### ASHINGTON TOWN COUNCIL GRANT MONITORING - FORM B: 10-MONTH EVALUATION - RUNNING COSTS FUNDING

| Organisation Details |                          |   |  |
|----------------------|--------------------------|---|--|
| Organisation Name:   |                          | Grant Award Amount: £   |  |
| Conta                | ct Person (completi      | ng form):   |  |
| Position:            |                          | Signature:  |  |
| Servi                | ce Delivery and Im       | pact  |  |
| 1.                   | How many Ashingtoperiod? | on residents have benefited from your services during the grant |  |
|                      | Regular users:           | Occasional users:   |  |
| 2.                   | What services/activ      | vities has the grant enabled you to provide or maintain?        |  |
|                      |                          |   |  |
|                      |                          |   |  |
|                      |                          |   |  |
|                      |                          |   |  |
|                      |                          |   |  |
| 3.                   | How has the grant        | improved your service delivery?                                 |  |
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|                      |                          |   |  |
|                      |                          |   |  |
|                      |                          |   |  |
|                      |                          |   |  |
| 4.                   | What would have h        | appened to your services without this grant?                    |  |
|                      |                          | have continued unchanged  |  |
|                      |                          | have been reduced   |  |
|                      |                          | would have stopped<br>ould have struggled to continue           |  |
|                      |                          | raid have struggled to continue                                 |  |

#### ASHINGTON TOWN COUNCIL GRANT MONITORING - FORM B: 10-MONTH EVALUATION -

# **RUNNING COSTS FUNDING Financial Management** 5. How was the grant used? (tick all that apply) ☐ Rent/premises costs ☐ Staff costs □ Utilities ☐ Insurance Equipment □ Other: \_\_\_\_ 6. Total running costs for the period: £\_\_\_\_\_ 7. Was the grant spent as originally planned? ☐ Yes □ No 8. If no, please explain any significant variations: 9. Do you have any unspent grant funds? ☐ Yes - Amount: £ □ No 10. Please attach receipts/invoices demonstrating expenditure of the grant. **Organisational Development** 11. How has your organisation developed during this period?

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| 12. Have you secured additional funding during this period?                          |
|--|
| □ Yes - Amount: £  |
| □ Source:  |
| □ No   |
| Community Improve and Foodbook   |
| Community Impact and Feedback  |
| 13. What feedback have you received from service users about your work?              |
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| 14. How do you measure the impact of your services on Ashington residents?           |
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| Publicity and Recognition  |
| 15. How did you acknowledge Ashington Town Council's support?                        |
| □ Logo on materials  |
| □ Website mention  |
| □ Social media   |
| □ Press release  |
| □ Other:   |
| 18. Please provide examples or evidence of publicity given to the Council's support: |
| re. I leade provide examples of evidence of publicity given to the economic support. |
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| Sustainability Planning   |  |  |  |
|---|--|--|--|
| 17. What steps have you taken to ensure the sustainability of your services?                  |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| 18.Do you plan to apply for future grants from Ashington Town Council? □ Yes □ No □ Undecided |  |  |  |
| Additional Comments   |  |  |  |
| 19. Any other information about your work or the impact of the grant:                         |  |  |  |
|   |  |  |  |
|   |  |  |  |
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