

# Ward Grant Monitoring Form

for projects to be completed within the period 1 April 2018 to 31 March 2019

**For office use only**

Date Received:

Reference Number:

Ward area of benefit:

Officer Checked:

Date:

Who entered on to spreadsheet:

Date:

Please make sure you complete all sections of this form. The information is feedback and provides evidence of the need for community funding. We understand that not every question relates to your project so please contact us if you need advice on completing the form. In addition do send us an anonymised case study or quotes as feedback from customers.

**Name of group**

1

**Address for group and contact information**

2

telephone:  
email:

postcode:

**Name of contact person**

The person in the group we can contact about this application.

3

position in group:  
(e.g. chair, active member)

**Contact address**

The contact person's address and contact information (if different from the group's).

3a

telephone:  
email:

postcode:

**Which ward (s) have benefitted?**

4

**Amount of grant received**

5

## Ward Grant Monitoring form

<p>How did your project / activity contribute to addressing the Ward Priorities in this ward?</p>	<p>5a</p>
<p>How did you involve the local community in the project?</p>	<p>5b</p>
<p>Did your project support any of the following areas which can enable people to stay living independently in their own homes for longer? Please tick one or more as applicable and give details:</p>	<p>5c</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Reducing social isolation and loneliness</li><li><input type="checkbox"/> Prevention of falls</li><li><input type="checkbox"/> Nutrition</li><li><input type="checkbox"/> Transport</li><li><input type="checkbox"/> Practical support and handy person services</li><li><input type="checkbox"/> Support for carers</li><li><input type="checkbox"/> Health &amp; Wellbeing</li><li><input type="checkbox"/> Social Action Projects (-people helping people projects, addressing wellbeing)</li></ul>

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<b>Tell us what you did</b> (describe the <b>activity</b> , i.e. putting on an activity, workers assessing an issue, interventions)	6a
<b>Tell us what was achieved</b> (the <b>outputs</b> e.g. attendance figures, created a community cafe )	6b
How did that benefit the community? (the outcomes are what the	6c

## Ward Grant Monitoring form

community benefits , highlighting the change to people or place or both e.g. less isolation, improved diet, motivation or learning.	
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What learning can you share from the project?	7
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Would you be happy to share your learning with other local groups doing similar projects?	7a
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Does your group intend to continue or develop this project/activity, and if so how will you sustain it now that this funding has ended?	8
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How many people benefit directly from your project/activity? (Please state approximately how many)	9
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9a What are the ages of the people who benefited through your project or activity? (Please state how many)

0-14  5-10  11-18  19-25  26-59  60+  Not applicable

### 10. How much did your proposal cost?

Evidence of spend against the estimated project costs in the original bid. Invoices and receipts will need to be attached for each item of spend

Breakdown of costs: <i>(e.g. staff, accommodation, material costs)</i>	Amount in bid	Amount spent	Receipt / invoice provided Yes/No
	£	£	
	£	£	
	£	£	
	£	£	
	£	£	
	£	£	
	£	£	
	£	£	
	£	£	
	£	£	
<b>TOTAL</b>	£	£	

Please give the amount of any underspend on the grant	11
<input style="width: 100%;" type="text"/>	£

<i>For office use only</i>	12
<b>Officer dealing with</b>	

## Ward Grant Monitoring form

<i>returning under spend</i>	
<b>Date and amount reclaimed</b>	12a

Under spent grants can be paid by cheque payable to City of York Council.

## Ward Grant Monitoring form

### DECLARATION

This is to confirm that the information given in this form is correct to the best of my knowledge; that the group named on page 1 of this form is a not-for-profit community group or a neighbourhood-based voluntary organisation and that I am authorised to sign on behalf of the group.

I give permission for City of York Council to record my details and the organisation's details and to publicise successful grant applications.

Signed

Name (Block capitals)

Position in group

Date

**NOW** please check you have;

- completed all the form and signed it,
- added any extra pages and copies of any relevant documents,
- included photo evidence (ensure that you have photo consent for use by CYC)
- included a copy of all invoices and receipts

**If you send an incomplete form this may break the terms and conditions of the original grant and thus require it to be returned in full. We need as much information as possible so if you have any problems answering questions, please get in touch with your Community Involvement Officer.**

**Please return this form to:**

Communities and Equalities Team

City of York Council

West Offices

Station Rise

York

YO1 6GA

## Ward Grant Monitoring form

Tel: (01904) 551832



### Fair Processing Information for Grant Monitoring Forms

City of York Council will use the information you provide on this form for the administration of grant monitoring. Your group or organisation's contact details will be added to a database held by City of York Council for the monitoring of grant aid and for consultation purposes. The Council may also use the information you provide to ensure that all its other information systems are up to date. The award of grants is reported publicly. All information held by the council is liable to disclosure under the Freedom of Information Act unless it is exempt.

If you have any queries concerning the protection of personal privacy or publication of information please contact the City of York Council's Information Management Officer at [foi@york.gov.uk](mailto:foi@york.gov.uk) or call (01904) 552933.

**A large text version of this leaflet is available on request telephone:  
(01904) 551832**

**This information can be provided in your own language.**

Informacje te mogą być przekazywane w języku ojczystym.

Polish

Bu bilgi kendi dilinizde almanız mümkündür.

Turkish

此信息可以在您自己的语言。

Chinese (Simplified)

此資訊可以提供您自己的語言。

Chinese (Traditional)

 **01904 551550**