

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 Executive Director Signature