_____   _____
        Chair/Organizer   Community Service Program Reported Under
                         (If unsure, leave blank until Year-End Reporting Time)

Project Report: _____

Project Name: _____

Date Held: _____

Total Number of Members Involved:_____
   (Include all members working on all aspects, including planning,
   and all members attending. Note: Count each member only once.)

List Members Involved: _____

_____

_____

Total Hours:_____
   (Multiply all planning hours x each member planning,
   plus hours to complete project x each member working or attending.)

   Note: Keeping any sign-up sheets will help to figure total hours.

Cost:

Actual dollars donated or cash spent: _____
   (e.g. scholarship or other money given, registration fee for event, etc.)

In-kind value of any items donated, or
   purchased to be donated: _____
   (e.g. value of books, school supplies, food, toiletries donated;
    Tricky Tray or Silent Auction items solicited, etc.)

Profit: (If applicable)   _____

Describe Project:
Explain how project was planned and carried out. Include any contact people
or organizations, with phone numbers if possible, for future reference. Attach any sign-up
sheets, flyers, or letters as examples. Use another page if necessary.

Updated May 2019