

# Healthstar Foundation

## Evaluation for Project Funding

**NOTE:** Failure to submit an Evaluation Form when requested will result in future applications not being considered.

### DEADLINE FOR SUBMISSION

NAME OF APPLICANT \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE (HOME) \_\_\_\_\_ (OFFICE) \_\_\_\_\_

TITLE OF PROGRAM AND/OR PROJECT \_\_\_\_\_

RESULTS OF PROGRAM (use ONLY space provided) \_\_\_\_\_

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### BUDGET SUMMARY:

	<u>BUDGETED</u>	<u>EXPENDED</u>
Permanent Equipment	\$ _____	\$ _____
Materials & Supplies	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Outside Personnel Cost	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

ADDITIONAL FUNDING (if applicable) \$ \_\_\_\_\_ SOURCE \_\_\_\_\_

MISCELLANEOUS REMARKS, COMMENTS, EXPERIENCES, ETC... \_\_\_\_\_

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APPLICANT (S) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_