



## Nailsworth Town Council Grant Monitoring Form

This form must be completed and returned to the Council within 6 weeks of project completion

### Details of applicant and contact information

|       |  |            |  |           |  |
|-------|--|------------|--|-----------|--|
| Title |  | First Name |  | Last Name |  |
|-------|--|------------|--|-----------|--|

### Organisation (if applicable)

|      |  |
|------|--|
| Name |  |
|------|--|

### Contact Address

|        |  |           |  |
|--------|--|-----------|--|
| Line 1 |  | Postcode  |  |
| Line 2 |  | email     |  |
| Town   |  | Telephone |  |

### The project

|   |       |     |
|---|-------|-----|
| Project name  |       |     |
| Actual project dates  | Start | End |
| Describe the project. Please feel free to attach evidence such as comments from residents, photographs etc. |       |     |
| How did the project achieve its aims  |       |     |
| How did the project meet the identified community need  |       |     |
| How many people benefited   |       |     |
| How many people were involved in the project  |       |     |

### The money

|  |   |
|--|---|
| Money Granted  | £ |
| How much of this did you spend                       | £ |
| Money to be returned to council                      | £ |
| What was the overall project cost                    | £ |
| How did you raise the remainder of the money         |   |
| How many volunteer hours did you use for the project |   |

Signed

Dated