

## **Harwich Town Council**

## **Monitoring and Evaluation Form**

Please complete and return this form, along with the required supporting documentation to the Guildhall, Church Street, Harwich, Essex, CO12 3DS within 12 months of the award date.

If you require assistance with completion of this form, please contact the Clerk on 01255 507211

DETAILS OF YOUR ORGANISATION		
Name of Organisation:		
Address:		
Tel. No.:	E-mail Address:	
Contact Name:		
contact Nume.		
DETAILS OF GRANT		
Amount of Grant Awarded:	Date Grant Was Awarded:	
Purpose for which grant was made (as stated	in the grant offer letter):	
Can you confirm that the whole of the grant w	vas spent on the purpose for which it was given?	Yes / No
Have you enclosed copies of accounts/receipt	is /invaigns to support this manitoring form?	Yes / No
		-
If you have answered no to either question, pl	lease explain why	•••••
Signed	. Position	
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COMMENT AND EVALUATION	
Please give a brief description of the actual service provided/activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc as a result of the service provided activities run etc act	he grant:
What have been the benefits and effect to the community as a result of your project?	
Number of beneficiaries supported through this grant/your project:	
If you plan to, how will you continue this work? (indicate financial or other arrangements ma	
Did you need to raise additional funds for this project?:  If yes, what other funds did you manage to raise and from where?	s / No

Signed...... Position.....

Please return this form to: The Guildhall, Church Street, Harwich, Essex, CO12 3DS

Please add any other relevant information, highlights or comments:

Date.....