

Project Name: _____

Project Dates _____

EVALUATION OF PROJECT OBJECTIVES

Measurable Project Objectives	Was the objective met? Yes/No	Comment if objective was not met

EVALUATION OF PROJECT EXPENDITURES

1. Were the awarded Public Health Grant funds used in accordance with the grant application?	Circle your answer. YES NO	If "NO" please comment.
2. Has your organization received/Will your organization receive an independent financial audit that covered/covers the time period when expenditures were made from this Grant?	Circle your answer YES NO	If "NO" please comment.
3. Briefly describe the results of any independent financial audit the organization has had within the last year or attach a copy of the audit summary documentation. Check one below. <input type="checkbox"/> The organization has NOT had an audit within the last year. <input type="checkbox"/> The organization HAS had an audit within the last year.	Comments.	

I verify that the information I have provided above is correct.

Signature

Title

Date