

**Office of Highway Safety**

**Grant Activity and Evaluation Form**

|  |
| --- |
| **Section 1- Completed by OHS** |
| **Project Name:**  | **Agency:** |
| Project Number State: NHTSA: CFDA: | Grant Manager:Email:Phone: |
| Pre-Grant Meeting Date   | GCO  | Grant Monitoring Date | GCO  |
| **Instructions:**1. Section 1 & 2 To be completed by OHS.
2. **Grantee: Complete Sections 3-7**

Section 3, Quarter 1: Due by January 15th. Section 4, Quarter 2: Due by April 15th.Section 5, Quarter 3: Due by July 15th.Section 6, Quarter 4/Final Evaluation: due by October 15th.Section 7, Activities & Deliverables from the grant document. * + 1. Provide the Immediate Objectives for each activity.
		2. Provide outreach and education efforts made.
		3. Provide an Assessment for each activity.

Section 7, Administrative Evaluation questions.* + 1. Provide an answer for each of the evaluation questions as they appear in the grant document.
		2. Provide an Impact Evaluation if it is required by the grant.
		3. OHS will complete the Grant Costs details.
 |

|  |
| --- |
| **Section 2- Completed by OHS** |
| *List All Grant Activities and Deliverables as they appear in the Schedule A- OHS Grant Agreement:* |

|  |
| --- |
| **Section 3- Completed by Grantee, Due January 15** |
| **Quarter 1. Submitted on:**  | **By:** |
| **Grantee:** *Provide details of grant activities and tasks accomplished this quarter as it relates to your goals and objectives.* |
| **Grantee:** *Provide community outreach and education efforts this quarter. Include: date of event, type of event, location, partners, target audience, key message and any other noteworthy comments.* |
| **Grantee:** *Provide details of successes and challenges encountered during the quarter.*  |
| **OHS Monitoring Notes and Budget Expense Details for 1st Quarter:**  |

|  |
| --- |
| **Section 4- To be completed by Grantee, Due April 15** |
| **Quarter 2. Submitted on:**  | **By:** |
| **Grantee:** *Provide details of grant activities and tasks accomplished this quarter as it relates to your goals and objectives.* |
| **Grantee:** *Provide community outreach and education efforts this quarter. Include: date of event, type of event, location, partners, target audience, key message and any other noteworthy comments.* |
| **Grantee**: *Provide details of successes and challenges encountered during the quarter.*  |
| **OHS Monitoring Notes and Budget Expense Details for the 2nd Quarter:**  |

|  |
| --- |
| **Section 5- To be Completed by Grantee, Due July 15** |
| **Quarter 3. Submitted on:** | **By:** |
| **Grantee***: Provide details of grant activities and tasks accomplished this quarter as it relates to your goals and objectives.* |
| **Grantee:** *Provide community outreach and education efforts this quarter. Include: date of event, type of event, location, partners, target audience, key message and any other noteworthy comments.* |
| **Grantee***: Provide details of successes and challenges encountered during the quarter.*  |
| **OHS Monitoring Notes and Budget Expense Details for the Third Quarter:**  |
| **Section 6 – To be Completed by Grantee, Due October 15** |
| **Final Evaluation (Covers period: 10/1 – 9/30)** |
| **Submitted by:**  | **Date:** |
| **Activity 1** |
| *Objective:* |
| *Assessment:* |
| **Activity 2** |
| *Objective*:  |
| *Assessment:*  |
| **Activity 3** |
| *Objective:*  |
| *Assessment:*  |
| **Activity 4** |
| *Objective:*  |
| *Assessment:*  |
| *Recap COMMUNITY OUTREACH AND EDUCATION efforts made throughout the year.* |
| *Assessment:* |

*(Add more boxes as needed)*

|  |
| --- |
| **Section 7 – To be Completed by Grantee, Due October 15** |
| **Impact Evaluation:** *Describe how the project impacted the grant goals, objectives, and performance measures.* |
|  |
| **Section 8 – To be Completed by OHS** |
| **Grant Expenditures**  | **A** | **B** |
| *This area will be completed by OHS* | **Original Budget** | **Actual Costs** |
| Budget  | $ | $ |
| Expended  | $ | $ |
| Match  | $ | $ |
| Local Benefit | $ | $ |
| Equipment Purchased  |  | Added to WebCars  |  | Property Mgt. Form  |  |
| OHS GCO Name: |  | Date: |