

Name:
Meeting Date:

Ref:
Minute Number

CITY PAROCHIAL FOUNDATION

6 MIDDLE STREET LONDON EC1A 7PH
TELEPHONE: 020 7606 6145
FAX: 020 7600 1866
EMAIL: <mailto:info@cityparochial.org.uk>
WEBSITE: www.cityparochial.org.uk

SELF MONITORING FORM

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. Please be sure to include your organisation's name and file number on the form.

Please enclose a copy of your most recent audited accounts.

Thank you for your co-operation.

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

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

| |
|--|
| |
|--|

(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 |
|---------|---------|------------|

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

| |
|--|
| |
|--|

(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 | | | Increased user involvement | | |
| Improved service delivery | | | Increased services | | |
| Wider public attention | | | Wider range of users served | | |

Other please specify

| |
|--|
| |
|--|

(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 user involvement in the organisation is encouraged at all levels.

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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.

| Asian | |
|------------------------------|--|
| Bangladeshi | |
| Indian | |
| Pakistani | |
| Other Asian | |
| Total number of Asian | |

| White | |
|------------------------------|--|
| UK | |
| Irish | |
| Other White | |
| Total number of White | |

| Black | |
|------------------------------|--|
| Black African | |
| Black Caribbean | |
| Other Black | |
| Total number of Black | |

| Far Eastern | |
|------------------------------------|--|
| Chinese | |
| Vietnamese | |
| Other Far Eastern | |
| Total number of Far Eastern | |

Other Please specify

Total

(8) Please indicate the number of females who have benefited from the work funded by the Foundation

(9) Please indicate the number of disabled people who have benefited from the work funded by the Foundation

(10) Please indicate the age range of the main users who have benefited from the work funded by the Foundation by a tick ✓

| | | | | | | | | | | | |
|-----|--|------|--|-------|--|-------|--|-------|--|-----|--|
| 0-5 | | 6-11 | | 12-21 | | 22-30 | | 31-50 | | 51+ | |
|-----|--|------|--|-------|--|-------|--|-------|--|-----|--|

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

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If yes, who will be funding this project? ✓

| | | | |
|--------------------|--------------------------|-----------------|--------------------------|
| ALG (formerly LBG) | <input type="checkbox"/> | Local Authority | <input type="checkbox"/> |
| Central Government | <input type="checkbox"/> | Community Fund | <input type="checkbox"/> |
| Health Authority | <input type="checkbox"/> | European Fund | <input type="checkbox"/> |
| Other Trusts | <input type="checkbox"/> | | |

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