UNIT MONEY-EARNING APPLICATION

Applications are not required for council-coordinated money-earning projects such as popcorn sales or Scout show ticket sales.

Please submit this application to your council service center at least two weeks prior to committing to your money-earning project. Read the eight guidelines on the other side of this form. They will assist you in answering the questions below.

☐ Pack  ☐ Troop  ☐ Team  ☐ Crew
No. _________ Chartered Organization ____________________________________________

Community ________________________________________ District __________________________

Submits the following plans for its money-earning project and requests permission to carry them out.

What is your unit’s money-earning plan? ____________________________________________________________________________________

About how much does your unit expect to earn from this project? _______________ How will this money be used? ___________________________________________________________________________

Does your chartered organization give full approval for this plan? __________________

What are the proposed dates? _____________________________________________________________________________

Are tickets or a product to be sold? Please specify. ____________________________________________________________________________

Will your members be in uniform while carrying out this project? (See items 3–6 on other side.) ___________________________________________________________________________

Have you checked with neighboring units to avoid any overlapping of territory while working? __________________

Is your product or service in direct conflict with that offered by local merchants? __________________

Are any contracts to be signed? ______ If so, by whom? _______________________________

Give details. _____________________________________________________________________________________________

Is your unit on the budget plan? __________________________ How much are the dues? _____________________________

Does your unit participate in the council product sale?  ☐ Yes  ☐ No  Family Friends of Scouting?  ☐ Yes  ☐ No

How much does your unit have in its treasury? ______________________________________________________________________________

Signed ____________________________________________________ Signed ____________________________________________________
(Chartered Organization Representative) (Unit Leader)

Signed ____________________________________________________ ___________________________________________________________
(Chairman, Unit Committee) (Address of Chairman)

FOR USE OF DISTRICT OR COUNCIL FINANCE COMMITTEE:
Telephone _____________________________________________________________________________

Approved by __________________________________________ Date ____________________________

Approved subject to the following conditions ____________________________________________________________________________