

# Holiday Activity and Eatwell Fund- Project Monitoring Form

### What is this form for?

Please use this form to provide an update on what your project has achieved as a result of receiving a Grant from the **Holiday Activity and Eatwell Fund**. Please refer back to your **grant agreement** when you complete this form.

Name of organisation/group	Click here to enter text.
Lead Contact name:	Click here to enter text.
Telephone Number:	Click here to enter text.
Email Address:	Click here to enter text.

Start date of project:	Date monitoring form completed:
Click here to enter text.	Click here to enter text.

### Project Delivery Update

1. Please tell us the number of people who have taken part in your project so far			
Click here to enter text.			
of these are in receipt of FSM or on low incomes Click here to enter text.			
Click here to enter text.			
the children/young people and parents/carers you have already detailed			
Click here to enter text.			
t take place?			
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			
ned your target participants?			
ou put in place to do this? Click here to enter text.			
ers to you being able to achieve this? Click here to enter text.			
nber of staff involved in the delivery of this project			
nber of volunteers involved in the delivery of this project			

### Impact of your Project

6. Tell us how your project has assisted in addressing the issues of food poverty for children, young people and their families during the school holiday

Click here to enter text.

**7.** Please tell us about any outcomes for the people who attended your sessions i.e. what are the changes or effects on people as a result of taking part in your activities

Click here to enter text.

## Taking your project forwad

8. Please tell us the key things you have learned which you will take forward in delivering these sessions in the future (these could be challenges you have faced and overcome or positive experiences)

Click here to enter text.

**9.** Please tell us what activities have you carried out to ensure that your project can be sustained beyond 2020 - in terms of both the activities you have carried out using this funding and those carried out using other resources

Click here to enter text.

**10. Please tell us what the future plans are for holiday hunger projects in your area** Click here to enter text.

## Financial Update

Item	Cost	Amount of	Other funding used (please state
		grant used	source)
Click here to enter text.	Click here	Click here to	Click here to enter text.
	to enter	enter text.	
	text.		
Click here to enter text.	Click here	Click here to	Click here to enter text.
	to enter	enter text.	
	text.		
Click here to enter text.	Click here	Click here to	Click here to enter text.
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	text.		
Click here to enter text.	Click here	Click here to	Click here to enter text.
	to enter	enter text.	
	text.		
	Total	Click here to	Click here to enter text.
		enter text.	

Please note your grant does not require you to contribute in-kind match funding, however if this has been a feature of your project we would be interested to hear about it

Amount: Click here to enter text. Type of contribution: Click here to enter text.

\*The calculation that we use for volunteer time is as follows; Project Management/Manager =  $\pounds 16.97$  per hour Administration/Project Worker =  $\pounds 12.35$  per hour General Duties (other) =  $\pounds 9.92$ 

Form completed by: Click here to enter text.

Role in organisation: Click here to enter text.

Please return this form to <u>grant.applications@telford.gov.uk</u> or Community Participation Team, Telford & Wrekin Council, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT no later than 30 days after the completion of your project.