

**Cancer Detection Section  
Prostate Cancer Treatment Program**

**APPLICATION REFERENCE FORM**

Name of Applicant Agency: \_\_\_\_\_

**Referring Agency Information**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name and Title of person completing this form:

\_\_\_\_\_

Amount of Funding given to Applicant Agency: \$ \_\_\_\_\_

Description of Project(s) and Services: In the space below, please include a brief explanation of the project(s) and services that were provided by the Applicant Agency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mark appropriate answer. If "No," please provide a reason:

1. Did the applicant deliver timely and effective services?

Yes

No \_\_\_\_\_

\_\_\_\_\_

2. Were major responsibilities satisfactorily accomplished and done so in a timely and professional manner?

Yes

No \_\_\_\_\_

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3. Did the applicant implement fiscal control measures?

Yes

No \_\_\_\_\_

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4. Did the applicant submit all required progress reports documenting achievement of the objectives, and deliverables contained in the Project workplan?

Yes

No \_\_\_\_\_

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5. Did the applicant obtain independent financial audit?

Yes

No \_\_\_\_\_

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6. Did the applicant maintain staffing patterns adequately?

Yes

No \_\_\_\_\_

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7. Did the applicant submit timely and properly prepared invoices?

Yes

No \_\_\_\_\_

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8. Did the applicant maintain effective communication during performance?

Yes

No \_\_\_\_\_

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9. Overall, were you satisfied with the quality of the applicant's work?

Yes

No \_\_\_\_\_

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10. Were you satisfied with the working relationship established by the applicant during performance?

Yes

No \_\_\_\_\_

11. Did you encounter any problems with the applicant that negatively affected performance?

Yes \_\_\_\_\_

No \_\_\_\_\_

12. Would you use the applicant again for the same or different services?

Yes

No \_\_\_\_\_

Signature of Authorized Agency Official (sign original in ink, in a color other than black):

Signature \_\_\_\_\_ Date \_\_\_\_\_