

Early Learning and Childcare Fund Evaluation Form



Group Name

Main contact

Grant Amount

Address

Date of Offer

Grant Application No.

Postcode

Tel. No.

- 1 Did this project make a difference to the service you provide, and to the safety, happiness and wellbeing of the children you care for, as outlined in your Early Learning and Childcare Fund application?**

Yes No

If yes, how do you know? Tell us about the success of your project:

If not, why not? Please explain:

(Where applicable, you could enclose copies of photographs, evaluations or comments from parents, children or inspectors, project reports, etc.)

- 2 Please tell us how many people benefited from the grant award:**

- 3 With hindsight, is there anything you would have done differently with your project? What do you feel you have learned from the project?**

(We ask this because we are keen for groups to share their project experience; pass on good tips and share information about the best sources for equipment, or how problems were resolved, etc)

Please continue to next page for the Project Expenditure section.
This section must be completed

Project Expenditure

Please detail below the items of expenditure funded by this grant. Please note that the original receipts and invoices must be submitted along with this form to be checked. All project expenditure will be returned to your group following inspection.

| Date of Receipt or Invoice | Supplier's Name | Description of Goods/Services | SIC Official Use Only | Cost £ (inc. VAT) |
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| Total Spent | | | | |

Name Position Date

On completion of your project, please ensure both sides of this form are completed in full and returned to:

Grants Unit
Shetland Islands Council
 Solarhus 3 North Ness Business Park,
 Lerwick,
 Shetland, ZE1 0LZ
 Tel: 01595 743827

PLEASE NOTE THIS INFORMATION *MUST* BE SUBMITTED TO THE GRANTS UNIT BEFORE ANY FURTHER APPLICATIONS FOR GRANT ASSISTANCE CAN BE CONSIDERED