



Administrative/Fiscal Note Review Performance Measurement



File ID/Resolution/Ordinance Number:		Original Approval Date:	
Program/Initiative:			
Department (s):			
What were the original goals?			
Were the goals met?			
<input type="checkbox"/> Yes <input type="checkbox"/> No – provide explanation:			
What were the original performance criteria?			
Were the performance criteria met?			
<input type="checkbox"/> Yes <input type="checkbox"/> No – provide explanation:			
Describe original timetable:			
<input type="checkbox"/> Yes <input type="checkbox"/> No – provide explanation:			
Was the timetable met?			
What was original budget?			
Did the program/initiative perform within approved budget?			
<input type="checkbox"/> Yes <input type="checkbox"/> No – provide explanation:			
Additional Findings:			
Submitted by:		Reviewed by:	