**** *Final Report*

**Girl Scouts of Central & Southern NJ, Inc.**

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**Girl Scout Name**

**Birthdate Grade County**

Submission Checklist

* Date of online Final Report submission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Additional Resources submission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Project attachments (photos, project flyers and/or pamphlets)
* Letters of support from organizations who benefitted by my project

Girl Scout Signature: Date:

Girl Scout Advisor’s Signature: Date:

Project Advisor Signature: Date:

**For Council Use:**

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| --- | --- |
| **Received by Council** | **Date:** |
| **Sent for Committee Review** | **Date & Location:** |
|  **Pre Approval Date/Location**

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 **Final Approval**  **Review Team** | **Location:****Initials:** |