

SEMINOLE COMMUNITY COLLEGE  
STAFF AND PROGRAM DEVELOPMENT

PROJECT EVALUATION  
FINAL REPORT

Please provide a final report on your project on or before: \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Project Title: \_\_\_\_\_

3. Project Dates: \_\_\_\_\_ through \_\_\_\_\_

4. Project Number: \_\_\_\_\_

5. Amount Budgeted: \$ \_\_\_\_\_

6. Amount Spent: \$ \_\_\_\_\_

7. Amount to be returned to SPD: \$ \_\_\_\_\_

*If you want to continue the project during the next fiscal year, you must request permission in writing.*

8. Status of Activity:

\_\_\_\_\_ Completed

\_\_\_\_\_ Not completed

\_\_\_\_\_ Abandoned

\_\_\_\_\_ Never started

9. Evaluation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Developer: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed report to: Sherry Baer, Human Resources Office.