





Project:		Y ear:						
Name:								
		Years in Project:						
Project Plans	and Goals	Date Accomplished						
This project began:								
Date	Member Sig	Member Signature						
Date	Parent / Gua	Parent / Guardian Signature						
Date	Advisor Sig	Advisor Signature						



## Operating Expense (Current Items Only)

Date	Description of Operating Expenses	Quantity and Unit	Total Value	Cash Operating (Feed)	Non-Cash Operating (Feed)	Cash Operating (Other)	Non-Cash Operating (Other)



## Project Summary (What you did and what you learned)