



**GRANT EVALUATION FOR THE
CALIFORNIA MEDICAL ASSOCIATION FOUNDATION
MEDICAL STUDENT COMMUNITY LEADERSHIP GRANT PROGRAM**

Name of Project

Project Contact Person

Address

Phone

Email

Medical School

Date program was conducted

Number of participants

Did the program achieve the intended goals? Please explain/describe.

What were the program costs? (Include final costs for food, supplies, speakers, etc.)

Other feedback (include copies of formal program evaluations, if applicable).

Please attach copies of any generated materials by the event such as newspaper articles, local newsletter, etc.

Upon completion of this form please send or e-mail to CMA Foundation, 3835 North Freeway Blvd., Suite 100, Sacramento, CA 95834; 916-779-6620; Fax 916-779-6658; cmf@thecmafoundation.org.