Oral History Final Report Form

PART A: Project In-Brief

Project title:

Grant number:

Project director:

Sponsoring organization:

List each program or activity (attach an additional sheet if necessary):

<table>
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<tr>
<th>Location/City</th>
<th>Event or Activity</th>
<th>Speaker</th>
<th>Audience #</th>
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PART B: Fiscal Report

Check the following statements that are true:

☐ UH funds have been spent only as approved in the project budget.

☐ We have complied with any conditions/stipulations included in the grant agreement.

☐ Auditable financial records document expenditures of UH funds and cash match on approved project activities.

☐ In-kind contribution records indicate source, date, purpose, cost-bases, and dollar value.

☐ All records will be retained for 7 years from the closing of this grant.

-OVER-
In at least ONE page address the following:

A. Goals and Objectives:
   Describe the extent to which the project's stated goals were served and their objectives achieved.

B. Community Impact:
   What evidence can you describe of the impact of this oral history project on participants? What
   long-term impact do you think it will have on the community?

C. Planning and Publicity:
   Describe the planning process, project activities and evaluation. Discuss how publicity was
   disseminated for the required public program component and attach publicity samples.

D. Audience and Impact:
   Identify some highlights of the discussion among the participants. Please include a description of the
   interaction between those in the audience and between the audience and the presenter(s). What
   questionnaires or other means were employed to solicit feedback and what was learned?

E. Strengths and Weakness:
   Comment on both strong and weak points of the project and how, given the benefit of hindsight, it
   might have been improved. (Generally, it is as important to know what went wrong with a project as
   what went right.)

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PART D: Signatures

By signing and submitting this final report, we certify that the above and attached information is accurate and truthful.

____________________________     _________________     ________________
Authorizing Agent / Date         Project Director / Date         Fiscal Agent / Date