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**Aspers Good Causes Fund 2024**   
**Grant Monitoring Form**

The Council requires all grant aided organisations to complete an end of programme monitoring form to provide information on the project funded and to ensure that the terms and conditions of the grant have been met.

The council is not looking for any personal information or anything that that can potentially identify a person as we want this reporting generic. However, we do need other information to help us understand the impact of the project and help make improvement for future grant programmes.

As part of the grant condition you are required to keep copies of your expenditure receipts for purchases you have outlined in your application. Where possible receipts must be original copies and clearly have details of a retailer/supplier, detail of item bought, date it was bought and how much it cost. We will ask for those at the end of the programme.

**Change of plan and issues arising**

We know that despite best efforts sometimes plans have to change and unforeseen challenges mean thinking differently to continue delivering your project. However, it’s important that we are made aware of any problems or changes as they arise. We are always happy to discuss any such issues with you and what they could mean for your grant.

Please be aware that if you are considering a different use for the grant than it was awarded for, you must contact the Council before you go ahead. Any unspent grant must be returned to the Council unless other terms have been agreed.

**Please submit the Monitoring Form to** [GoodCausesFund@newham.gov.uk](mailto:GoodCausesFund@newham.gov.uk)

**1. Contact Details**

**Name of your organisation**

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**Name of your project**

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| --- |
|  |

**Address of organisation**

|  |  |
| --- | --- |
|  | |
| Postcode |  |

**Name and position of person completing this form**

Title First Name Last Name

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| --- | --- | --- |
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Position

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**Telephone Number**

**Email**

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**Date form completed**

**2.** **Receipts**

Please attach a list of expenditure and copies of receipts for **any single item costing over £100** confirming the grant money was spent as set out in your application form (photocopies/photos are acceptable). For all other costs, please keep your receipts safe for 2 years as we may ask for evidence in the future.

**Receipts attached/enclosed**

**3. Were the actual income and expenditure in line with the budget provided in your grant application?** Please explain.

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**4. Please tell us about the project**

In this section we would like to know about the project we supported.

4a – Please tell us 3 things that went well?

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4b – Please tell us 3 things that you would do differently for future projects? How could your project be improved for future years?

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4c – Did you receive any evaluation/feedback (formal or informal) of the project from attendees? What were your findings?

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4d – Did anything impact on your project that was outside of your control, either positive or negative?

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**5. Briefly tell us how this grant has impacted residents in light of the objectives:**

to support projects that help to create local communities in Newham that are safe, prosperous and healthy.

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**6. Photos, videos and other media**

We would like high quality photos of project to showcase the success and impact of your project. Please confirm you are happy for the Council to use them for this purpose, with full acknowledgment of their source/copyright, by ticking the box below.

Yes, we have received consent from individuals to share photos, videos and other media with London Borough of Newham for social media and future promotions

**7. Declaration**

I confirm that the information provided in this form is a true reflection of the project and the grant money has been spent according to the conditions.

Sign        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equality Monitoring**

**Data Protection notice**

Your personal data will be confidential and used only so we can understand how wide the different groups have been reached.

The information you provide will be protected by the Data Protection Act 2018, which ensures that the Council and its employees protect the confidentiality of data collected from individuals. We will only use the personal information you provide to deliver the services you have requested, or for our lawful, disclosed purposes. We will not make your personal details available outside our organisation without your consent, unless obliged by law.

For further information please refer to the Council's privacy notice which can be found on the Newham Website [here](https://www.newham.gov.uk/contact-information/processing-personal-data-privacy-notice/1) or email [InformationGovernance@Newham.gov.uk](mailto:InformationGovernance@Newham.gov.uk)

We ask equalities questions to make sure we have a good sense of the impact this project is having on local residents. Importantly, it helps to understand if particular groups of people are underrepresented. You do not have to answer any questions if you prefer not to.

All information that you provide is used only for the purpose of improving future projects and ensuring that a fair and balanced service. This survey is not shared with any external organisation and will remain at Newham Council. This survey is completely anonymous.

**As far as possible, please complete the following table. This information helps the council ensure it is supporting all communities in the borough.**

|  |  |
| --- | --- |
| **Total number of unique attendees to your project** |  |

|  |  |
| --- | --- |
| **What is their ethnic group?** | **No. of attendees** |
| White |  |
| Mixed or multiple ethnic groups |  |
| Asian or Asian British |  |
| Black, African, Caribbean or Black British |  |
| Other ethnic group |  |
| Prefer not to say |  |
| **Which of the following best describes their White background?** |  |
| English, Welsh, Scottish, Northern Irish or British |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Eastern European |  |
| Any other White background |  |
| Prefer not to say |  |
| **Which of the following best describes their Mixed or Multiple ethnic groups background?** |  |
| White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Any other Mixed or Multiple ethnic background |  |
| Prefer not to say |  |
| **Which of the following best describes their Asian or Asian British background?** |  |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian background |  |
| Prefer not to say |  |
| **Which of the following best describes their Black, African, Caribbean or Black British background?** |  |
| African |  |
| Caribbean |  |
| Any other Black, African or Caribbean background |  |
| Prefer not to say |  |
| **Which of the following best describes their background?** |  |
| Arab |  |
| Any other ethnic group |  |
| Prefer not to say |  |

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| --- | --- |
| **Do they have any physical or mental health conditions or illness lasting or expected to last 12 months or more?** | **No. of attendees** |
| Yes |  |
| No |  |
| Prefer not to say |  |
| **[If yes to long-lasting health condition and illness] Do they have any conditions or illnesses that reduce the ability to carry out day to day activities? For example, eating, washing, walking or going shopping** |  |
| Yes, a lot |  |
| Yes, a little |  |
| Not at all |  |
| Prefer not to say |  |
| **[If yes to long-lasting health condition and illness] Do these conditions or illnesses affect them in any of the following ways?** |  |
| Vision (for example blindness or partial sight) |  |
| Hearing (for example deafness or partial hearing) |  |
| Mobility (for example walking short distances or climbing stairs) |  |
| Dexterity (for example lifting and carrying objects, using a keyboard) |  |
| Learning or understanding or concentrating |  |
| Memory |  |
| Mental health |  |
| Stamina or breathing or fatigue |  |
| Socially or behaviourally (for example associated with autism spectrum (ASD) which includes Asperger’s, or attention deficit hyperactivity disorder (ADHD) |  |
| Other |  |
| None of the above |  |

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| --- | --- |
| **What is their sex** | **No. of attendees** |
| Female |  |
| Male |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **Is their gender you identify with the same as your sex registered at birth?** | **No. of attendees** |
| Yes |  |
| No. Trans man |  |
| No. Trans woman |  |
| No. All other gender identities |  |
| No. Non-binary |  |
| No. Prefer not to say |  |

|  |  |
| --- | --- |
| **What is their age?** | **No. of attendees** |
| 0-15 |  |
| 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65-74 |  |
| 75+ |  |
| Prefer not to say |  |