**Monitoring Form**

**Good Neighbour Scheme Development Grant Fund 2018**

This form is for you to record what was achieved with the grant you received.

We are keen to hear about the difference your activity has made and what you have learned from the activity.

Throughout the form we will be asking for a mix of outputs (numbers of people who benefited, ages of people who benefitted, types of people who benefited), and outcomes (what difference did the activity bring to beneficiaries lives).

Please refer back to your original application when completing this form so you can link your answers to what you said you would do.

If you need additional help or support in completing this form please contact your local Good Neighbour Scheme support organisation:

**Eastbourne Havens and Seaford South - Age Concern Eastbourne (ACE)**

Linda Warner - Services Manager Tel: 01323 638474

**Eastbourne Havens and Seaford North- Sussex Community Development Association (SCDA)**

Alice Matthews - Project Development Officer Tel: 01323 446404 / Mobile: 07341 563649

**High Weald Lewes and Havens South - Action in Rural Sussex (AirS)**

Teresa Gittins -Head of Services Tel: 01273 407306 / Mobile: 07825 506652

**High Weald Lewes and Havens North - Action in Rural Sussex (AirS)**

Teresa Gittins - Head of Services Tel: 01273 407306 / Mobile: 07825 506652

**Hastings and Rother West - Hastings Voluntary Action (HVA)**

Tanya Vice – Project Officer    Tel: 01424 444010   /   Mobile: 07834 573135

**Hastings and Rother East - Rother Voluntary Action (RVA)**

Jan Cutting - Active Communities Lead Tel: 01424 217259 / Mobile: 07875 420320

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| Please note that monitoring information will be requested one month after the end date of your stated in your application. |

**Section 1: ACTIVITY INFORMATION**

1. Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: WHO BENEFITED**

1. How many people directly benefited from activity?

\_\_\_\_\_\_\_\_\_\_

1. How did you record the information in question 2?

Sign-in records

Feedback forms

**4.** Which groups of people benefited from your activity?

 Children and young people

 Adults

 Older people

 People with mental health issues

 People with learning disabilities

 People with physical disabilities

 People with a long term condition

 People with a terminal illness

 People on low incomes

 Homeless people

 Black, minority or ethnic groups

 Lesbian or Gay people

 Bi-sexual or transgender people

 Other

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**5.** Which group of people from the above listbenefited the most from your activity?

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**6.** Which age groups will benefit from your activity and how many?

Numbers

□ 0 – 4 Early years \_\_\_\_\_\_

□ 5 – 12 Children \_\_\_\_\_\_

□ 13 - 18 Young people \_\_\_\_\_\_

□ 19 - 25 Young adults \_\_\_\_\_\_

□ 25 - 64 Adults \_\_\_\_\_\_

□ 65+ Older people \_\_\_\_\_\_

**7.** Which age group from theabove list benefitted the most from your activity?

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**8.** How did you record the information in questions 4 to 7?

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**9.** Did your activity reach the groups of people and age groups you had expected to?

(Please refer to Q23 and Q25 in application)

**Yes ** Go to Question 11

**No ** Please complete Question 10 before continuing

**10.** Please tell us why you think the activity did not reach the age groups or groups of people you had expected to.

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**Section 3: THE DIFFERENCE YOUR ACTIVITY MADE**

**11.** Please tell us about what you were able to achieve with the grant (please refer to Q27 of your application). (150 words)

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**12.** Please give an example of the positive change the activity made to the beneficiaries.

(150 words)

Please feel free to include photographs, pictures to support your example.

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**13.** Please tell us about any issues that were encountered during the delivery of the activity and how were these were resolved. Were there any unexpected outcomes – good or bad? (150 words)

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**14.** Please tell us about any ideas or plans you might have to further develop your Good Neighbour Scheme?

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**15.** Please tell us how you spent the grant.

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| **Activity** | **Actual spent £** |
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**DECLARATION:**

1. I am authorised to complete this monitoring form on behalf of the above group
2. I certify that the information contained in this monitoring form is correct

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| **Signed:** | **Date:** |