

Project Name: _____ **Date of Project:** _____

Chairperson: _____ **Co-Chairperson:** _____

Committee Members: _____

Sub-committee's names: _____

Volunteer Names:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Volunteer Names:

11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Total # Volunteers: _____ **Total # Hours:** _____

Supplier: _____

Number of Units Sold: _____

Total Expenses: _____

Contact Person/Phone Number: _____

Cost per Unit: _____

Receipts to Treasurer: Y N

Other Expenses in Detail _____

Advertising Cost Per Unit: _____

Total Net Income: _____

Profit per Unit: _____

Timeline of Completing Project: (may attached any personal form used)

1-2 Months Prior to Project Date this was done: _____

1-2 Weeks Prior to Project Date this was done: _____

Less than a Week Prior to Project Date this was done: _____

The Day of the Project this was done: _____

Please identify and describe any problems encountered: _____

How were those problems resolved? _____

In your opinion, on a scale of 1 to 10, how successful was the Project? (10 most successful - 1 not successful)

1 2 3 4 5 6 7 8 9 10

What suggestions or changes would you recommend for the future? _____

Were there enough helpers or too many? _____

Ideas to promote future success of project? _____

Any other comments or concerns? _____

GLWA thanks you for your help and time in both the project and filling out this report!