# Initial Eagle Scout Proposal Checklist

**Scout Information**

Name: 

Today’s date: 

Phone: 

Address: 

City, ST, Zip: 

Unit: 

**Reviewer Information**

Name: 

Phone: 

e-mail: 

Address: 

City, ST, Zip: 

**Procedural Review**

- Utilizing Eagle Scout Service Proposal Workbook (2021)
- Project has not been started prior to this review
- Beneficiary is not-for-profit organization (not BSA)
- Candidate’s name appears on all cover sections
- Email address listed for all contacts on Proposal Page B
- Project is not a fundraiser
- All CONTACT INFO blanks are completed (P-B)
- Reviewer completes page (P-B)
- Approval signatures (P-E)
- Project is an individual one (no two Eagle candidates may work on the same project at the same time)
- Project greater in scope than a typical Star or Life project
- Candidate is planning project himself, not following canned instructions of other plans or downloaded from Internet

**Proposal Review - Proposal pages (P-B to E)**

- Project is defined as to how it will help others (P-C)
- Photographs (with captions) represent scope of project
- Understands concept of Giving Leadership (P-D)
- Material-Supplies-Tools supported by details (P-D & E)
- Proposal does not require use of Fundraising Form (FP-A)
- Proposal requires Fundraising Form and is signed (FP-A)
- Project Phases are thoughtful (P-F)
- Logistics – understands how this applies to Project (P-F)
- Candidate has considered health and safety factors, such as hazardous materials, adults operating power tools, and two-deep adult presence (P-G)
- Project Planning reveals consideration of Proposal (P-G)
- Candidate has completed portions of Project Plan section Pages A B C D E

**Reviewer’s Comments**

- [ ]
- [ ]
- [ ]
- [ ]

**Project Approval** *(SED Reviewer: sign appropriate section below & Workbook Proposal page E only if Approved)*

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<th>Approved</th>
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<th>Returned – not acceptable</th>
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*Reviewer detach here and return portion below to Eagle Committee Chairman (write legibly) once approved.*

**Eagle Candidate:**

Name: 

Address: 

City, ST, Zip: 

Phone: 

Unit: 

Date of approval: 

**Beneficiary organization:**

Reviewed by: 

**Unit Coach:**

Brief description of project: