

Neighbourhood Small Grant Programme 2024/25: Evaluation and 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 smallgrants@newham.gov.uk

1. Contact Details

Name of your organisation	
Name of your project	
Address of organisation	
Address	
Postcode	
Name of person completing form	Title: First name: Last name:
Position	
Telephone	
Email	
Date form completed	

2. Receipts

Please attach a list of expenditure and copies of receipts for **any single item costing over £100** confirming that 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. Was the actual income and expenditure in line with the budget provided in your grant application?

Please explain.

4. Please tell us about the project

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

4a – Please tell us 2 things that went well in your project?

4b – Please tell us 2 things that you would do differently to improve your project?

4c – What feedback did you receive from people who took part in your project?

4d – Did have support from volunteers?

Yes

How many:

No

4e – What were the role of volunteers in the project?

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5. Do you have any feedback for the Council?

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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](#) or email 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 beneficiaries	
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	

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	

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	