

**Cwmllynfell Community Council Grant FUND**

PROJECT COMPLETION REPORT

*This form must be completed and returned to the Community Council via the clerk within 6 months of a grant being awarded. No future grant applications will be considered before you can apply for a second or subsequent grant from the Council.*

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| GRANTHOLDER CONTACT DETAILS | |
| Group Name |  |
| Contact Name |  |
| Address |  |
| Tel No. |  |
| Email |  |

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| 1. What did you use the grant for and what outcomes have you achieved? |
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| 2. In which way(s) has the grant made a difference? Please give specific details |
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| 3. How will you make your project sustainable now that the grant has been spent? |
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| 4. Beneficiaries |
| How many people benefited from this grant? Please indicate the total in each group |
| Children (0-16) Disabled    Young People (16-25) People with Health Issues    Older People People living in Disadvantaged  Areas    Other (please state) ……………………………………………… |

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| 5. How was the grant from Cwmllynfell Community Council spent? Please provide a complete breakdown of costs (Please include copies of paid invoices/receipts) | |
| **Item** | **£** |
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| 6. Total project cost | |
| **Grant Amount from Cwmllynfell Community Council** |  |
| **Overall Project Cost** |  |

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| 7. Do you have any comments and/or suggestions on our application process? |
|  |

Signed……………………………………………………………

Position………………………………………………..............

Group………………………….......................................

Date……………………………………………………...

PLEASE RETURN THE COMPLETED FORM TO:

The Clerk

Cwmllynfell Community Council

26 Ffordd Yr Hebog

Coity

Bridgend

CF35 6DH

cwmllynfellcc@gmail.com

PLEASE ENSURE THAT THE FOLLOWING DOCUMENTATION IS ENCLOSED:

☒ Copies of receipts/ paid invoices associated with the project

☒ Copies of bank statements showing payments relating to the project being defrayed