# BOY SCOUT TROOP ONE

****

**LOGAN, UTAH, USA**

**CHAIRMAN’S PLANNING GUIDE**

|  |  |  |  |
| --- | --- | --- | --- |
| **TROOP NAME:** | ONE |  |  |
| **State Name** | UTAH |  |
| **Project Name** | Fill In |
| **Category** | Fill In |
| **Chairperson’s Name** | Fill In |
| **Address** | Fill In |
| **City** | Fill In | **State** | Fill In | **ZIP** | Fill In |
| **Home phone:** | Fill In | **Business phone:** | Fill In |
| **Fax** |  | **E-mail address** | Fill In |

**PROPER USE OF THE GUIDE:** Good advanced planning and record-keeping will assure success. Use this guide in planning and conducting the project by answering each of the following questions. The form should be used as a cover sheet to the Chairman’s Planning Guide.

## **PLANNING**

1. Primary Purpose. (What is the one reason this project should be run?) The primary purpose must fit with the category under which the project is being submitted.

2. Give a brief description of the project and background information. Follow this with a listing of the specific and measurable goals to be accomplished by this project. (Example: To involve 25 Troop 1 parents/leaders/scouts.)

3. What are the specific manpower assignments? (Show names and duties.)

4. What specific materials, supplies, and resources will be required?

5. Describe the potential problems and solutions to successfully complete this project.

6. Include a complete budget indicating all anticipated income and expense.

7. List the specific steps to bring this project to a successful completion showing planned dates for each step.

## **IMPLEMENTATION and EVALUATION**

8. Record any revision of the original plan.

9. List solutions or recommendations for a future chairperson.

10. Give specific and measurable results for each goal established. Describe the impact of this project on the chapter, individual members, and the community.

Date approved by Troop Committee Fill In

Date Final Report approved Fill In

 **[Fill In: Project Name]**

Chairman’s Planning Guide

**1. PRIMARY PURPOSE**

[Fill In]

2. GIVE A BRIEF DESCRIPTION OF THE PROPOSED PROJECT AND BACKGROUND INFORMATION – INCLUDING HOW THIS FITS INTO YOUR CHAPTER PLAN; FOLLOW THIS WITH A LISTING OF THE SPECIFIC AND MEASURABLE GOALS TO BE ACCOMPLISHED BY THIS PROJECT.

[Fill In]

**GOAL 1:** [Fill In]

**GOAL 2:** [Fill In]

**GOAL 3:** [Fill In]

**GOAL 4:** [Fill In]

3. LIST THE SPECIFIC MANPOWER ASSIGNMENTS.

|  |  |
| --- | --- |
| **ROLE OR RESOURCE** | **RESPONSIBILITY OR ASSIGNMENT** |
| **Chairperson**[Enter Name][Enter Street Address][Enter City, State ZIP Code][Enter Phone Number]**Co-Chairman** | * [Insert each assignment]
 |
| [Enter Name][Enter Street Address][Enter City, State ZIP Code][Enter Phone Number] | * Oversees projects run under [Fill in Area].
* [Insert each assignment]
 |
| **Project Worker**[Enter Name][Enter Street Address][Enter City, State ZIP Code][Enter Phone Number] | Oversees the chapter and all projects run.* [Insert each assignment]
 |
| **Project Worker**[Enter Name][Enter Street Address][Enter City, State ZIP Code][Enter Phone Number] | [Insert each assignment] |
| Project Worker[Enter Name][Enter Street Address][Enter City, State ZIP Code][Enter Phone Number] | * Oversees the financial management of the chapter.
* [Insert each assignment]
 |

|  |  |
| --- | --- |
|  |  |
| **Webmaster**[Enter Name][Enter Street Address][Enter City, State ZIP Code][Enter Phone Number] | * Publish Website.
* [Insert each assignment]
 |
|  |  |
| **[Additional Resource or Role]**[Name][Street Address][City, State ZIP Code][Phone Number] | * [Insert each assignment]
 |

**4. WHAT SPECIFIC MATERIALS, SUPPLIES, AND RESOURCES WILL BE REQUIRED?**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROVIDER** | **MATERIAL, SUPPLY OR RESOURCE** | **Date Needed** | **PURCHASED OR DONATED** |
| [Name][Street Address][City, State ZIP Code][Phone Number] | [List Item(s)] | [List Dates] | [Purchased or Donated] |
| [Name][Street Address][City, State ZIP Code][Phone Number] | [List Item(s)] |  | * [Purchased or Donated]
 |
| [Name][Street Address][City, State ZIP Code][Phone Number] | [List Item(s)] |  | [Purchased or Donated] |
| [Name][Street Address][City, State ZIP Code][Phone Number] | [List Item(s)] |  | [Purchased or Donated] |
| [Name][Street Address][City, State ZIP Code][Phone Number] | [List Item(s)] |  | [Purchased or Donated] |
| [Name][Street Address][City, State ZIP Code][Phone Number] | [List Item(s)] |  | [Purchased or Donated] |
| [Name][Street Address][City, State ZIP Code][Phone Number] | [List Item(s)] |  | [Purchased or Donated] |
| [Name][Street Address][City, State ZIP Code][Phone Number] | [List Item(s)] |  | [Purchased or Donated] |
| [Name][Street Address][City, State ZIP Code][Phone Number] | [List Item(s)] |  | [Purchased or Donated] |
| [Name][Street Address][City, State ZIP Code][Phone Number] | [List Item(s)] |  | [Purchased or Donated] |

**5. DESCRIBE THE POTENTIAL PROBLEMS AND SOLUTIONS TO COMPLETE THIS PROJECT.**

**PROBLEM:** [Fill In]

**SOLUTION:** [Fill In]

**PROBLEM:** [Fill In]

**SOLUTION:** [Fill In]

**PROBLEM:** [Fill In]

**SOLUTION:** [Fill In]

**PROBLEM:** [Fill In]

**SOLUTION:** [Fill In]

**PROBLEM:** [Fill In]

**SOLUTION:** [Fill In]

**6. COMPLETE A PROPOSED BUDGET SHOWING ALL ANTICIPATED INCOME AND EXPENSES.**

|  |  |  |
| --- | --- | --- |
| **INCOME** |  **PROJECTED**  |  **ACTUAL**  |
| Appropriation from chapter: |  |  |
|  |  |  |
| Value of donated items: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |
|  |  |  |
| EXPENSES |  **PROJECTED**  |  **ACTUAL**  |
| Value of donated items: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Return of appropriation from chapter: |  |  |
| **TOTAL** |  |  |
|  |  |  |

7. LIST THE SPECIFIC STEPS TO BRING THIS PROJECT TO A SUCCESSFUL COMPLETION SHOWING PLANNED DATES FOR EACH STEP.

|  |  |
| --- | --- |
| PROPOSED DATE | ACTIVITY |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |

8. RECORD ANY REVISION OF THE ORIGINAL PLAN.

REVISION AND REASON: [List Revision and Reason]

9. WHAT SOLUTIONS OR RECOMMENDATIONS DO YOU HAVE FOR A FUTURE CHAIRPERSON?

RECOMMENDATION 1:

[Fill In]

RECOMMENDATION 2:

[Fill In]

RECOMMENDATION 3:

[Fill In]

RECOMMENDATION 4:

[Fill In]

10. GIVE SPECIFIC AND MEASURABLE RESULTS FOR EACH GOAL ESTABLISHED. DESCRIBE THE IMPACT OF THIS PROJECT ON THE CHAPTER, INDIVIDUAL MEMBERS AND THE COMMUNITY.

* **GOAL 1:** [Fill In]
	+ **Comments:** [Fill In]
* **GOAL 2:** [Fill In]
	+ **Comments:** [Fill In]
* **GOAL 3:** [Fill In]
	+ **Comments:** [Fill In]
* GOAL 4: [Fill In]
	+ Comments: [Fill In]

IMPACT ON CHAPTER:

[Fill In]

IMPACT ON INDIVIDUAL MEMBER:

[Fill In]

IMPACT ON THE COMMUITY:

[Fill In]

**Appendix A – SIGN IN SHEET**

|  |  |
| --- | --- |
| [Boy Scout Troop One]Logan, Utah | **Project:** |
| **Date:** |
| **Time:** |
|  | **Name** | **Phone #** | **Email Address** | **Guest?** |
| **1** |   |   |   |   |
| **2** |   |   |   |   |
| **3** |   |   |   |   |
| **4** |   |   |   |   |
| **5** |   |   |   |   |
| **6** |   |   |   |   |
| **7** |   |   |   |   |
| **8** |   |   |   |   |
| **9** |   |   |   |   |
| **10** |   |   |   |   |
| **11** |   |   |   |   |
| **12** |   |   |   |   |
| **13** |   |   |   |   |
| **14** |   |   |   |   |
| **15** |   |   |   |   |
| **16** |   |   |   |   |
| **17** |   |   |   |   |
| **18** |   |   |   |   |
| **19** |   |   |   |   |
| **20** |   |   |   |   |

**Appendix B**

Incident Report

# [Chapter Name] TROOP ONE

This form must be completed immediately following: Any incident that requires the care of a medical professional or moderate first aid.

**Chairperson Name:**  **Date:**

**Event Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time:** *Beg* *End*

**Location of Occurrence:**

**Name of Person Injured:**

**Phone of Person Injured:**

**Email of Person Injured:**

**Describe activity being performed:**

**Describe incident:**

(attach additional paper if needed)

Incident Report

If applicable, describe the nature of the accident and any injuries received:

Describe resolution to incident:

Note: Please ensure all incidents / injuries are reported to the Troop One Committee.

**Cache Valley Media to email a News Release (PDF DOCUMENT ONLY)**

Send in your email a brief cover letter introduction, attached with the PDF News Release document, to the following local media outlets:

Cache Valley Media Group:

KVNU-AM

KLGN-AM

Q-92 FM

VFX FM

KLZX FM

KOOL FM

Cachevalleydaily.com

webmaster@cvdaily.com

Utah Public Radio at Utah State University

<http://www.publicbroadcasting.net/upr/events.eventsmain?action=submitEvent&__utma=80343635.1944074311.1389156075.1389156075.1389156075.1&__utmb=80343635.9.5.1389156083520&__utmc=80343635&__utmx=-&__utmz=80343635.1389156075.1.1.utmcsr=google|utmccn=%28organic%29|utmcmd=organic|utmctr=%28not%20provided%29&__utmv=-&__utmk=38867882>

To post a news release on cachevalleydaily.com………….submit News Release to Stu Parkinson. He will go to this site and post it:

<http://stage.cachevalleydaily.com/community-calendar/submit/>

Logan Herald Journal Newspaper

To post an event, you will need to create an account w/login:

<http://news.hjnews.com>

**Cache Magazine**

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