

Name:  
Meeting Date:

Ref:  
Minute Number

**Please be sure to include your organisation's name and file number here.**

# CITY PAROCHIAL FOUNDATION

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## SELF MONITORING FORM For Second Tier Organisations

This form is to help us learn from your experiences, and so improve our procedures and understanding of the needs, problems and achievements of voluntary organisations. It should also assist you in your future planning and in assessing the impact of your work.

Please complete it as fully as you can and return it with your final instalment claim form to the Director of Grants and Programmes at the above address. A PDF and Microsoft Word version of this form is also available from our website at [www.cityparochial.org.uk](http://www.cityparochial.org.uk).

*Please enclose a copy of your most recent audited accounts.*

Thank you for your co-operation.

<b><u>FOR OFFICE USE ONLY:</u></b>	<b>Approved By:</b>	<b>Date Completed</b>
<b>Passed to Assessing Officer</b> <input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Finance Section</b>	<input type="text"/>	<input type="text"/>
<b>Database Entry</b>	<input type="text"/>	<input type="text"/>
<b>Monitoring and Evaluation</b>	<input type="text"/>	<input type="text"/>
<b>Director of Grants and Programmes</b>	<input type="text"/>	<input type="text"/>
<b>Accounts</b>	<b>Comments</b>	
Accounts Enclosed <input type="checkbox"/> Yes/No	<input type="text"/>	
Date of Accounts _____		
Entered onto database by: <input type="text"/>		

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1 What was the amount of your grant and what was it used for?

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(1a) Have the objectives of the work, which were agreed with you and for which the grant was made, been met? (***Please tick box***) ✓

In full	In part	Not at all
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If the objectives were only partly met or not met at all please give further details below

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(2a) Which of the following were achieved by your organisation as a result of the work carried out? (***Please tick***) ✓

	Yes	No		Yes	No
Increased membership			Higher Profile		
Improved service delivery			Increased services		
Increased networking			Wider range of users served		
Improvement for members			Involvement in more partnerships		

Other please specify

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(2b) Give brief details of your most significant achievements from the list at 2a above. Please support any statements with factual evidence as far as possible.

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- (3) What lessons have you learned from your work that would be useful to yourself and others?

- (4) Did any problems occur in relation to any of the following during the course of the work funded? (*Please tick boxes as appropriate*) ✓

	Yes	No		Yes	No
Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	Premises	<input type="checkbox"/>	<input type="checkbox"/>
Existing organisational structure	<input type="checkbox"/>	<input type="checkbox"/>	Insufficient demand on services	<input type="checkbox"/>	<input type="checkbox"/>
Management committee functioning	<input type="checkbox"/>	<input type="checkbox"/>	Excessive demand on services	<input type="checkbox"/>	<input type="checkbox"/>
Internal staff management & supervision	<input type="checkbox"/>	<input type="checkbox"/>	Funding difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Staff recruitment	<input type="checkbox"/>	<input type="checkbox"/>			

Can you elaborate on some of these problems?

- (5) Please describe the ways in which the involvement of your members in the management of your Organisation and in the planning and delivery of services is encouraged and managed.

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- (6) Please state the number of people who have directly benefited from the service funded by the Foundation during the last 12 months.
- (7) Please give details of the ethnic and cultural background of those who have benefited from the service, giving the number wherever possible.

<b>Asian</b>	
Bangladeshi	
Indian	
Pakistani	
Other Asian	
<b>Total number of Asian</b>	

<b>White</b>	
UK	
Irish	
Other White	
<b>Total number of White</b>	

<b>Black</b>	
Black African	
Black Caribbean	
Other Black	
<b>Total number of Black</b>	

<b>Far Eastern</b>	
Chinese	
Vietnamese	
Other Far Eastern	
<b>Total number of Far Eastern</b>	

Other Please specify

**Total**

- (8) Please give number of overall beneficiary organisations based on the following:

Women's organisations	
Disability organisations	
Older people's organisations	
Youth organisations	
Refugee organisations	
Black & minority ethnic organisations	
Children & family organisations	
Other, please specify	
<b>Total</b>	

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(11) We are interested to know if the project will continue at the end of this grant? ✓

Yes		No	
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If yes, who will be funding this project? ✓

ALG (formerly LBG)		Local Authority	
Central Government		Community Fund	
Health Authority		European Fund	
Other Trusts			

If other please specify \_\_\_\_\_

(12) Please indicate what you consider to be the main issues likely to affect your sector in the future

(13) What do you think about this monitoring form? How do you think we could improve it?

***Please ensure that you return this form with a copy of your most recent audited accounts***

**Completed by:**  
Please PRINT your name and your position in the organisation

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Completed**

**Accounts enclosed for period ended**

**Please tick**