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.

Tasks	**Time Needed**

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

Supplies Needed	**Cost**

Last Revised: 7/2023

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?

_____

_____

_____

_____

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

_____

_____

_____

_____

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?

_____

_____

_____

_____

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

_____

_____

_____

_____

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

What committee was in charge of this project? _____

_____

Please record the names of the committee members. _____

_____

_____

_____

_____

Signature of chairperson: _____