



Program Name _____

Project Director _____

Final Report Review Form

Did the grantee reach all the objectives listed in the application?	Yes	No
List three of their primary accomplishments:		
Do their numbers (section IV) look realistic for the type of program and budget?	Yes	No
Did they produce materials?	Yes	No
If yes, did they provide copies?	Yes	No
If yes, did they acknowledge Komen's support?	Yes	No
Did they spend the money as proposed in their application?	Yes	No
Does it appear they will have any unspent funds that need to be returned?	Yes	No
Other Concerns/Comments:		

Action Recommended Need additional information _____ Request return of funds	Yes Yes	No No
Did they share any success stories? If so, are they documented?	Yes	No

Report Reviewed by: _____ Date: _____

Komen Approved by: _____

Printed Name: _____ Date: _____