**GRANT EVALUATION FORM**

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| --- | --- | --- | --- |
| Charity Name |  | Charity No |  |
| Amount of grant |  | Date of first instalment |  | Number of years of grant  |  |
|  |  |
|  |  |
| Purpose of grant |  |
| Have you raised all the funds required for the project? If not, state how much is outstanding and how you propose to raise the shortfall. |  |
| Date of completion of the project (capital projects only) |  |
| Have you met the project objectives? |  |
| Have there been any unexpected achievements/ outcomes/ obstacles? |  |
| State how you measure the success of the project. |  |
| Are there any anticipated changes in the project in the coming year? |  |
|  |  |  |  |
| Name of person completing form |  | Date |  |
| Email address |  | Phone no. |  |