**Health and Wellbeing Grant Programme 2025 - 2026**

**Monitoring & Evaluation Form**

**Please complete and return to the Funding Unit, Causeway Coast & Glens Borough Council, Cloonavin, 66 Portstewart Road, Coleraine, BT52 1EY**

1. Applicant/Organisation
2. Address

(including postcode)

1. Electoral Ward
2. Contact Name

5. 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. The Grant awarded:- (a) is now complete;  
  
 (b) is proceeding ahead of schedule;   
  
 (c) is proceeding according to plan;  
  
 (d) is proceeding behind schedule;

If you ticked (d) provide an explanation

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2. Dates, times and venue of your successful application

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3. Please tell us what methods you have used to monitor and evaluate the success of your application.

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4. Can you please provide the following details relating to Key Performance Indicators(KPI’s)for the Grants Programme:

|  |  |
| --- | --- |
| a. What is the **total number of** **participants** that participated in your project, excluding coaches & volunteers? (Please count each participant only once) |  |
| b. What is the total number of **young people** (under 18) that participated in your project? (Please count each participant only once) |  |
| c. What is the total number of **women & girls** that participated in your project? (Please count each participant only once) |  |
| d. What is the total number of **older** **people** **(Aged 50+)** that participated in your project? (Please count each participant only once) |  |
| e. What is the total number of people **with a disability** that participated in your project? (Please count each participant only once) |  |
| f. What is the total number of people who **have qualified** through gaining a coaching course/qualification as a result of this programme? (if applicable) |  |

Council like to provide case studies to demonstrate the success of applicants within the Borough to address funding requirements. This may provide an excellent opportunity for your organisation to showcase your project. The Funding Unit may contact your organisation in due course to request further detail (if selected) and provide photographs or additional/relevant information concerning your project.

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

Signed …………………………………… (Applicant)

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: \_\_\_\_\_\_\_\_\_\_\_** |