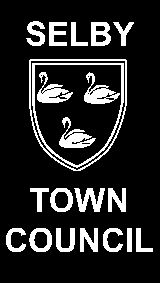
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## Selby Town Council Grant Evaluation Form

Reminder – Failure to return this form could result in no further grants being awarded to your group/organisation.

|  |  |  |  |
| --- | --- | --- | --- |
| Please complete and return this form within 6 months of completion of your project or scheme, returning it to the address below  **Please complete all sections** | | | |
| As a condition of your funding, you agree to provide evidence of how your funding was spent – failure to do this may exclude applicants from applying for any future funding. **Please remember to include receipts, invoices or photographs of the project with this evaluation form.**  Your feedback is important to us as it is used for internal audit purposes in our community planning work and enables us to review the Community Grants application process.  If you would prefer to complete an electronic version, this may be downloaded from the Council’s website ([www.selbytowncouncil.gov.uk](http://www.selbytowncouncil.gov.uk))  **PLEASE WRITE CLEARLY** | | | |
| Name of Organisation/Group: | | | |
|  | | | |
| What did your project/scheme involve and how was your grant spent? (e.g., funded days out, funded room hire)? | | | |
|  | | | |
| How did/does your project benefit local people and approximately how many? | | | |
|  | | | |
| What other Agencies/Groups/Organisations were involved in this project? | | | |
|  | | | |
| Do you consider your project/scheme has proved a success, and if so, why? | | | |
|  | | | |
| If your project was for a long-term item (e.g., Counselling over several years, or a repeat project (e.g., summer playscheme), how are you intending to sustain this in the future? | | | |
|  | | | |
| How much funding did you receive from Selby Town Council (STC)? | | | |
|  | | | |
| What was the total cost of your project (including that awarded by STC? | | | |
|  | | | |
| Did you obtain any publicity for this project or scheme and was the award from STC acknowledged in any publications e.g., press articles or newsletters? (Please tick) | | Yes | No |
| I have enclosed an example of all publicity acknowledging STC’s award (Please tick) | | Yes | No |
| Name:  Address:  Tel No/Email: | Date: | | |
| **Thank you for taking time to complete this evaluation form** | | | |
| Please return your completed evaluation to:  Selby Town Council, The Town Hall, York St, Selby, YO8 4AJ | | | |