

Village of Spring Grove Eagle Scout Service Project Proposal



Date: _____

Candidate's Name: _____

Email address: _____ Phone number: _____

Project Proposal: _____

Anticipated Start Date: _____ Anticipated Completion Date: _____

Approximate Hours to Complete: _____

Supplies I will provide: _____

Will supplies be donated? _____ If not, how will you pay for supplies? _____

Will volunteers help if you need additional labor? _____ If not, how will you pay for
additional labor? _____

*Help requested from village (tools, supplies, materials): _____

Scout Master's approval: _____

Village approval: _____ Date: _____

**The village will not be responsible for funding of the project, but may offer some support if needed.
After village approval, project updates must be called in or emailed to the village every two weeks. Progress
updates can be emailed to LFRUMET@springgrovevillage.com.*

Project Tracking
(For Office Use Only)

Date:
Scout Name:
Project Description:

Follow-up #1

Date:
Progress:

Follow-up #2

Date
Progress:

Follow-up #3

Date
Progress:

Follow-up #4

Date
Progress:

Date Project Started:

Date Project Completed: