



Troop Year-End Report Prep Worksheet

([eForm](#) submission required)

May 1 - April 30

Please note: This document is provided to help you prepare your answers ahead of time. This document is a planning tool, designed to mirror the questions asked on the Year-End Financial Report submission eForm. **This prep worksheet will not be collected.** Please complete and submit your responses via the [Year-End Financial Report eForm](#).

The GSGLA year-end report provides GSGLA with an overview of your troop over the past year. Within the report, troops will be asked for information regarding:

1. **Basic troop details.**
2. **Information about what your troop accomplished over the year (troop activities).**
3. **What the troop leader has experienced & observed (through a survey).**
4. **Annual troop financials** (financial summary with some clarifying questions when applicable and uploading of two bank statements).

The information reported by your troop will provide insight that will assist GSGLA (volunteers and staff) in ensuring that troops have the information and access of resources needed to successfully facilitate the Girl Scout Leadership Experience, while also meeting the troop financial reporting requirements.

Please note, the Annual Troop Year-End Report must be submitted by June 30th of each year, and troops are required to submit annually to participate in any money-earning activities.

If you have questions or need assistance, please call us at (213) 213-0123 and ask to speak with your Membership Specialist.

Submitter Contact Information

Name: _____ Email: _____

Phone: _____ Position: _____

Troop Number: _____ Service Unit: _____

Troop Details

Troop Grade Level: _____

Grades in Troop: TK K 1 2 3
(Current Year) 4 5 6 7 8
 9 10 11 12

First Troop Leader Information

Name: _____ Email: _____

Second Troop Leader Information

Name: _____ Email: _____

Troop Treasurer Information (if applicable)

Name: _____ Email: _____

**Number of
Girl Members**

**Number of
Adult Members**

**Number of years the
troop has been active.**

Name of Meeting Location: _____ Location Zip Code: _____

Name of school, school district or other
description of the troop service area: _____

Does the troop plan to continue next year? (Check one) Yes No Unsure

Troop Activities This Past Year

If no, please explain:

How has the troop been meeting this past year? (Check one) In person Virtually Hybrid

**How many parent/family meetings
did the troop have this year?**

**How many badges did the
troop earn this year?**

What badges did your troop earn this year?

Troop Activities This Past Year (Continued)

**How many Girl Scout Journeys
did the troop complete?**

What Journeys and action projects did the troop complete?

**How many field trips, camping experiences,
and/or events did the troop participate in?**

*This number should be the number or hours served multiplied by the number of troop girls that participated.
e.g., If 10 hours of service were performed, and there are eight girls in the troop, the number entered should be 80.

List of Outings and Dates:

**How many Community Service Projects
did the troop complete?**

**Approximately how many hours did the troop
spend serving the community?***

Community Service Project Details:

Troop Activities This Past Year (Continued)

What are you most proud of accomplishing with the troop this past year?

Do you have a troop story from this past year that you would like to share?* Yes No

Story Details:

*This story may be shared by GSGLA with members and/or the public.

If you would like to include photos, you will have the option to upload up to five images. Photos must be in jpg, png, or pdf format and can be no larger than 20MB per file.

Troop Leader Survey

About the Girl Scout Program

Please answer how much you (or the leader) agree or disagree with the following statements. Select your response. If you disagree with any of the statements, you will be asked to share why you do not agree.

The training provided by Girl Scouts was beneficial.

Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree N/A

Notes if disagreed:

In the Girl Scout program, I feel like I can make a difference.

Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree N/A

Notes if disagreed:

In the Girl Scout program, I am a role model for girls.

Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree N/A

Notes if disagreed:

I would recommend the Girl Scouts to other families.

Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree N/A

Notes if disagreed:

The troop is inclusive and diverse. We are open and accepting of new members, and value the benefits of having a diverse troop.

Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree N/A

Notes if disagreed:

I attend Service Unit Leader meetings regularly.

Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree N/A

Notes if disagreed:

I feel the Girl Scout program positively supports the girls' mental health.

Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree N/A

Notes if disagreed:

Troop Leader Survey (Continued)

I get the support I need from my **Service Unit volunteer team** to be successful.

Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree N/A

Notes if disagreed:

If you marked somewhat disagree, disagree, or strongly disagree, please indicate which support area(s) listed below would be helpful.

More Support at SU Leader Meetings.

Please describe your needs:

Check-in phone calls.

Please describe your needs:

Conflict Resolution.

Please describe your needs:

Help with Girl Scout Program delivery.

Please describe your needs:

Program Grade Level Support

Please describe your needs:

Navigating Product Programs

Please describe your needs:

Policy guidance.

Please describe your needs:

Resources:

Please describe your needs:

Other:

Please describe your needs:

What, if any, questions or support needs from your **Service Unit support team** do you have going into the next membership year?

Support needs:

Troop Leader Survey (Continued)

I get the support I need from **Girl Scout staff** to be successful.

- Strongly Agree
 Agree
 Somewhat Agree
 Somewhat Disagree
 Disagree
 Strongly Disagree
 N/A

Notes if disagreed:

If you marked somewhat disagree, disagree, or strongly disagree, please indicate which support area(s) listed below would be helpful.

Assistance with registration. (Check all that apply)	<input type="checkbox"/> Camp	<input type="checkbox"/> Events	<input type="checkbox"/> Membership
Check-in phone calls. Please describe your needs:			
Conflict Resolution. Please describe your needs:			
Help with Girl Scout Program delivery. Please describe your needs:			
Navigating product programs. Please describe your needs:			
Policy guidance. Please describe your needs:			
Training. Please check all that apply:		Resources. Please check all that apply:	
<input type="checkbox"/> Conflict Resolution <input type="checkbox"/> Facilitating Badges <input type="checkbox"/> Facilitating Girl Scout Journeys <input type="checkbox"/> Facilitating Outdoor Activities <input type="checkbox"/> Forms and policies <input type="checkbox"/> Girl Scout progression <input type="checkbox"/> Higher awards <input type="checkbox"/> Making activities girl led <input type="checkbox"/> Managing adult volunteers in the troop <input type="checkbox"/> Product Program <input type="checkbox"/> Troop finances <input type="checkbox"/> Troop planning and management <input type="checkbox"/> Volunteer Toolkit. <input type="checkbox"/> Working with Girl Scouts in your troop <input type="checkbox"/> Other: _____	<input type="checkbox"/> Badge work <input type="checkbox"/> Facilitating program <input type="checkbox"/> Product programs <input type="checkbox"/> Registration <input type="checkbox"/> Resource translation <input type="checkbox"/> Which language: _____ <input type="checkbox"/> Safety Activity Checkpoints <input type="checkbox"/> Volunteer Essentials <input type="checkbox"/> Volunteer Toolkit (VTK) <input type="checkbox"/> Working with girls with special needs <input type="checkbox"/> Working with parents <input type="checkbox"/> Other: _____ <input type="checkbox"/> Do you need help finding resources? Y/N <input type="checkbox"/> Do you need more resources? Y/N <input type="checkbox"/> Are your resources difficult to navigate? Y/N		

What, if any, questions or support needs from your **Girl Scout staff** do you have going into the next membership year?

Support needs:

Please answer the following questions as they relate to the girls that you work with. Check all that apply:

As a Girl Scout Leader, I have seen growth in the girls I work with as it relates to:

- A commitment to service within their community.
- Civic Engagement.
- Confidence.
- Demonstrating positive behavior outside of Girl Scout meetings.
- Engaging in leadership roles.
- Entrepreneurship.
- Grades in school.
- Interest in STEAM activities.
- Making new friends.
- Open to listening to others in the group.
- Willingness to try new things.
- Working together to test ideas.
- Other

Since becoming a Girl Scout Troop Leader, I have seen growth in myself as it relates to:

- Adapting plans to meet immediate needs.
- Awareness of needs within my community.
- Being a caregiver.
- Budgeting
- Collaborative engagement with others.
- Confidence
- Conflict management/resolutions.
- Making new friends.
- Motivating others.
- Presentation Skills
- Project Management
- Resilience
- Valuing diversity in thought.
- Willingness to try new things.
- Other

If you checked either "other" box above, please describe:

Bank Account Information

If your troop does not have a bank account and does not collect or spend money, the troop will not be required to complete the questions within this section on the year-end eForm.

Reminders:

1. The [Troop/Group/SU Ledger Summary](#) and [Troop Monthly Financial Summary](#) are great tools to use throughout the year to help summarize financial information.
2. If your troop has more than \$50, it **must** open a bank account. For assistance, contact the GSGLA customer care line at (213) 213-0123.
3. Upon review and/or based on random troop account audits, GSGLA may contact you for additional documentation (receipts, statements, etc.), retain all receipts and documentation for a **minimum of five years.**

Bank Account Access

Date Bank Account Established: _____ Bank Name: _____

Troop Bank Account Signers (minimum of two – maximum of five)

Name	Position	Access (check all that apply)
1.		<input type="checkbox"/> Debit Card <input type="checkbox"/> Bank Statement
2.		<input type="checkbox"/> Debit Card <input type="checkbox"/> Bank Statement
3.		<input type="checkbox"/> Debit Card <input type="checkbox"/> Bank Statement
4.		<input type="checkbox"/> Debit Card <input type="checkbox"/> Bank Statement
5.		<input type="checkbox"/> Debit Card <input type="checkbox"/> Bank Statement

Income

Troops Beginning Balance*	\$	Cookie Program Proceeds	\$
Troop Dues Collected	\$	Donations/Sponsorships Received	\$
Fall Product Program Proceeds	\$		

*For existing troops, the troop's beginning balance is the ending balance from the last submitted finance report. For new troops, this is the starting balance.

Did the troop participate in any money earning projects/activities? Yes No

Do not include fall or cookie program activities/proceeds.

Troop Money Earning Proceeds (if the troop participated) \$_____

Income (Continued)

Please list the money earning projects/activities that your troop participated in and the proceeds for each project/activity:

Did the troop receive income from any additional sources? Yes No

Total Additional Income Received (if the troop received additional income) \$ _____

Please list additional sources of income and the income received for each source:

Total Income (total includes beginning balance and all income amounts entered above.) \$ _____

Balance and Reconcile

Total Income (Total includes beginning balance and all income amounts entered above.) \$ _____

Total Expenses (Total includes all expense amounts entered above.) \$ _____

Ending Balance (Total income minus total expenses.) \$ _____

Current Bank Balance (Enter the balance from your most recent bank statement.) \$ _____

Does the ending bank balance match your April bank statement? Yes No

Please explain why the ending balance does not match the balance on your April bank statement:

Money Carry Over per Girl (Current bank balance divided by the number of girl members in the troop as entered in the troop details section.) \$ _____

Does your troop have more than \$100 per girl carrying over? (Troops can only carry over a max of \$100 per girl unless the troop has a detailed program plan for funds.) Yes No

Please describe the plans for the remaining troop funds.