

CAUSEWAY COAST AND GLENS

BOROUGH COUNCIL

Monitoring & Evaluation Report

**Community Festivals Fund 2025-26**

*Please complete and return to The Funding Unit,*

*Causeway Coast and Glens Borough Council, Cloonavin, 66 Portstewart Road, Coleraine, BT52 1EY.*

1. Project Title
2. Project Promoter
3. Address

(Including postcode)

1. Contact Name
2. Telephone Number

6. E-mail Address

£

7. Amount of Grant Awarded

**For internal use only**

Date received by the Funding Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date passed to the Service Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_

Received back to the Funding Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MONITORING & EVALUATION REPORT**

**Note you may provide any additional information on extra sheets of paper.**

**These extra sheets should be referenced to this report.**

1. Name and date of events

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1. Event Venue(s)

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|  |
| Postcode: |

1. Please provide the following details:

|  |  |
| --- | --- |
| a. Total number of **participants/ people attending** your festival: |  |
| b. Total number of **volunteers** involved in  planning and delivery of the festival: |  |
| c. Total number of **visitors from outside NI** that attended your festival: |  |

1. Please briefly tell us about how your Festival contributed to the objectives of the Community Festivals Fund i.e.. encourage community participation; provide opportunities for skills development; promote inclusion in your community.

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1. Please briefly tell us about what worked well with your Festival, any lessons learned or any issues that you would require support with if you were to organize the festival again?

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1. Please list how you publicised your Festival. Please email copies of your programme, posters, press cuttings, social media etc. Please also include photographic evidence of funded activities and events where possible.

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I confirm that all details on the post project evaluation are correct.

Signed …………………………………… (Project Promoter)

Print name ………………………………………..

Position in organisation ……………………………………………

Date ………………………………..

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| **CAUSEWAY COAST AND GLENS BOROUGH COUNCIL OFFICIAL USE ONLY** |
| **Did the project progress satisfactorily?**  (Payment will be withheld if progress is not satisfactory) |
| **Are there any significant changes/issues which need to be addressed? If Yes, please determine timeframe.**  **(Date issues need to be addressed by: )** |
| **Signature confirming acceptance of report.**      **Name of officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_**  **(Service Area Officer)**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_** |