TAFCE STATE PROJECTS REPORT

Please check the category that applies to this project:

___ Community Action

___ Education

___ Literacy

_____
PROJECT TITLE

Summary of work done in 20____.

Region: _____
County: _____

Due Date: **See Bottom of Form**

Send to: State Vice President for Programs

Person Submitting: _____

Office/Title: _____

Address: _____

_____ Phone: _____

Briefly describe the objective and results of project:

_____

_____

_____

_____

_____

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_____

1. How many FCE members participated? _____
2. How many hours were volunteered? FCE Members _____ Non-Members _____
3. How many people were reached? FCE Members _____ Non-Members _____
4. What is the total amount of dollars spent on this project? $_____
   (Materials, publicity, travel, postage, telephone, food, etc.)

(revised 2010)

County Due Date: _____ State Due Date: _____
to Vice President for Programs