Greenwich Charitable Trust Fund: Monitoring Form

Please fill in the monitoring form below and then send it to naomi.goldberg@metrocharity.co.uk within one month of completing this project. You may wish to discuss how you will complete this form with your Development Officer at METROGAVS for some initial feedback before submitting. Tel 020 8308 5000 or email naomi.goldberg@metrocharity.co.uk.

About your group

|  |  |
| --- | --- |
| Name of your Group:  |  |
| Main contact:  |  |
| Position in group: |  |
| Email address of main contact: |  |
| Main telephone number:  |  |

About the project

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| --- |
| Project Title  |
|  |
| Project Summary.  |
|  |
| Please tell us what you delivered and anything that went particularly well  |
|  |
| **Tell us about any challenges or problems you encountered when delivering the project** |
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| **How many of the target groups set out below took part in your project** this can be an approximation |

|  |  |
| --- | --- |
| Target group | Number taking part |
| Older people |  |
| Minority ethnic groups |  |
| Low income groups |  |
| Carers |  |
| People with mental health problems |  |
| People with a specific disabilities |  |
| People with learning disabilities  |  |
| Children and young people  |  |
| LGBT people |  |
| The community in general |  |
| Health and social care professionals |  |
| Other (please specify) |  |
| Total |  |
|  |  |
|  |  |

The Local Community

|  |
| --- |
| **Which of these Outcomes did your Project contribute towards?(Please type a ‘y’ for all that apply).** |
| More people are in control of their physical and mental health |  |
| More people have a greater say in their own care  |  |
| More people are able to live independently |  |
| Communities are better able to support themselves |  |
| More health prevention activity |  |
| Inequalities in our health service area are better addressed |  |
| **Please describe the evidence you have that shows how you know that the project contributed towards the outcomes you have ticked e.g. a summary of information in collated feedback sheets or via case studies. Please specify which outcome your evidence supports.** |
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| **Please describe what impact your project had on the people you worked with and the wider community** |
|  |

Project Budget and Spend

|  |  |
| --- | --- |
| Total Project Budget | £ |
| Total Grant Provided by GCT | £ |
| How much you spent? | £ |
| Breakdown of spend: |
| **Item**  | **Cost £** |
|  |  |
|  |  |
|  |  |
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|  |  |

Monitoring:

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| **Please attach any monitoring information that you have and mark below the information you are providing** |
| Data taken from sign up sheets/attendance lists |  |
| Data/information taken from surveys/interviews |  |
| Before and after case studies (3 are required) |  |
| Photos/video |  |
| Copies of receipts for any single item of expenditure over £500 |  |
| Other (please specify) |  |

Learning and Sustainability:

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| **Please describe what you have learnt by undertaking this project** |
|  |
| **Please describe how you intend to carry on with the services/approach you used in implementing the project** |
|  |

Please send your completed monitoring form and additional monitoring information to Naomi@metrocharity.co.uk within one month of completing the project