

**FOODS AND NUTRITION PROJECT RECORD**

Number of Years in Foods & Nutrition Project: \_\_\_\_\_

**What are your goals for this project?**

A. \_\_\_\_\_  
\_\_\_\_\_

B. \_\_\_\_\_  
\_\_\_\_\_

**Culinary Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Materials/Supplies or Equipment Used (note item and cost if applicable):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Total Cost to you (if any): \_\_\_\_\_

**PROJECT MEETINGS**

Number of project meetings held: \_\_\_\_\_ Number I attended: \_\_\_\_\_ County meetings I attended: \_\_\_\_\_

**Number of hours spent on exhibits:** \_\_\_\_\_

