**GRANT EVALUATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | |  | |