

Eagle Scout Leadership Service Project Plan

Council Instructions / Check-Sheet

Scout's Name: _____ Troop: _____ Date: _____

Project Documents (All completed In Ink)

- Project booklet used (Original booklet or Download from Council Website)
- Extra pages attached
- Eagle Scout Leadership Project Application Cover Sheet completed/attached

Project Description

- Describe project
- What group will benefit?
- How will group benefit?
- Date discussed with unit leader
- Name and title of group representative

Plan Your Project (Describe details of plan and minimum requirements. "Wait to see who shows up," isn't a plan.)

- Describe present **condition**
- Describe **method** to be used (A thorough task analysis required, identifying & listing all tasks and subtasks.)
- List work **teams** required for each **task** (Min number of adults, older, and younger scouts needed for ea.)
- Estimate the total number of labor hours required for **each task/part of project** (Hawkeye Area Council RECOMMENDS 100 total project hours as a target. Show how you get there.)
- Estimate **labor cost** if the work would have been contracted to a business (Use minimum wage of \$5.15 if unable to get an estimate from a business.)

- Describe/list materials to be used (Don't forget preparation and clean-up needs.)

- Build a table matrix that lists:

- Tools** needed
- Supplies** needed
- Materials** needed
- Estimated **Quantities** of each
- Estimated **Cost** of each
- List whether item is **Purchased, Donated, Borrowed**

(Examples)	Quant	Cost	P/D/B
Tools (hammers)	2	\$0.00	B
Supplies (nails)	100	\$2.00	P
Materials (2x4x8)	10	\$15.00	D

- List projected **total cost savings** to group benefiting from this effort (includes labor and materials).
- List **start/finish dates** of labor
- Estimated **start/stop times** for each day
- Daily time schedule** for work, meals, and breaks
- Describe **Safety Hazards** (High/Low temps, debris, chemicals, blisters, insects, power tools {Restricted})
- List **Safety Precautions** in place (goggles, gloves, glasses, shoes/boots, water/drinks, power tools, **first aid kits, phone access, Who is Designated Medic?**)
- Describe procedures for contacting **emergency and evacuation assistance** if needed.
- Include drawings/sketches/photos to help describe the project effort.

Project Plan Approval:

- Group and unit representative signatures (Originals in project booklet)
- District or Council Advancement Committee member signature (Originals in project booklet)