



## **OUTREACH Project Reporting Form**

Chapter Name: \_\_\_\_\_ Region: \_\_\_\_\_

# of total chapter members: \_\_\_\_\_ # of participating members: \_\_\_\_\_

Name of Outreach project: \_\_\_\_\_

Beneficiary / Recipient of Project: \_\_\_\_\_

How was the project financed? \_\_\_\_\_

Final cost of project: \_\_\_\_\_

Number of hours spent on project: \_\_\_\_\_

Special skills or techniques required: \_\_\_\_\_

Special supplies required: \_\_\_\_\_

Is the pattern / instructions available to share with other chapters? \_\_\_\_\_

Sharing cost: material \_\_\_\_\_ postage \_\_\_\_\_

Additional information for other chapters to decide to participate in this project:

Chapter Outreach Chair: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Please send your completed form to your Region Outreach Chair.