

# Project Report Form

Date of Report: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Date of Project: \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Expenses for Project: \_\_\_\_\_

Unexpected Expenses: \_\_\_\_\_

Total Income: \_\_\_\_\_

Total Profit: \_\_\_\_\_

What tasks must be done to complete your project? Please specify time needed for each task.

<b>Tasks</b>	<b>Time Needed</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What supplies do you need to complete your project? Please specify the cost of each supply.

<b>Supplies Needed</b>	<b>Cost</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Please evaluate your project.**

1. How many people participated in/attended your activity? \_\_\_\_\_
2. If you were to repeat this activity, would you prefer more people, fewer people, or the same number of people? \_\_\_\_\_
3. How many workers helped with your activity? \_\_\_\_\_
4. If you were to repeat this activity, would you prefer more workers, fewer workers, or the same number of workers? \_\_\_\_\_

What kind of publicity did you use?

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If you were to repeat this activity, would you prefer more publicity, less publicity, or the same amount of publicity?

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Did you contact any helpful people or resources?      YES      NO      (circle one)

If yes, please record their names and phone numbers.

Name	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What unexpected problems did you have when doing this project?

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If you were to repeat this project, what changes would you make?

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Would you do this project again?                      YES                      NO                      (circle one)

What committee was in charge of this project? \_\_\_\_\_

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Please record the names of the committee members. \_\_\_\_\_

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Signature of chairperson: \_\_\_\_\_