

## Totton and Eling Town Council End of Grant Report

Please ensure you complete all sections of the form.

## Section 1 – Project Summary

Name of organisation	
Name of Project	
Project start date	Project end date
Organisation contact	
Correspondence	
Address	
Contact number	Mobile number
Email address	
Organisation website	

	oject activity and ou	itcomes	
1. Description of	f the Project/Activity		
2. What we said		your grant application	
	we would do nd Outcomes identified in	your grant application.	
		your grant application.	

3.	Wł	nat	we	actua	IJγ	did
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	le any facts d e commitme			-			-	ople
Please outling Inticipated lo Impact outlin	act on our C ne the differe onger-term i ned in your g s, quotes fro	nce this proj mpact. Who rant applica	ject has ma at are the h ation and ind	neadline ach clude any su	nievements: upporting e	? Refer to to rividence of	he anticipat success, e.g	ted Communi

5.	Challen	ges, cha	nges, le	essons	learned
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To help us that affec	s learn from your ted progress or s ed outcomes, pos	experience, ple topped some o	ase tell us abo utcomes being	achieved. Ho	w did you resp	ond? Were ther	
We would	comments/fee I be pleased to re on how this migh	ceive your com				e of this grant so	:heme,

Statement to be signed by an authorised person within your organisation.

To the best of my knowledge the information given on this form is correct and gives a true and accurate account of the organisation's work, finances and needs.

<b>Your name</b> In block caps	
<b>Address</b> If different fro Section 1 abo	
Position held the organisat	
Daytime tele Home tel	phone
Email addres	s
Signature	Date
Make sure th	nat:
	You have answered <u>all the questions</u> on the End of Grant Report
	The form is signed in person by an authorised person from your organisation
	You have included evidence, receipts and a completed Statement of Project

Please return this end of the grant report, together with your photo evidence, receipts and income/expenditure information to the Town Clerk at the Civic Centre, Totton.