

EAGLE PROJECT PLAN WORKSHEET

CHECK LIST FOR TROOP/DISTRICT COMMITTEE

Name _____ Address _____

Age _____ Phone _____ Email _____ Date _____

Unit # _____ District _____ Unit Adv. Chair _____

Address _____ Phone _____ Email _____

District Approvers _____

Are EACH of the following questions answered satisfactorily? *(Please date if complete or add comment if incomplete)*

Eagle Project Workbook:	Unit Review	District Review	Comments
First page completed	_____	_____	_____
Three required signatures	_____	_____	_____
Project Description	_____	_____	_____
Who benefits?	_____	_____	_____
Present Conditions	_____	_____	_____
Step by step instructions	_____	_____	_____
Project helpers	_____	_____	_____
Projected # Hr. (approx.)	_____	_____	_____
Materials List	_____	_____	_____
Supply / Tool List	_____	_____	_____
Estimated Cost	_____	_____	_____
Donation/fund raising	_____	_____	_____
Source of funds	_____	_____	_____
Permission from organization	_____	_____	_____
Estimated start date	_____	_____	_____
Adult supervision	_____	_____	_____
Transportation	_____	_____	_____
Tour Permit	_____	_____	_____
Safety & Training	_____	_____	_____
Permission Slips to work project	_____	_____	_____
Food, Refreshments, etc.	_____	_____	_____
Pictures, Fliers, etc.	_____	_____	_____
Leadership demonstrated	_____	_____	_____
Permission from Organization's Leadership	_____	_____	_____

Project Hours (estimated): Total Personal hours _____
 Total Work hours _____
 Grand Total Hours _____

Review notes: _____

Submit to Scout Service Center with project booklet.

Scout Signature _____ Unit Adv. Chair Signature _____
 Date reviewed by District Committee _____ Date approved by District Comm. _____