COLORADO
Department of Transportation

Safe Routes to School Final Report

Congratulations on completing your grant funded project!

Please respond to all questions in this form. When completed, submit the completed report (including any attachments) to: active.insights@state.co.us.

Overview

Contact

Agency name (formal)

Mailing address

Project Name (must be the same as the project name in the application)

Final Project Contract Number (PO):

Endorsement/Commitment

Applicable Laws:

You acknowledge that all State fiscal policies, and State and Federal regulations (including the Americans with Disability Act) for your entire grant funded scope were followed.

◯ Yes ◯ No

Results

Describe the components of the project that were completed and whether and how they differed from those proposed in the application.

Share accomplishments compared to the original project objectives.

Provide one or two sentences that best describe how your project made a difference in getting more kids to walk and bike to and/or from School.

Resulting Data

What were the results of the project?

Share survey results below regarding pre and post counts of users and submit the attached results with this form.

- Pre-project survey numbers:
- Post-project survey numbers:

Problems

Did you have any unanticipated issues that impacted your project?

◯ Yes ◯ No

If yes, please explain.

Budget

Was your project completed on budget?

◯ Yes ◯ No

If not:

1. How did you finance any additional expenses?
2. What was your original total project cost and the final balance on the project?

Photos

Please provide project photos showing the elements completed, and links to any available communications materials about the project, such as publications, media announcements, etc.

Comments

Please provide any additional comments, suggestions, insight, etc. you would like to share regarding your project.