

Health Promotion Board

Health Ambassador Grant - Funding Disbursement & Evaluation form (end of funding period)

<i>Name of Health Ambassador (Main Applicant)</i>		
<i>Interest group/event name</i>		
<i>Project Reference No. (HPB to fill up)</i>		
<i>Funding Duration</i>	_____	_____
	Start Date (dd/mm/yy)	End Date (dd/mm/yy)
<i>Approved Funding Amount</i>		
Evaluation (for Interest Group)		
<p><i>Starting group size:</i></p> <p><i>Number of sessions whereby at 75% of starting group size attended:</i></p> <p><i>If criteria for number of sessions not met, please explain why,</i></p> <p><i>Current group size:</i></p> <p><i>Was the intended objective and target, as stated in the application form, met? Please elaborate.</i></p>		

Declaration

I declare that all above information are true and accurate

Signature (of main applicant) : _____

Name: _____

Date: _____

Point to note:

Please ensure that all attendance lists are submitted for processing of disbursement

For Official Use Only	
Date received	
Disbursement status	Approved / Rejected Date:
Reason for rejection	
Approved by	