California 4-H Youth Development Program
Annual Project Report

Submit one form per project. Members may use either the short version or the long version of this form, along with one Expression page (optional). No additional pages will be allowed.

Name		**Program Year**	
Project		**Years in Project**	

LEARNING EXPERIENCES

Number of project meetings held: _____
Number of project meetings attended: _____ Percentage Attended: _____

Date	Explain what you did and learned in the project during the year. *Include the level of participation: **I** = Individual, **L** = Local Club/Unit/Project, **C** = County/Area/District, **M** = Multi-county/Section, **S** = State, **N** = National/Multi-State, **G** = Global*	Level

I have personally prepared this report and believe it to be correct.
Member's Signature Date / /
I have personally reviewed this report and believe it to be correct.
4-H Project Leader's Signature Date / /

Project Report Form Learning Experiences Continued

LEARNING EXPERIENCES		
Date	**Explain what you did and learned in the project during the year.** *Include the level of participation:* ***I*** *= Individual,* ***L*** *= Local Club/Unit/Project,* ***C*** *= County/Area/District,* ***M*** *= Multi-county/Section,* ***S*** *= State,* ***N*** *= National/Multi-State,* ***G*** *= Global*	**Level**

Project Report Form (Continued) – Size and Scope of Project

Number	Things made, raised, grown, or improved	Honors or awards in this project:

Will you take this project next year? _____ Why? _____

If you answered "Yes," What would you like to learn next year?_____

Expression Page *(optional)*
One page per project on which the member may be creative. If completed, page must be one side of an 8 ½" x 11" piece of paper. Draw, write, and use your imagination!

Project Report Form Size and Scope Continued

Expenses and Income/Value

Summarize, totaling all expenses such as: ingredients, feed, vet supplies/visits, materials, exhibitor's fees, and all income such as: value of finished products, animals sold, exhibit premiums, etc.

Item/Project	No.	Expense	Income OR Value
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		Total	**Total**
		$	$
Total Profit or Loss		$	