



End of Grant Report

Grant Details

Name/Organisation:

Date returned by:

Grant ref no:

Please complete, sign and return this form, together with copies of receipts as soon as monies have been spent and at the latest by the date shown above.

Part One - How the grant was spent (Please provide a breakdown of the items / activities funded by the grant)

A	B	C	Guidance
Item	Actual cost of item/activity	Amount of BLF grant spent on item/activity	<p>In column A list all the individual items or activities your grant was spent on.</p> <p>In column B put the total amount you spent on each item or activity.</p> <p>In column C put how much was paid for from the Billingham Legacy Foundation (BLF) grant.</p> <p>If the BLF funded your entire project costs then the figures in B and C will be the same,</p> <p>The figures you state should be the actual amounts. These may be different from estimates on your original application.</p> <p>Please provide receipts or proof of purchase where possible.</p>
Totals:			

If you spent your grant differently to the information declared in your application form, please explain why and advise how this has enabled you to achieve your outcomes. Give details of any contact you have had with us to agree these changes. Unspent grant funding must be returned to us.





What the grant has achieved

Tell us the difference your grant has made:

Tell us about any wider benefits to the community and any plans you may have to support the Bingham Legacy Foundation in future yourself, any consideration of becoming a legacy member, perhaps fundraising or hosting an event or volunteering to help others in need:

How many people benefitted directly from the grant?

How many people benefitted indirectly from the grant?

Beneficiaries of the grant - Please tick all applicable boxes (for example if your group contains all age groups, all genders and members who are disabled and non-disabled then tick all the boxes)

Age Under 18 18-30 31-40
 41-50 51-60 Over 60 Prefer not to say

Gender Male Female Prefer not to say

Disabled Yes No Prefer not to say

How would you rate the impact of the funding on your organisation? High Medium Low



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Declaration

I confirm that the details in this report are correct:

Full name:

Address:

Post code:

Date:

Signature:

Please return completed entry form to:

Billingham Legacy Foundation Supporters Group
Low Grange Community Centre
Low Grange Avenue
Billingham
TS23 3PF

Email: office.blfsg@gmail.com

If you require any further information, please contact us at the above address or on 07951 483774 or email us at office.blfsg@gmail.com

Checklist:

Have you completed all the questions on the report?

Have you signed the report?

Beneficiaries of the grant - Please tick all applicable boxes (for example if your group contains all age groups, all genders and members who are disabled and non-disabled then tick all the boxes)

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 41-50 51-60 Over 60 Prefer not to say

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How would you rate the impact of the funding on your organisation? High Medium Low