Community Chest Scheme

Completion report



This report, with evidence of spend (receipts, etc), must be completed and returned within 12 months of the offer of the grant funding. Failure to do so will prevent consideration of future funding applications.

Project Title:		
Name of Group/Organisation:		
Project Start Date:	Project End Date:	
What has the project achieved so far? For example, did you achieve what you intended to, were there any unexpected benefits? (Please enclose photographs, press cuttings and any other relevant material where possible)		
Which of the following parts of the community have benefited from the project? Children and Young People, Older People, People with Disabilities, New Group Members Please give numbers and information about how they were included or involved.		
Trease give numbers and information about	now they were included of involved.	
How many local people were involved in helping to run the project and what help did they provide?		

Items of expenditure (include all costs of the project)	Amount	
Volunteer time:		
All sources of funding	Amount	
NCC Community Chest Scheme		
	 	
Volunteer time:		
Total funding (must be the same as total costs)	
Declaration I declare that the managing committee of the organisation that received the grant has endorsed this monitoring report and that the information it contains is accurate to the best of my knowledge.		
SIGNATURE: NAME (print):		
POSITION: DATE:		
Return to: Community Chest Scheme, Community Regeneration Team, Economy & Regeneration Service, Place Directorate, Northumberland County Council, County Hall, Morpeth NE61 2EF.		
Email: communitychest@northumberland.gov.uk		
Feedback Please let us know if you have any comments about your experience of the Communiculating any suggestions as to how it may be improved.	ity Chest Scheme,	