

ORGANIZATION: _____ PROJECT TITLE: _____

PROBLEM STATEMENT OR ASSESSMENT OF NEED	GOALS	OBJECTIVES	METHODS	EVALUATION

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Before submitting your Evaluation Worksheet(s), please check to make sure each section meets the criteria identified below.

Problem/Need Checklist:	Goals Checklist:	Objectives Checklist:	Methods Checklist:	Evaluation Checklist:
<ul style="list-style-type: none"> 1 Is reasonable 1 Stated in terms of client's needs, not grantee's 	<ul style="list-style-type: none"> 1 Cannot be measured as stated 1 Offers grantor a general understanding of the programs/services funded 1 Are not the same as the objectives 	<ul style="list-style-type: none"> 1 Are specific and estimate amount of benefit to be expected 1 At least one objective for each problem/need 1 Objectives are outcomes 1 Objectives are not methods 1 Describes the population that will benefit 1 States the time by which objectives will be accomplished 1 Objectives are measurable, if at all possible 	<ul style="list-style-type: none"> 1 Clearly describes program activities 1 Describes sequence of activities, if relevant 1 Presents a reasonable scope of activities that can be conducted within the time and resources of the program 	<ul style="list-style-type: none"> 1 Presents a plan for evaluating accomplishments of objectives 1 Tells who will be doing the evaluation and how data will be collected 1 Explains any test or questionnaire tools to be used

FINAL SIGNOFF:

Organization Representative _____ Date: _____

Cancer Challenge Representative _____ Date: _____