|--|
| Source (earned or donated) | Amount (\$) | |
| | | |
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| | | |
| B. Total Cash/Checks (earned or donated) | 0 | |

| Section 3: In-Kind Donations | | |
|-------------------------------------|------------|--|
| Source | Value (\$) | |
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| | | |
| C. Total Value of In-Kind Donations | 0 | |

| Sect | ion 4: Summary | | |
|-------|---|---|---|
| 1 | Enter amount from Box B(Total Cash/Checks [earned/donated]) | | 0 |
| 2 | Enter amount from Box C (Total Value of In-Kind Donations) | + | 0 |
| 3 | Total Income (Add Box B and Box C) | = | 0 |
| 4 | Enter amount from Box A(Total Expenses) | - | 0 |
| D. To | otal (subtract total in line 4 from total in line 3): | | 0 |