# Overview

Member’s Name:

4-H Project Being Reported:

Name of Project Leader:

Report Year: Year(s) Enrolled in 4-H: Years in this Project:

# Goals

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |

# Project Description

# Size & Scope

**Financial Information (Optional)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Income** | | | **Expenses** | | |
| **#** | **Description** | **Cost** | **#** | **Description** | **Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Income** | |  |  |  |  |
| **Additional Information (Optional)** | | |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | **Total Expenses** | |  |
|  |  |  |  |  |  |
|  |  |  | **Total Income** | |  |
|  |  |  | **Subtract Total Expenses** | |  |
|  |  |  | **Equals Total Profit or Loss** | |  |

## Market Summary (Optional)

|  |  |  |
| --- | --- | --- |
| What was the market price (per pound) for your animal on the day you sold your animal? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ₡ | (1) |
| Where did you find the price? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (2) |
| What was the date you looked up the price? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (3) |
| How much did your animal weigh? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs. | (4) |
| What was your animal’s value if it sold at an auction barn or coop market | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (5) |
| How much did your animal sell for? | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (6) |
| How much more money did your buyer give you than the market value of your animal? | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (7) |

***Make sure you thank them properly!!!***

# Knowledge and Skills Acquired

# Exhibition Summary

| **Project** | **County** | | **State** | | **National** | |
| --- | --- | --- | --- | --- | --- | --- |
|  | Location: | Date: | Location: | Date: | Location: | Date: |
|  |  | |  | |  | |
|  |  | |  | |  | |
|  |  | |  | |  | |