

**CURTIN UNIVERSITY**  
**LOCAL DRUG ACTION GROUP**  
**(CULDAG)**  
**GRANT EVALUATION FORM**

<b>PROJECT TITLE:</b>			
<b>ORGANISATION:</b>			
<b>CONTACT PERSON:</b>		<b>CONTACT NO:</b>	
<b>EMAIL ADDRESS:</b>			

Thank you for taking the time to complete the following evaluation form. Your responses to the following questions will enable **CULDAG** to effectively evaluate the success of your funding project.

**1. POPULATION REACH**

Please record the number of people involved in or exposed to the project by answering questions **1.1 to 1.3 below**.

**1.1 ORGANISERS**

How many people directly associated with the project were involved in the organisation, delivery or presentation of the activities? Include all staff, other professionals, trainers, presenters, volunteers and committee members etc.

Write Actual Number (e.g. 10)

1.1a Is this number:

Estimated

Actual

For Questions 1.2 and 1.3, record the actual number of people who participated.

For multiple events please state the total no. who attended even if you know that some people attended more than one event.

Please exclude those whose involvement or exposure was only through viewing advertising material.

## 1.2 ACTIVE PARTICIPANTS

Excluding organisers and people recorded in 1.1, how many other people actively\* participated in the activities of the project?

*\*Active participants may be adults or children, depending on the project. Include participants such as people attending training, courses or workshops, people using interactive resources or equipment or people participating in activities at a health event.*

Write actual number

1.2 Is this number:

Estimated

Actual

## PROJECT SUMMARY

This section is for you to provide a brief summary of the health project, (in point form). Do not provide additional information unless you require additional space for your responses.

### 1. OBJECTIVES

1.1 Were the objectives of your project achieved?

No  Yes

If you answered **Yes**, briefly provide details on how they were achieved (100 words max).

1.2 Should you run the activity/event again is there anything you would change?

No  Yes

If you answered **Yes**, briefly outline what you would do differently next time (100 words max).

**2. EVALUATION**

2.1 What measures did you take to evaluate the success of your activity/event? (briefly state what they were and at which point/s the information was collected). (100 words max)

2.2 Please specify the impact the CULDAG Grant had in helping you to achieve your objectives and project objectives?

- Extremely Influential
- Quite Influential
- Somewhat Influential
- Not very Influential
- Not Influential at all

**3. APPLICATION PROCESS**

3.1 How satisfied were you with the funding application process or in completing your application for funding.

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied or dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

Signed: \_\_\_\_\_  
 Certifying Officer

Date: \_\_\_ / \_\_\_ / \_\_\_\_

Print Name \_\_\_\_\_