

ABTA POST PROGRAM ANALYSIS

Date Submitted: _____ Program Number: _____

Program Name: _____

Person Responsible for Program: _____

A) Actual Expenditures: \$ _____ D) Actual Program Revenue: \$ _____

B) Projected Expenditures: \$ _____ E) Projected Program Revenue: \$ _____

C) Net Difference (A - B) : \$ _____ F) Net Difference (D - E): \$ _____

Net Gain / Loss (C - F): \$ _____ **(Please Attach Completed Financial Statement If Applicable)**

Were the objectives met?

Actual results / achievements:

Factors affecting results:

Measure of success:

Recommendations:

Signature of Person Responsible For Program

ABTA Program Coordinator Signature