**Everybody Active Grants**

**Programme**

**Monitoring & Evaluation Form**

The Every Body Active Grants Programme has enabled local organisations which both promote and increase participation in physical activity and its development within the Borough.

**Council will provide up to 100% funding of total eligible costs up to a maximum of £1,000**

**Key Performance Indicators for this programme were**:

Priority was given to projects which aimed to increase participation among traditionally underrepresented groups which include:

* Women and girls
* People with a disability;
* Those living in areas of greatest social need (specifically people living within the top

25% of wards designated by NI Multiple Deprivation Measure Index 2010)

* **Please see below the list of the top 25% areas of greatest social need within the Causeway Coast and Glens Borough Council area as supplied by Sport NI.**

|  |  |
| --- | --- |
| **Area** | **Rank** |
| Greystone (Limavady LGD) | 40 |
| Ballysally 1 | 64 |
| Coolessan | 65 |
| Central (Coleraine LGD ) | 115 |
| Cross Glebe | 116 |
| Enagh 2 (Limavady LGD) | 121 |
| Churchland | 133 |
| Dungiven | 189 |
| Armoy & Moss-Side and Moyarget | 198 |
| Newhill | 205 |
| Roeside | 206 |
| Knocklayd | 210 |
| Ballylough and Bushmills | 215 |

Please indicate on your Monitoring & Evaluation Form which HSN Areas benefited from your project (If applicable). Based on NISRA Statistics <http://www.ninis2.nisra.gov.uk/public/AreaProfile.aspx?Menu=True>

**All Projects should be completed before 31st March 2017. Our Funders require feedback. Please note that failure to complete the Monitoring & Evaluation Report requested in the guidance notes will result in payment being withheld.**

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**Programme**

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**Please complete and return to the Funding Unit, Causeway Coast & Glens Borough Council, Cloonavin, 66 Portstewart Road, Coleraine, BT52 1EY**

1. Project Title
2. Project Promoter
3. Address

(including postcode)

1. Contact Name

5. Telephone Number

6. E-mail Address

£

7. Amount of Grant Awarded

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Date received by the Funding Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date passed to the Service Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received back to the Funding Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MONITORING & EVALUATION REPORT**

**Note you may provide any additional information on extra sheets of paper.**

**These extra sheets should be referenced to this report.**

1. The project / event: (a) is now complete;  
  
 (b) is proceeding ahead of schedule;   
  
 (c) is proceeding according to plan;  
  
 (d) is proceeding behind schedule;

If you ticked (d) provide an explanation

|  |
| --- |
|  |

2. Dates and times of event

|  |
| --- |
|  |

3. Event Venue(s)

|  |
| --- |
|  |
| Postcode: |

4. Please tell us what methods you have used to monitor and evaluate the success of your Project.

|  |
| --- |
|  |

5. Please provide the following details relating to KPI’s for the Grants Programme:

|  |  |
| --- | --- |
| a. What is the **total number of** **participants** that participated in your project, excluding coaches & volunteers? (Please count each participant only once) |  |
| b. What is the total number of **young people** (under 18) that participated in your project? (Please count each participant only once) |  |
| c. What is the total number of **women & girls** that participated in your project? (Please count each participant only once) |  |
| d. What is the total number of **older** **people** **(Aged 50+)** that participated in your project? (Please count each participant only once) |  |
| e. What is the total number of people from **areas of high social need** that participated in your project? (Please count each participant only once) |  |
| f. What is the total number of people from **areas of high social need** that participated in your project? (Please count each participant only once) |  |
| g. What is the total number of people who **have qualified** through gaining a coaching course/qualification as a result of this programme? (if applicable) |  |

1. Please provide us with details highlighting the success of your individual project.

Were there any additional benefits or outcomes as a result of SNI’s investment in your project? Please detail why it was particularly successful.

|  |
| --- |
|  |

**Council is required within terms of contract to provide case studies to demonstrate the success of Lottery Funded Projects within the Borough to address funding requirements. This may provide an excellent opportunity for your organisation to showcase your project. The Funding Unit may contact your organisation in due course to request further detail** (if selected) **and provide photographs or additional/relevant information concerning your project.**

I confirm that all details on the post project evaluation are correct.

Signed …………………………………… (Project Promoter)

Print name ………………………………………..

Position in organisation ……………………………………………

Date ………………………………..

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|  |
| --- |
| **CAUSEWAY COAST AND GLENS BOROUGH COUNCIL OFFICIAL USE ONLY** |
| **Did the project progress satisfactorily?**  (Payment will be withheld if progress is not satisfactory) |
| **Are there any significant changes/issues which need to be addressed? If Yes, please determine timeframe.**  **(Date issues need to be addressed by: )** |
| **Signature confirming acceptance of report.**      **Name of officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_**  **(Service Area Officer )**  **Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_** |