

Health Promotion Board

Health Ambassador Grant - Evaluation Report & Funding Disbursement form (mid-term funding)

Only applicable for 1st time Interest Group applicant

Name of Health Ambassador (Main Applicant)	
Project Title	
Project Reference No. <i>(HPB to fill up)</i>	
Approved Funding Amount	
Review of programme by Health Ambassador	
<p>Starting group size:</p> <p>Number of sessions (from start of funding period to end of Nov 2016) whereby at 75% of starting group size attended:</p> <p>If fail to achieve the mid-term target (i.e. mid-term target=10 sessions), how do you intend to improve the programme so that the overall target can be met?</p>	
Declaration	
<p>I declare that all above information are true and accurate</p> <p>Signature (of main applicant) : _____</p> <p>Name: _____</p> <p>Date: _____</p>	

Restricted

Point to note:

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

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