

**Community Intervention Fund**

**Capital Grant**

**End of Project Form**

When you have completed this end of project form, please email it to

[partnershipfunding@eastlothian.gov.uk](mailto:partnershipfunding@eastlothian.gov.uk)

If you would like to discuss the form before you submit it you can contact us on the above email address.

|  |  |
| --- | --- |
| **Name of Organisation:** | |
| FOR OFFICIAL USE ONLY | |
| Date received |  |
| Reference No. |  |
| Lead Officer |  |

**Part 1 – About Your Organisation**

**Organisation Details:**

|  |  |
| --- | --- |
| **Name of organisation:** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **Email:** |  |
| **Website:** |  |

|  |  |
| --- | --- |
| **Main contact name:** |  |
| **Main Contact Address** |  |
| **Telephone number:** |  |
| **Email:** |  |

**Part 2 – About Your Project**

**Project Details:**

|  |  |  |
| --- | --- | --- |
| **Name of project:** |  | |
| **Expected start date** | | **Actual start date** |
|  | |  |
| **Expected finish date** | | **Actual finish date** |
|  | |  |
| **Reasons for difference in date:** | | |

**What difference did your project make to, people, community or a place?**

|  |  |
| --- | --- |
| **Approximately how many people benefitted from your project?** |  |

|  |  |
| --- | --- |
| **Who were the main beneficiaries?** | |
| Children |  |
| Young people |  |
| Disabled groups |  |
| Ethnic minorities |  |
| Older people |  |
| Women |  |
| Men |  |

|  |  |
| --- | --- |
| **Which of the following outcomes did your project meet?** | |
| Reducing unemployment |  |
| Improving the employability of East Lothian’s workforce |  |
| Reducing the attainment gap and raising achievement of our children and young people |  |
| Improving the life chances of the most vulnerable people in our society |  |
| Extending community engagement and decision making |  |
| Increasing community and individual resilience |  |
| Delivering transformational change |  |
| Harnessing the opportunity technology offers in the provision of services |  |
| Improving Health and Wellbeing |  |

**Please provide information on any promotion of the completed works, acknowledging East Lothian Council’s financial contribution, including links to any media articles.**

**Part 3 – Finance**

**Brief summary of project**

|  |  |
| --- | --- |
| **Approved grant:** | £ |
| **Actual spend:** | £ |

**Breakdown of costs of your organisation’s project:-include everything you needed for the project e.g. equipment, staff costs, building work etc.**

|  |  |  |
| --- | --- | --- |
| **Item or activity** | **Cost in application (£)** | **Actual spent on item (£)** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
| **TOTAL:** |  |  |

**Please explain if there are any major differences in spend:-**

|  |  |  |
| --- | --- | --- |
|  | | |
| **Copies of invoices and receipts attached** | Yes | No |

**Any other comments:**

**Part 4 – Declaration**

I declare that the information contained in this End of Project form is correct to the best of my knowledge, that I have read the Guidance Notes and that I understand and accept the terms and conditions noted within them.

|  |  |  |
| --- | --- | --- |
| **Would the person named as main contact for this End of Project Report please sign below:**  **in blue ink**  **Signature:** | **Print:** | **Date:** |

|  |  |  |
| --- | --- | --- |
| **To be completed by the Chairperson or equivalent of your group or organisation (if different from above)**  **in blue ink**  **Signature:** | **Print:** | **Date:** |