Community Service Program Reported Under Health and Wellness – Nursing Home

Project Report

| Date Held: | |
|--|-----|
| Total Number of Members Involved: (Include all members working on all aspects, including planning, and all members attending. Note: Count each member only once.) | |
| Total Hours: | |
| Cost - Cost is estimate time + material | |
| Actual dollars donated or cash spent: Cash value of each item donated | |
| In-Kind value of any items donated, or purchased to be donated: | |
| Profit (if applicable): | N/A |
| Describe Project : Explain how project was planned and carried out. Keep any sign-up sheets, if used, to assist in figuring hours and cost. | |

Include a small narrative here....

Project Leader: Dawn Korman

Project Name: