

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:

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