

**INNOVATION FUND QUARTERLY EVALUATION FORM**

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| **ABOUT YOUR GROUP / ORGANISATION**  |
| Name of group / organisation |  |
| Name of project / initiative |  |
| Project / initiative start date |  |
| Date of evaluation |  |

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| **EVALUATING YOUR PROJECT / INITIATIVE** |
| Within your **GRANT AGREEMENT are details of the expected outcomes that you agreed** this funding would be used to achieve.  |
| What outcomes have you achieved? **(What evidence do you have to support this?)** |  |
| Have you achieved any additional outcomes? **(What evidence do you have to support this?)** |  |
| Who has benefited from your project so far?**(including how many people)** |  |
| Have you encountered any difficulties so far? **(Please describe what has happened and what has helped you along the way)** |  |
| **COST OF YOUR PROJECT** |
| How has your grant been used?\* | **Please provide a detailed breakdown of expenditure and how much each item cost** |
| **COMMUNICATION & PROMOTIONAL PLANS** |
| How have you promoted / publicised your project? |  |
| **NEXT MILESTONES** |
| Do you have any specific milestones you are planning on delivering over the next quarter? |  |
| Do you anticipate any difficulties arising over the next quarter?**(Please describe what these may be and how you plan to address them)** |  |
| **ADDITIONAL INFORMATION**  |
| Please attach or provide below any additional information you feel will provide further insight / understanding of what your project has achieved. **(For example, you may wish to include information such as a case study; verbatim comments from the people who have benefitted from your project; numerical data and / or photographic evidence)** |

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| **\*RETENTION OF DOCUMENTS** |
| Within your **GRANT AGREEMENT** it stated that you are **required to keep** a record of expenditure funded partly or wholly by the grant, and **retain** all accounting records relating to this for a period of at least six years after the end of the funding period. Accounting records include: original invoices, receipts, minutes from meetings, accounts, deeds and any other relevant documentation, whether in writing or electronic form. Signing below confirms that these documents have been retained and can be shown to the OPCC if requested. |

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| **APPROVAL** |
| **All Quarterly Evaluation Reports\* MUST be signed off by a senior officer / project lead from the organisation who received the funding**I certify to the best of my knowledge and belief that:1. The information provided is correct, and no other specific grants, other grants or contributions have been or will be payable for the expenditure in respect of the grant being claimed.
2. The expenditure has been incurred only for the purposes set out in the terms and conditions of the grant agreement for the above grant stream
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| Name: | Position: |
| Email: | Telephone: |
| Signed: | Date: |
| Please list any attached documents:  |

*\*****Please note*** *the information you provide may be used in publicity the Commissioner wishes to undertaken in respect of the grant. You must inform the OPCC where* ***confidentiality*** *considerations are relevant.*

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| **FOR OPCC USE ONLY** |
| Date Evaluation Report received: | OPCC officer: |
| Is the Evaluation Report Satisfactory?  | Yes | No |
| Comments: |