

Community Development Fund - Project Grant Evaluation



Group Name

Main contact

Tel. No.

Address

1 Did this project make a difference to your group/community as outlined in your Community Development Fund Project Grant Application?

Yes ☐ No ☐

If yes, how do you know? Tell us about the success of your project. If not, why not?
Please explain:

(You should enclose copies of any project reports, press articles, evaluations from participants, photographs, etc, where applicable.)

2 Which Single Outcome Agreement outcome(s) did your project meet?

Shetland is the best place for children and young people to grow up. ☐

We live longer and healthier lives. ☐

People are supported to be active and independent in adulthood and in older age. ☐

Shetland stays a safe place to live. ☐

Shetland has sustainable economic growth with good employment opportunities, our people have the skills to match, good places to stay, and the transport people and businesses need. ☐

We have tackled inequalities by ensuring the needs of the most vulnerable are identified and met. ☐

We have financial sustainability and balance within each partner and a better balance between a dynamic private sector, a strong third sector and efficient and response public services. ☐

We deliver our all our services in an environmentally sustainable manner to safeguard and enhance our outstanding environment which underpins all our actions and our economic and social well being. ☐

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 good practice, or how problems were resolved, etc)

Continued overleaf

If your project expenditure is clearly labelled in your annual accounts, you do not need to complete the Project Expenditure section. Otherwise, please detail below the items of expenditure funded by this grant and submit the original receipts for this project along with this form to be examined by the Grants Unit. 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)
Total Spent				

Name Position Date

On completion of your project, please ensure the relevant sections of this form are completed in full and returned to the address below. You should also send us a copy of the independently-checked annual accounts relating to this grant, if you have not already submitted them:

Grants Unit
Solarhus
3 North Ness Business Park
Lerwick
Shetland
ZE1 0LZ

Tel: 01595 743828/743827