

Support to Community Facilities (Youth) Grant Evaluation



Group Name	<input type="text"/>		
Main contact	<input type="text"/>	Grant Amount	<input type="text"/>
Address	<input type="text"/>	Date of Offer	<input type="text"/>
	<input type="text"/>	Grant Application No.	<input type="text"/>
Postcode	<input type="text"/>	Tel. No.	<input type="text"/>

1 Please provide the following information for the period covered by your last Support to Community Facilities grant:

Youth club membership: Number of boys	<input type="text"/>	Number of girls	<input type="text"/>
Total number of youth club nights	<input type="text"/>	Total attendances at youth club(s)	<input type="text"/>

Regular hires - please list below:

Occasional hires - please list below:

2 Please give examples of any achievements, highlights or targets met over the last year:

Name	<input type="text"/>	Position	<input type="text"/>	Date	<input type="text"/>
------	----------------------	----------	----------------------	------	----------------------

On completion of your project, please complete this form in full and return it to the Grants Unit:

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

Email grants.unit@shetland.gov.uk Tel: 01595 743827/743828

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